

COMMON APPLICATION FORM

Investors must read the Key Information Memorandum, the instructions and product labeling on cover page before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

KEY PARTNER / ARN HOLDER INFORMATION

(Investors applying under Direct Plan must mention "Direct" in ARN Code column.) (Refer Instruction 2 & 3)

Application No.

ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIN)	Time Stamp No.
ARN-115979					EUIN-E 172792	

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. 3)

"I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this is an "execution-only" transaction without any interaction or advice by the employee/ relationship manager/ sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager/ sales person of the distributor and the distributor has not charged any advisory fees on this transaction." (please tick (✓)) and sign ☐

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser details of my/our transactions in the scheme(s) of LIC Mutual Fund.

By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant
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TRANSACTION CHARGES FOR APPLICANTS THROUGH ARN HOLDER ONLY [Refer Instruction 4]

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)
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In case the purchase/ subscription amount is ₹ 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

01. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, with PAN & KYC validation please fill in section 1 and proceed to section 14.)

Folio No. The details in our records under the folio number mentioned alongside will apply for this application

02. APPLICANT(S) DETAILS (In case of Minor, there shall be no joint holders) (Mandatory information - If left blank the application is liable to be rejected.)

First Applicant's Name/Minor Name	FIRST	MIDDLE	LAST	KYC
PAN				
CKYC No.				
Date of Birth (mandatory)				
Second Applicant's Name	FIRST	MIDDLE	LAST	KYC
PAN				
CKYC No.				
Date of Birth (mandatory)				
Third Applicant's Name	FIRST	MIDDLE	LAST	KYC
PAN				
CKYC No.				
Date of Birth (mandatory)				

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)

FIRST	MIDDLE	LAST	KYC
PAN			
CKYC No.			
Date of Birth (mandatory)			

Relationship with minor Please (✓) ☐ Father ☐ Mother ☐ Court Appointed Legal Guardian

03. TAX STATUS (Please tick ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FII	<input type="checkbox"/> NRI-NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club/Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body	<input type="checkbox"/> Bank
<input type="checkbox"/> Trust	<input type="checkbox"/> FI	<input type="checkbox"/> NRI-NRE	<input type="checkbox"/> FPI	<input type="checkbox"/> Company	<input type="checkbox"/> QFI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Others	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> LLP

04. KYC Details (Mandatory) Occupation Please tick (✓)

FIRST APPLICANT/ GUARDIAN (in case of minor)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other.....	(please specify)		
SECOND APPLICANT	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other.....	(please specify)		
THIRD APPLICANT	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other.....	(please specify)		

GROSS ANNUAL INCOME [Please tick (✓)]

FIRST APPLICANT/ GUARDIAN (in case of minor)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> > 5-10 Lacs	<input type="checkbox"/> > 10-25 Lacs	<input type="checkbox"/> > 25 Lacs-1 Crore	<input type="checkbox"/> >1 Crore OR Net Worth
	Net worth (Mandatory for Non-Individual ₹ as on					<input type="text"/> (Not older than 1 year)
SECOND APPLICANT	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> > 5-10 Lacs	<input type="checkbox"/> > 10-25 Lacs	<input type="checkbox"/> > 25 Lacs-1 Crore	<input type="checkbox"/> >1 Crore OR Net Worth..... (Not older than 1 year)
THIRD APPLICANT	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> > 5-10 Lacs	<input type="checkbox"/> > 10-25 Lacs	<input type="checkbox"/> > 25 Lacs-1 Crore	<input type="checkbox"/> >1 Crore OR Net Worth..... (Not older than 1 year)

For Individual

☐ I am Politically Exposed Person
(Also applicable for authorized signatories/Promoters/
Karta/Trustee/Whole time Directors) please mention)

☐ I am Related to Politically Exposed Person

☐ Not Applicable

For Non-Individual Investors (Companies, Trust, Partnership etc.)

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration)

Foreign Exchange / Money Changer Services

Gaming / Gambling / Lottery / Casino Services

Money Lending / Pawning

None of the above

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

05. GENDER [Please tick (✓)]

☐ Male ☐ Female ☐ Transgender

06. MODE OF HOLDING [Please tick (✓)]

☐ Joint ☐ Single ☐ Anyone or Survivor (Default option is Joint)

07. MAILING ADDRESS OF FIRST / SOLE APPLICANT (MANDATORY) (Refer Instruction 11)

Landmark City State Pincode Country

08. GO GREEN INITIATIVE (Mandatory) [Please tick (✓) the mode for receiving the copy of Annual Report/Abridged Summary] (Refer instruction 19)

As part of Go-Green initiative, investors are encouraged to register/update their email ID and Mobile Number with us to support paper-less communication.

Default communication mode is E-mail only, if you wish to receive following document(s) via physical mode : [please tick (✓)]

☐ Account Statement ☐ Annual Report

09. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No. and Email Id. Refer Instruction No. 11)

Email Id (EMAIL Id to be written in BLOCK letters)

Tel No.: (Resi) (STD Code) (Off) (STD Code) Mobile No.

☐ I declare that Email address and Mobile number provided in this form belongs to (tick one option) Self (or) Family Member, and approve for usage of these contact details for any communication with LIC MF. Please note all kinds of investor communication will be sent through email only instead of physical, for investors who provide their email address.



SIGN HERE
First/Sole Applicant/Guardian

10. Overseas address (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

Landmark City State PO Box No. Country

11. DEMAT ACCOUNT DETAILS (Optional - refer instruction 13)

	NSDL	CSDL
DP Name		
DP ID		
Beneficiary Account No		

12. FATCA Detail (For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA details form

Do you have any non-Indian Country (ies) of Birth / Citizenship / Nationality and Tax Residency? ☐ Yes ☐ No

Please tick as applicable and if yes, provide the below mentioned information (mandatory).

Sole/First Applicant/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	2nd Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	3rd Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No or POA <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth		Country of Birth		Country of Birth	
County of Citizenship/Nationality		County of Citizenship/Nationality		County of Citizenship/Nationality	
Are you e US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you e US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you e US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide Tax Payer Id.		Please provide Tax Payer Id.		Please provide Tax Payer Id.	
Country of Tax Residency* (other than India)	Taxpayer Identification No.	Country of Tax Residency* (other than India)	Taxpayer Identification No.	Country of Tax Residency* (other than India)	Taxpayer Identification No.
1		1		1	
2		2		2	
3		3		3	

* Please indicate all countries in which you are a resident for tax purpose and associated Tax Payer Identification number. In case of association with POA, the POA holder should fill form to provide the above details mandatorily.

13. BANK ACCOUNT DETAILS OF THE FIRST APPLICANT (refer instruction 8) As per SEBI Regulations it's mandatory for investors to provide bank account details

Account No. Name of the Bank
Type of A/c ☐ SB ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others Please specify Branch
Bank City IFSC code** MICR No.

Refer Instruction 8.3 (Mandatory to attach proof, in case the pay-out bank account is different from the bank account where the investment is made) For unit holders opting to hold units in demat form, please ensure that the bank account is mentioned here. (**Mandatory to credit via NEFT/RTGS)

14. INVESTMENT DETAILS [Please tick (✓)] (Refer Instruction No. 2, 3 & 10) (If this section is left blank, only folio will be created)

Separate cheque/demand draft must be Issued for each Investment, drawn in favour of respective scheme name.
Please write appropriate scheme name as well as the Plan / Option / Sub Option.

*Cheque/DD Favouring Scheme Name/Cash (refer Instruction 2 & 3)	Plan/Option	Amount Invested (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS) TSL No. (in case of CASH)	Bank and Branch and Account Number (for Cheque/DD)	For Cash
LIC MF					Deposited in Bank
					Branch Code

*All purchases are subject to reliazation of fund (Refer to Instruction No. 10) Account Type (Please tick (ü))

Type of A/c ☐ SB ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others Please specify

15. NOMINATION DETAILS (Refer Instruction No. 15)

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS OR ☐ I/WE DO NOT WISH TO NOMINATE

	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee / Guardian Signature
Nominee 1				
Nominee 2				
Nominee 3				
			100%	

16. POA (Power of Attorney) REGISTRATION DETAILS (Refer Instruction overleaf)

Name of the POA holder

PAN of the POA holder Attached ☐ KYC Letter (Mandatory) ☐ Notarized copy of POA

17. DECLARATION & SIGNATURE/S

a) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I /We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I /We have understood the details of the scheme & I /We have nor received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I /We confirm that the funds invested in the Scheme, legally belong to me / us, In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC. I /We hereby authorised the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b) for NRIs: I /We confirm that I am/ we are Non Resident of Indian Nationality / Origin & that I /we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-Resident Ordinary. I/We confirm that details provided by me/us are true & correct. c) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode) payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. d) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/ MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card / have applied for PAN. e) The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me /us.

FOR INVESTMENT BY CASH: I have not invested in LIC Mutual Fund more than ₹ 50,000/- in cash including the current investment during the current financial year.

Date :	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Place :	SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant

Application No.

(TO BE FILLED IN BY THE INVESTOR)



Received an application for purchase of units of LIC MF (Scheme Name with option)
from Mr/Mrs/M/s. (Name of the investor) alongwith
Cheque/Draft No./Payment Instrument No. Date DD MM YYYY Bank
Branch Drawn on For ₹
Bank Charges (in cases of Draft) of ₹ Date DD MM YYYY

ISC Signature, Stamp & Date

Please Note: All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.

Corporate Office:
Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020.
Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service@licmf.com
Website: www.licmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents:
KFin Technologies Private Limited, Karvy Selenium Tower B, Plot Nos. 31 & 32 | Financial District
Nanakramguda |Serilingampally Mandal | Hyderabad - 500032 .
Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customer@kfintech.com
Website: www.kfintech.com

ACKNOWLEDGMENT SLIP

SIP REGISTRATION CUM MANDATE FORM (NACH/DIRECT DEBIT/PDC)



New Investors subscribing to the scheme through SIP must complete this form compulsorily alongwith Common Application Form

Existing Investors mention your folio number in point no 1.

Application should be submitted atleast 30 days before the 1st debit

ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIIN)	Time Stamp No.

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser details of my/our transactions in the scheme(s) of LIC Mutual Fund.

By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank). * I/we hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

In case the subscription amount is ₹ 10,000/- or more and if your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

01. INVESTOR NAME AND DETAILS

Folio No. Existing unit holders: Please mention your Folio Number. New applicants: Please mention Common Application No.

First Applicant's Name/Minor Name FIRST MIDDLE LAST KYC

02. SIP DETAILS (Please ✓ any one)

For multiple Schemes please use the " Multiple SIP Common Application Form".

☐ SIP with first Cheque ☐ SIP without Cheque ☐ SIP through Post Dated Cheque

Scheme Name / Plan / Option	SIP Installment Amount (₹)	SIP Date (Please ✓ one) DD (Any date from 1 st to 28 th of a given month) <input type="checkbox"/> 15 th LIC MF ULIS	Frequency (Please ✓ one) <input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	Enrollment Period (Please ✓ one)		LIC MF STEP - UP Facility (Optional)		
				Start Date From MMYY	End Date Perpetual (Default) OR (Specify Date) MMYY	Amount ₹ (Multiples of ₹ 1 thereafter)* Please refer Instruction No. ix (d)	Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	Upto Date MMYY (Mention End Date) (Default is SIP End Date)

UMRN

If you are an existing SIP investor and wish enroll another SIP with the same bank. Please mention the UMRN No. (Please check the maximum amount given earlier)

03. SIP THROUGH POST DATED CHEQUES

No. of cheques enclosed including first cheque Drawn on Bank and Branch

Account type Cheque No. should be in continuous series From To

04. DECLARATION & SIGNATURE/S

I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of LIC Mutual Fund. I/We are aware that LIC Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform LIC Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of LIC Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

Date : Place :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant

ACKNOWLEDGMENT SLIP

Application No.

(TO BE FILLED IN BY THE INVESTOR)



SIP through Auto Debit (NACH / PDC)

Folio No./Application No. Received from: Mr./ Ms. /M/s

Date DDMMYY ☐ SIP Mandate Form ☐ NACH/PDC/Auto Debit Form

Corporate Office:
Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020.
Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service@licmf.com
Website: www.licmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents:
KFin Technologies Private Limited, Karvy Selenium Tower B, Plot Nos. 31 & 32 | Financial District
Nanakramguda | Serilingampally Mandal | Hyderabad - 500032 .
Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customer@kfintech.com
Website: www.kfintech.com

Debit Mandate Form NACH / DIRECT DEBIT



CREATE <input checked="" type="checkbox"/>	UMRN	F O R O F F I C E U S E O N L Y												Date	D D M M Y Y Y Y								
MODIFY <input type="checkbox"/>	Sponsor Bank Code	For office use only												Utility Code	For office use only								
CANCEL <input type="checkbox"/>	I/We, hereby authorize	LIC Mutual Fund												To debit (Please ✓)	SB / CA / CC / SBNRE / SB-NRO / Other								
Bank A/C Number																							
with Bank																							
an amount of Rupees																							
FREQUENCY <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount																							
Reference 1												Phone No.											
Reference 2												Email ID											

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the Bank

PERIOD		Signature Primary Account holder		Signature Primary Account holder		Signature Primary Account holder	
From	D D M M Y Y Y Y						
To	X X X X X X X X						
Or	<input checked="" type="checkbox"/> Until cancelled	1. Name as in bank records		2. Name as in bank records		3. Name as in bank records	

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instruction as agreed and signed by me.
• I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

Debit Mandate Form NACH / DIRECT DEBIT



CREATE <input checked="" type="checkbox"/>	UMRN	F O R O F F I C E U S E O N L Y												Date	D D M M Y Y Y Y								
MODIFY <input type="checkbox"/>	Sponsor Bank Code	For office use only												Utility Code	For office use only								
CANCEL <input type="checkbox"/>	I/We, hereby authorize	LIC Mutual Fund												To debit (Please ✓)	SB / CA / CC / SBNRE / SB-NRO / Other								
Bank A/C Number																							
with Bank																							
an amount of Rupees																							
FREQUENCY <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount																							
Reference 1												Phone No.											
Reference 2												Email ID											

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the Bank

PERIOD		Signature Primary Account holder		Signature Primary Account holder		Signature Primary Account holder	
From	D D M M Y Y Y Y						
To	X X X X X X X X						
Or	<input checked="" type="checkbox"/> Until cancelled	1. Name as in bank records		2. Name as in bank records		3. Name as in bank records	

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instruction as agreed and signed by me.
• I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.