

# COMMON APPLICATION FORM

<b>Name of the Authorised Centre:</b>		<b>FOR OFFICE USE ONLY</b>	
	<b>AGENT/ BROKER</b>	<b>SUB-BROKER CODE</b> (IF any)	<b>RM CODE</b>
ARN No.			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
NAME			
Tel. No.			

**(PLEASE READ INSTRUCTIONS BEFORE FILLING UP THE FORM)**  
(FILL IN ALL THE PARTICULARS IN CAPITAL LETTERS. DO NOT SPLIT THE WORD, USE NEXT LINE)

**A. EXISTING UNITHOLDERS INFORMATION :** (If you have existing folio, please fill in your Folio Number /Account Number complete details in section G and proceed to section N., Refer Instruction No. 3.)  
Folio No./Account No.

**B. Name of Sole /First Applicant**

**C. Name of Parent or Guardian in case Sole/ First Applicant is a Minor**

**D.i) Address in full of Sole /First Applicant/Parent or Guardian of Minor(Strike off whichever is not applicable)**

PIN  STATE  TEL. NO.   
MOBILE NO.  E-mail -ID

**D.ii) Foreign Address of Non-Resident Indian (NRI)**

**E. Name of the Second Applicant**

**F. Name of the Third Applicant**

**G. PAN AND KYC COMPLIANCE STATUS DETAILS ( Mandatory)**

	PAN * (Refer instruction No. 8)										KYC Compliance ** (if Yes, attach proof)	
First/Sole Applicant/ Guardian ***	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No.
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No.
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No.

\*Attach PAN Proof, If PAN is already validated, don't attach any proof, \*\* Refer instruction No. 10, \*\*\* If the Sole/ First Applicants is a minor, then state detail of guardian

Date of Birth  
(Compulsory for ULIS & Minor)\*  
  
DD YY MM  
(\*please refer instruction no.23)

**H. Mode of Holding**

1 Single  
 2 Joint  
 3 First Holder or Survivor(s)  
 4 Any one or Survivor(s)

**1. Occupation of Sole/ First Applicant/Parent of Guardian Minor.**

1. Professional  
 2. Service  
 3. Business  
 4. Agriculture  
 5. Housewife  
 6. Retired  
 7. Student  
 8. Others

**J. Status of Sole /First Applicant** (Please tick whichever is applicable)

1 Resident Individual    2 Karta of HUF    3 Minor through Guardian    4 Company    5 Body Corporate    6 Trust    7 Society  
 8 Association of Persons/Body of individuals    9 Bank & FIs    10 NRI -Repatriable    11 NRI- Non- Repatriable    12 Others.

**K. BANK ACCOUNT DETAILS:** (Please note that as per SEBI Regulations, it is mandatory for investors to provide their bank account details)

Name of the Bank \_\_\_\_\_ Name of the Branch \_\_\_\_\_  
Account No. \_\_\_\_\_ Bank City \_\_\_\_\_ Pin Code \_\_\_\_\_  
Type of A/c.  Current    Saving    NRO    NRE    FCNR    NRSR    OTHERS  
9. Digit Code No. of the bank appearing in MICR Band for ECS PAYMENT   
RTGS: IFSC CODE   
E-mail Communication (refer instruction no.24) I/we wish to receive the statement of account via  E-mail  Physical

**L. PAYMENT OF DIVIDEND /REMPITION (Please refer instructions no. 22 & 25)**

**M. TO BE FILLED IN IF APPLICATON IS FROM AN INSTITUTION OR FOR THUMB IMPRESSION ATTESTATION (Refer Instruction No. 6&7)**

Name of Authorised Signatory/ Attestor	Designation/ Occupation	Signature
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____

Scheme Name	Plan	Option
	For G-Sec Fund   Regular <input type="checkbox"/> PF <input type="checkbox"/>	Growth <input type="checkbox"/> Div. Payout <input type="checkbox"/> Div. reinvestment <input type="checkbox"/> DIV. PAYOUT/REINVESTMENT MODE (Refer Inst. 25)
	For Index Fund   Sensex <input type="checkbox"/> Nifty <input type="checkbox"/> Sensex Advantage <input type="checkbox"/>	for MIPs   for LICMF Liquid Plus Fund, Savings Plus Fund and Floating rate Fund Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/>

**LIC MF** (TO BE FILLED IN BY THE APPLICANT)      **ACKNOWLEDGEMENT SLIP**      SERIAL NO. CAF  
**COMMON APPLICATION FORM**

Received an application for purchase of units of LICMF \_\_\_\_\_  
(Scheme Name with option)  
from Mr/Mrs/M/s. \_\_\_\_\_ (Name of the Investor) alongwith  
Cheque /Draft No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_  
For Rs. \_\_\_\_\_ excluding  
Bank Charges(in cases of Draft) of Rs. \_\_\_\_\_ Date \_\_\_\_\_

**Signature, Stamp & Date**

Cheque DD No. _____	Amount of investment(i) _____	PIF NO. _____
Date _____	DD Charges if any (ii) _____	LODG. DATE _____
Bank _____	Net Amount Paid (i-ii) _____	LODG. BANK _____
Type of A/c. <input type="checkbox"/> Current <input type="checkbox"/> Saving <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS		

<b>P. SWITCH IN</b>	Switch- out Scheme Name: _____	Folio No. _____
	Option: Growth / Dividend	Units _____

**Q. NOMINATION FORM**

Nominee's Full Name (Mr./Mrs) \_\_\_\_\_

Nominee's Address \_\_\_\_\_

PIN \_\_\_\_\_ TEL. NO \_\_\_\_\_ E-MAIL ID \_\_\_\_\_

Second Nominee's Full Name(Mr./Mrs) \_\_\_\_\_

Third Nominee's Full Name(Mr./Mrs) \_\_\_\_\_

Name of Parent /Guardian (in case Nominee is a Minor) \_\_\_\_\_ Date of Birth of Nominee (if Minor) \_\_\_\_\_

DD MM YY

Address of Parent/ Guardian \_\_\_\_\_

PIN \_\_\_\_\_ TEL. NO \_\_\_\_\_ E-MAIL ID \_\_\_\_\_

**R. ADDITIONAL INFORMATION FOR LICMF ULIS ONLY**

<b>(i) REGULAR PREMIUM</b>	<b>(ii) SINGLE PREMIUM</b>
TERM : <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> REDUCING COVER <input type="checkbox"/> UNIFORM COVER	TERM : <input type="checkbox"/> 5Years <input type="checkbox"/> 10Years
TARGET AMOUNT : Rs. _____	TARGET AMOUNT : RS. _____
(Rs. _____)	(Rs. _____)
MODE OF CONTRIBUTION: Yearly <input type="checkbox"/> Half yearly <input type="checkbox"/> Monthly * <input type="checkbox"/>	
CONTRIBUTION AMOUNT : Rs. _____	
(Rs. _____)	

**HEALTH QUESTIONAIRE**

Do you have a regular income (YES/NO) At present are you of sound health? (YES/NO)

Have you ever suffered from any of the following diseases?

Hypertension  Insanity  Diabetes  Paralysis  Tuberculosis  Cancer (Yes/No.)

Do you have any Physical deformity or handicap (YES/NO)? If YES ,please give the following details.

1. Date of occurrence                      2.. Extent of deformity                      3. Present Condition.

Are you already a member of LIC MF ULIS? (YES/NO) If yes please give the total of Target amounts under both options for such earlier memberships in force:

**Declaration by applicant:**

Having read and understood the provisions of LICMF ULIS Scheme, I agree to abide by the same and hereby apply for the membership of the scheme as a citizen of India. I declare that the Total Target amounts of all my memberships under both options of ULIS scheme, including the one being applied for ,do not exceed Rs. 15 lakhs. I also hereby declare that I am in good health and free from disease, that I have not had any serious illness or major operation for the last 5 years and that no proposal of insurance to my life to the LIC of India or any other life insurer has ever been deferred/declined.

I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular and the said statements and this declaration shall be the basis of my admission to the LIC MF ULIS Scheme of LIC Mutual Fund.

Date : \_\_\_\_\_ Place \_\_\_\_\_ Signature of First Applicant. \_\_\_\_\_

The applicant has completed and signed the application in my presence. From his/her appearance and to the best of my judgment, I find that he /she is in good health and eligible for insurance.

Signature of Authorised Witness \_\_\_\_\_ Date : \_\_\_\_\_ Place \_\_\_\_\_

Name of Authorised Witness \_\_\_\_\_ Official Seal

Status : ( AMC Official/Karvy Official /ARN Holder)

**DECLARATION**

To,  
**LIC Mutual Fund**

Dear Sirs,

Having read and understood the Scheme Information Document and conditions of LIC Mutual Fund – Common Application Form. I/We hereby apply for its units and agree to abide by the terms and conditions of the Scheme and any amendments thereof. " I/We have understood the detail of the scheme and I/We have not received or being induced by any rebate or gifts, directly or Indirectly, in making this investments". "I/We confirm that I/We have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly for subscribing to the scheme"

**(Non Residents Indians only)** I/We confirm that I am/We are Non-residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or form funds in my/ our Non-Resident External /FCNR account.

I undertake to comply with SEBI (Central Database of Market Participants) Regulation 2003 (MAPIN) and circulars and notifications issued thereunder and as may be amended from time to time by SEBI.

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

Date : \_\_\_\_\_

Place : \_\_\_\_\_

<b>SIGNATURE OF APPLICANTS</b>	First Applicant/ Parent or Guardian/ Karta of HUF/Authorised Signatory Holder	Second Applicant/ Power of Attorney Holder	Third Applicant/ Power of Attorney Holder
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<b>CORPORATE OFFICE</b>	<b>AREA OFFICES</b>	<b>REGISTRARS</b>
<b>LIC Mutual Fund</b> 4 <sup>th</sup> Floor, Industrial Assurance Building Opp. Churchgate Station, Churchgate, Mumbai – 400 020 Phone : 22812038 Fax : 22040039/ 22880633 e-mail : licmfamc@licmutual.com	• AHMEDABAD 079-26588301 / 65431989 - 9375090006 / 9924403147 • BANGALORE 080-22210180 / 22295598 - 9845172957 / 9972092957 / 9986500721 • BHUBANESHWAR 0674-2390694 : 9438132162 /9438081037 / 9438526420 • CHENNAI 044-28411984 / 28555883 - 9382315850 / 9840289305 / 9962526278 / 9340178296 • DEHRADUN 0135 - 2668347 - 9410702959 / 9412039057 / 9410702598 • ERNAKULAM 0494-2367643 / 9890306554 / 9745610388 / 9945710355 • GOA 0835-2420561 - 9421151400 / 9890711351 / 9370849075 / 9873882222 • GUWAHATI 0361 - 2733263 / 9435040478 / 9707021706 • HYDERABAD 040-23244445 / 23210572 - 9392471583 / 9000444850 / 9000550850 • INDORE 0731-2520262 / 4069182 / 9753242050 / 9425870126 / 9981511435 • JAIPUR 0141-5118290 - 9480973100 / 9829083323 / 9929095005 • KANPUR 0512-2360240 / 3244848 / 9839224889 / 9894009000 / 9338038440 / 9818971259 / 9890647396 • KOLKATA 033-21545453 / 65290206 - 9432128113 / 9830888805 / 9830072239 / 9831983005 / 9474424374 / 9339531895 / 9231407611 • LUCKNOW 0522-2231186 - 9415060134 / 9450661015 / 9453016072 / 9005056048 • LUDHIANA 0161 - 2405895 / 2405806 - 9814703558 / 9883820209 / 9872106060 • MADURAI 0452 - 2535105 - 9442109009 / 9855505105 • MANGALORE 0824 - 2411482 - 9843194496 / 9880890465 • MUMBAI - I 022-22858711 / 22851833 - 9354543832 / 9320012110 / 9330622901 / 9825554853 / 983957772 / 9870775600 • MUMBAI - II 022-22851660 / 982002994 / 9967655060 / 9371617717 / 9619575895 • NAGPUR 0712 - 2542497 / 9422113800 / 9975724030 / 9922422272 • NASHIK 0253-2579507 - 9822996155 / 9823388378 • NEW DELHI 011-23539190/23514396 - 9716481891 / 9818610867 / 9816630124 / 981108744 / 9818191263 / 9891786008 / 9871814850 • PATNA 0612-2501571/645279 - 9470010695 / 9431032374 / 9431037251 / 9834600411 • PUNE 020 - 25537301 - 9822474487 / 9325523480 / 9767868611 • RAIPUR 0771-2236780/4051137 ; 9329731077 / 9329100009 / 9407646661 • RANCHI 0651-2206372 ; 9470524099 / 9334768543	<b>M/S. Karvy Computershare Pvt. Ltd.</b> <b>Unit : LIC Mutual Fund</b> Karvy Plaza, House No. 8-2-596, Avenue 4, Street No. 1, Banjara Hills, Hyderabad-500 034. Tel.: 23312454/ 44338155 Fax : 23388705
All future communications in connections with this applications should be addressed to the authorised centre where the application alongwith the subscription was submitted, quoting full name of the Sole/First applicant and the Application Serial Number.		