



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.

Application No. _____

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

ARN / RIA Code*	ARN/RIA Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIN)	Time Stamp No
ARN-0018		ARN-				<i>For office use only</i>

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

SIGN HERE First/ Sole Applicant/ Guardian	SIGN HERE Second Applicant	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. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)
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In case the purchase/ subscription amount is Rs. 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.

1. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, with PAN & KYC validation please fill in section 1 and proceed to section 4.)

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

2. 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 : <input type="checkbox"/>
Second Applicant's Name	FIRST	MIDDLE	LAST	KYC : <input type="checkbox"/>
Third Applicant's Name	FIRST	MIDDLE	LAST	KYC : <input type="checkbox"/>

First Applicant PAN : <input type="text"/>	Second Applicant PAN : <input type="text"/>	Third Applicant PAN : <input type="text"/>
CKYC No.: <input type="text"/>	CKYC No.: <input type="text"/>	CKYC No.: <input type="text"/>
Aadhaar No. <input type="text"/>	Aadhaar No. <input type="text"/>	Aadhaar No. <input type="text"/>
DOB <input type="text"/> (mandatory)	DOB <input type="text"/> (mandatory)	DOB <input type="text"/> (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
PAN: <input type="text"/>	KYC <input type="checkbox"/>	CKYC No.: <input type="text"/>
DOB <input type="text"/> (mandatory)	Aadhaar No. <input type="text"/>	Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Legal Guardian
Relationship with minor Please (✓)		

3. TAX STATUS (Please tick (✓))

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Fils	<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"/> NRI-NRE	<input type="checkbox"/> FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> QFI	<input type="checkbox"/> FPI	<input type="checkbox"/> Others	<input type="checkbox"/> Company	<input type="checkbox"/> LLP

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

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

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
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	For Non-Individual Investors (Companies, Trust, Partnership etc.)	
<input type="checkbox"/> I am Politically Exposed Person (Also applicable for authorized signatories/ Promoters/Karta/Trustee/Whole time Directors) please mention)	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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am Related to Politically Exposed Person	Foreign Exchange / Money Changer Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Not Applicable	Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Money Lending / Pawning	<input type="checkbox"/> Yes <input type="checkbox"/> No
	None of the above	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. MODE OF HOLDING [Please tick (✓)]

<input type="checkbox"/> Joint	<input type="checkbox"/> Single	<input type="checkbox"/> Anyone or Survivor (Default option is Joint)
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6. MAILING ADDRESS OF FIRST / SOLE APPLICANT (MANDATORY) (Refer Instruction 11)

Landmark	City	State	Pincode <input type="text"/>	Country
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7. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No. and Email Id. Refer Instruction No. 11)

Email Id (Please Specify)	Mobile No.
Tel no (Resi) (STD Code)	(Off) (STD Code)



(TO BE FILLED IN BY THE INVESTOR)

ACKNOWLEDGEMENT SLIP

APP. No

Received an application for purchase of units of LIC MF _____ from Mr/Mrs/M/s. _____ (Scheme Name with option) _____ alongwith Cheque/Draft No./Payment Instrument No. _____ Dated _____ Bank _____ Branch _____ Drawn on _____ For ₹ _____ Bank Charges (in cases of Draft) of ₹ _____ Date _____ Please Note : All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.	Time Stamp No. ISC Signature, Stamp & Date
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8. Overseas address (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

Landmark _____ City _____ State _____ Pincode Country _____

9. DEMAT ACCOUNT DETAILS* - (Optional - refer instruction 13)

	NSDL	CDSL
DP NAME		
DP ID		
Beneficiary Account No		

10. 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	_____
Country of Citizenship/ Nationality	_____	Country of Citizenship/ Nationality	_____	Country of Citizenship/ Nationality	_____
Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id.	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id.	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No 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	

* 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.

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

Account No.	Name of the Bank		
Type of A/c <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others	Branch		Bank City
Please specify _____			
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)	

12. 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 (Rs.)	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 Deposited in Bank
LIC MF					Branch Code

*All purchases are subject to relaxation of fund (Refer to Instruction No. 10) Account Type (Please tick (✓)) SB Current NRE NRO FCNR Others (Please Specify)

13. NOMINATION DETAILS (Refer Instruction No. 15)

I/We wish to nominate I/We DO NOT wish to nominate (sign here) _____ 1st Applicant Signature (Mandatory)

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

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

Name of the POA holder _____ Attached KYC Letter (Mandatory)
PAN of the PoA holder _____ Notarized copy of PoA

15. DECLARATION & SIGNATURE/S

a) Having read & understand 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 not 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 Rs. 50,000/- in cash including the current investment during the current financial year.

I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my /our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

Date : _____	SIGN HERE First Applicant/ Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant
Place : _____			

For any queries please contact our nearest Investor Service Centre or

Call Toll Free Number 1800-258-5678	Email : service@licmf.com
Website : www.licmf.com	

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

SIP Mandate Form NACH/PDC/Auto Debit Form



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

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

<input checked="" type="checkbox"/> SIP Registration		<input type="checkbox"/> SIP Renewal	<input type="checkbox"/> SIP Mandate Modification	<input type="checkbox"/> SIP Cancellation	For Office use only: RM Code <input type="text"/>	
ARN / RIA Code#	ARN/RIA Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIIN)	Time Stamp No
ARN-0018		ARN-				<i>For office use only</i>

#By mentioning RIA code, I/we authorize you to share with the Investment Adviser 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.

SIGNATURE(S)		
1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

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 Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150/- (for first time mutual fund investor) or Rs. 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.

INVESTOR DETAILS

Folio No./Application No.	(Existing unit holders: Please mention your Folio Number. New applicants: Please mention Common Application No.)
Name of 1st Applicant	
Name of Guardian (in case of minor)	

PAN / PERKIN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>
CKYC No.	CKYC No.	CKYC No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Aadhaar No.	Aadhaar No.	Aadhaar No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

SIP Details (Please ✓ any one) SIP with first Cheque SIP without Cheque SIP through Post Dated Cheque

Scheme Name / Plan / Option	SIP Installment Amount (Rs.)	SIP Date (Please ✓ one)	Frequency (Please ✓ One)	Enrollment Period (Please ✓ any one)		LIC MF STEP - UP Facility (Optional)		
		<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 25 th <input type="checkbox"/> 28 th	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily	Start Date	End Date	Amount	Frequency	Upto Date
				From: <input type="text"/>	Perpetual (Default) <input type="checkbox"/> OR (Specify Date): <input type="text"/>	Rs. _____ (Multiples of Re.1 thereafter)* Please refer Instruction No. ix (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/> (Mention End Date) (Default is SIP End Date)
				From: <input type="text"/>	Perpetual (Default) <input type="checkbox"/> OR (Specify Date): <input type="text"/>	Rs. _____ (Multiples of Re.1 thereafter)* Please refer Instruction No. ix (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/> (Mention End Date) (Default is SIP End Date)
				From: <input type="text"/>	Perpetual (Default) <input type="checkbox"/> OR (Specify Date): <input type="text"/>	Rs. _____ (Multiples of Re.1 thereafter)* Please refer Instruction No. ix (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/> (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)

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 <input type="text"/> To <input type="text"/>

DECLARATION : 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.

I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage and (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

First Applicant / Guardian

Second Applicant

Third Applicant



Debit Mandate Form NACH / DIRECT DEBIT

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**Sponsor Bank Code For office use onlyUtility Code For office use only

CREATE	<input checked="" type="checkbox"/>
MODIFY	<input type="checkbox"/>
CANCEL	<input type="checkbox"/>

I/We, hereby authorize LIC Mutual FundTo debit (Please ✓) SB/CA/CC/SBNRE/SB-NRO/OtherBank a/c number with Bank Name of customers bankIFSC MICR an amount of Rupees Amount in words₹ FREQUENCY : Monthly Quarterly Half Yearly Yearly As & when presentedDEBIT TYPE : Fixed Amount Maximum AmountReference 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 chagers of the Bank

PERIOD	
From	<input type="text"/>
To	<input type="text"/>
Or	<input checked="" type="checkbox"/> Until cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

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

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**Sponsor Bank Code For office use onlyUtility Code For office use only

CREATE	<input checked="" type="checkbox"/>
MODIFY	<input type="checkbox"/>
CANCEL	<input type="checkbox"/>

I/We, hereby authorize LIC Mutual FundTo debit (Please ✓) SB/CA/CC/SBNRE/SB-NRO/OtherBank a/c number with Bank Name of customers bankIFSC MICR an amount of Rupees Amount in words₹ FREQUENCY : Monthly Quarterly Half Yearly Yearly As & when presentedDEBIT TYPE : Fixed Amount Maximum AmountReference 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 chagers of the Bank

PERIOD	
From	<input type="text"/>
To	<input type="text"/>
Or	<input checked="" type="checkbox"/> Until cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

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.