

Transaction Form



Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink

Time Stamp

Distributor Code	Sub-Distributor ARN	Branch Code	Relationship Manager's Name		EUIN E164733
AH13651	Sub-Distributor Code		Mobile +91-		
			E-mail		

Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor. Investor's declaration where EUIN is not furnished. 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 the 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.

(Sole/First Applicant/Guardian)

(Second Applicant)

(Third Applicant)

1. APPLICANT INFORMATION

Name of Sole/1st Unit Holder: First Name _____ Middle Name _____ Last Name _____ Folio No. _____
 PAN: _____ First Unit Holder _____ Second Unit Holder _____ Third Unit Holder _____

KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants.

2. CONTACT DETAILS OF SOLE/1ST UNIT HOLDER

Mobile No. +91- _____ E-mail ID _____

3. ADDITIONAL PURCHASE (Please ensure that the cheque complies to CTS 2010 standards)

Scheme Name: L&T
 Option (✓) Growth* Bonus^ Dividend Reinvestment Dividend Payout **Dividend Frequency (✓)** Monthly Quarterly
 Investment Mode Cheque/DD/Pay order No. _____ RTGS/NEFT/Online Transfer/Fund Transfer
 Amount (in ₹): _____ Drawn on: _____ Cheque/DD/Payment Instrument No. _____
 Payment made by (✓) First/Second/Third Unit Holder Guardian Others

4. SWITCH

Scheme Name: L&T
 Option (✓) Growth Bonus Dividend Reinvestment Dividend Payout **Dividend Frequency (✓)** Monthly Quarterly
 To Scheme: L&T
 Option (✓) Growth* Bonus^ Dividend Reinvestment Dividend Payout **Dividend Frequency (✓)** Monthly* Quarterly
 Please tick any one (✓) Amount (₹) _____ OR No. of units _____ OR All Units

5. REDEMPTION

From Scheme: L&T
 Option (✓) Growth Bonus Dividend Reinvestment Dividend Payout **Dividend Frequency (✓)** Monthly Quarterly
 Please tick any one (✓) Amount (₹) _____ OR No. of units _____ OR All Units

If the bank account has been changed and not been intimated to us, the proceeds will be credited to the bank account registered with us.

IFSC Code of the registered bank account for electronic payment _____ (Please enclose an original cancelled cheque leaf)
 If you have multiple bank accounts registered with us and wish to receive the proceeds in a registered bank account other than your default account please provide the below details. Please note that the proceeds will not be paid out to an unregistered bank account.

Name of the bank _____ Account No. _____

6. SYSTEMATIC WITHDRAWAL PLAN (SWP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000

From Scheme: L&T
 Option (✓) Growth Bonus Dividend Reinvestment Dividend Payout **Dividend Frequency (✓)** Monthly Quarterly
 Withdrawal preference (✓) Amount (₹) _____ OR Capital Appreciation (Available for GROWTH plan only) **Withdrawal frequency (✓)** Monthly* Quarterly
 Withdrawal date (✓) 1st 5th 10th* 15th 25th **Withdrawal period** From [M|M|Y|Y|Y|Y] To [M|M|Y|Y|Y|Y] OR Till balance

7. SYSTEMATIC TRANSFER PLAN (STP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000

From Scheme: L&T
 Option (✓) Growth Bonus Dividend Reinvestment Dividend Payout **Dividend Frequency (✓)** Monthly Quarterly
 To Scheme: L&T
 Option (✓) Growth* Bonus^ Dividend Reinvestment Dividend Payout **Dividend Frequency (✓)** Monthly* Quarterly
 Transfer preference (✓) Amount (₹) _____ OR Capital Appreciation (Available for GROWTH plan only) From [M|M|Y|Y|Y|Y] To [M|M|Y|Y|Y|Y] OR Till balance
 Transfer frequency (✓) Monthly* Weekly (✓) Mon* Tue Wed Thu Fri Fortnightly (✓) 1st 15th* Quarterly (✓) 1st 5th 10th* 15th 25th
 *Default option if not selected ^Available in select schemes only

8. DECLARATION & SIGNATURES

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distributors based on my/our assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to me/us (in trail commission or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us

Date [D|D|M|Y|Y|Y|Y]

(Sole/First Unit Holder)

(Second Unit Holder)

(Third Unit Holder)

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)



Folio No. _____ Received from _____ Name of the Sole/First Unit Holder _____
 Scheme/Plan/Option _____
 Additional Purchase
 Amount (in Rs) _____ Drawn On _____ Cheque/DD/Payment Instrument No. _____
 Switch Request
 Please tick any one (✓) Amount _____ OR No. of units _____ OR All Units
 Redemption Request
 Please tick any one (✓) Amount _____ OR No. of units _____ OR All Units
 SWP Instalment amount _____ Frequency (✓) Monthly Quarterly
 STP Instalment amount _____ Frequency (✓) Monthly Quarterly Weekly Fortnightly

For Office Use Only
 Acknowledgement Stamp & Date

GENERAL INSTRUCTIONS

Please read the below instructions carefully before filling the form. Please fill up the form in English in BLOCK LETTERS with black or dark ink. All information sought in the form is mandatory except where it is specifically indicated as optional. All instructions & notes are subject to SEBI & AMFI guidelines as amended from time to time. Please note in case of any error while filling the form all applicants must sign against the corrections.

1. Applicant Information: Please furnish the Folio Number, Name and PAN of Sole / First Applicant Section 1 of the Form. Your investment would be processed in the specified folio.

Your personal information and bank account details would apply to this investment as well.

2. Contact Details: Please provide the Mobile Number and E-Mail Address of the Sole / First Applicant in the form in case of Individuals and Key Contact in case of Non Individuals. This would help us seamlessly communicate with you on your investments.

3. Additional Purchase Request:

a. Please mention the name of the Scheme where you plan to make your investment and your preferred option. If you do not indicate your preferred option, your application would be processed based on the terms & conditions set out in the Scheme Information Document.

b. If you are not investing through a Distributor, please suffix "Direct Plan" after the scheme name.

c. Your investment cheque should be crossed "Account Payee only" and drawn favoring the scheme name where the investment is in a specific scheme

d. Please ensure that the investment cheque issued by you complies with CTS 2010 requirements stipulated by the Reserve Bank of India. The words "CTS 2010" should appear on the face of the cheque.

e. Payments made by Cash/Money Order/Postal Order, Non- MICR cheques Outstation cheques are not accepted. Post dated cheques will not be accepted except for investment made under Systematic investment Plan.

f. Third Party Payments for investments are not accepted except in the below cases :

- Payments made by Parents/Grand Parents/related persons on behalf of a minor in consideration of natural love and affection for value not exceeding Rs 50,000\
- Payment by employer on behalf of employees under SIP or lump sum subscription through Pay Roll deductions
- Custodian on behalf of an FII or Client made by Custodian.

In the above cases, necessary declaration / banker's certificate needs to be provided confirming the source of funds for the investment. Please refer the SAI for more details.

If you wish to hold your investments in the Dematerialised mode, please provide the name and DP ID of your Depository Participant and your Beneficiary Account Number. Please also attach a copy of the Client Master that you may have received from your Depository Participant.

Please ensure that the sequence of names in the application form matches the sequence in which the Demat account is held. If the sequence of names does not match with the Demat account details provided therein, the Units will not be transferred to the Demat Account and the Units will be held in the physical mode.

Please note that this is an additional facility offered to unit holders who wish to hold units in the dematerialised mode. This is not a mandatory requirement and unit holders can continue holding units physically with the mutual fund. If you do not wish to hold your mutual fund units in the dematerialised form, please strike off this section.

If the demat account details in the application form are incomplete/incorrect or does not match with the records of the Depository, units would be allotted and held electronically in the Fund's books and an Account Statement confirming the unit allotment would be sent to you.

4. Redemption Request:

a. Please specify scheme details and the amount/number of units you wish to redeem. If you wish to redeem all units, tick against the box provided.

b. If your redemption request specifies both amount and units for redemption, the latter will be processed.

c. A redemption will be processed only for the amount which has been realized.

d. To safeguard investors against fraudulent action, where the redemption request is received along with Change of address/bank request, the AMC reserves the right to release the payment only after completing necessary additional checks.

5. Switch Request:

a. Please ensure that the Target and Source schemes are correctly indicated.

b. Please specify the amount/number of units you wish to switch. If you wish to switch all units, tick against the box provided.

c. If your switch request specifies both amount and units for redemption, the latter will be processed.

d. If the balance in the source scheme/option, after taking the switch into account falls below the minimum redemption size (either in amount or units whichever is less), the entire balance in the Source scheme will be switched to the Target Scheme.

6. Systematic Withdrawal Plan (SWP):

a. The minimum withdrawal size is Rs 1000 or 100 units.

b. SWP will be processed within 7 calendar days from the date of your request.

c. You can cancel a registered SWP at any time by submitting a written request. The cancellation will be processed within 15 days.

d. If your SWP request specifies both amount and units, the SWP will be processed for the amount.

e. If the scheme/plan/option is not mentioned and there is only one scheme/plan/option available in the folio, the same will be processed.

7. Systematic Transfer Plan (STP):

a. The minimum transfer size is Rs 1000 or 100 units.

b. STP will be processed within 7 calendar days from the date of your request.

c. You can cancel a registered STP at any time by submitting a written request. The cancellation will be processed within 15 days.

d. If the plan/option if the source scheme is not mentioned and there is only one plan/option available in the folio, the STP will be processed.

e. If the plan/option of the target scheme is not mentioned, the STP will be processed as per the default options mentioned in the Scheme Information Document of the respective scheme.

f. If the minimum balance criteria are not met when processing an installment, the entire available unit balance will be transferred and the STP will be ceased.

8. Signatures: All signatures should be in English or any other Indian Language. Thumb impressions should be from the left hand in case of males and right hand in case of females. All such thumb impressions need to be attested by a Magistrate, Notary Public or Special Executive Magistrate under his/her official seal.

9. Employees Unique Identification Number (EUIN): If you are making this investment based on an investment advise received from your distributor, please quote the Employees Unique Identification Number (EUIN) of your relationship manager in the Application Form.

If your distributor has, however, not given you any advice pertaining to the investment or your investment decision is not withstanding the advice provided by your distributor regarding inappropriateness of the scheme vis-a-vis your investment needs, the EUIN box may be left blank. In this case, please sign in the space provided in Section B to confirm your acceptance to the declaration stated therein.

call 1800 2000 400 or 1800 4190 200

email investor.line@Intmf.co.in

www.Intmf.com

Our lines are open from 9.00 am to 6.00 pm, Monday to Friday

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

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