



Enrolment Form No.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code*	ARN/RIA Name	Sub-broker code	Sub broker ARN code	RM code	Employee Unique Identification Number (EUIIN)	
ARN-87761					E075033	

Date:

D	D	M	M	Y	Y	Y	Y
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Declaration for "execution-only" transaction (only where EUIN box is left blank)

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributors broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provide by the employee/relationship manager/sales persons of the distributor/sub broker.

<p>Sign Here</p> <p>First / Sole Unit Holder / Guardian</p>	<p>Sign Here</p> <p>Second Unit Holder</p>	<p>Sign Here</p> <p>Third Unit Holder</p>
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☐ NEW REGISTRATION☐ CANCELLATION[illegible]

Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof.

Name of 'Transferor' Scheme/Plan/Option	Scheme	Plan	Option
Name of 'Transferee' Scheme/Plan/Option	Scheme	Plan	Option
Plan (Please ✓ any one)	<input type="checkbox"/> Fixed Systematic Transfer Plan (FSTP) (Refer Instruction No.9)		
	<input type="text"/> Amount		
STP Date (Please ✓one)	<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"/> 15 ^{th***}		
Frequency (Please✓any one)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly		
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly		
Enrolment Period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

*Refer Instruction No. 7 **Refer Instruction No. 9 ***Refer Instruction No. 10

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.

SIGNATURE(S)

Third Unit Holder

(In case the mode of holding is joint, all Unit holders are required to sign.)

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

<p align="center">LIC MUTUAL FUND</p>		<p>Enrolment Form No./Folio No.</p>
<p>Date</p>	<p>Received from Mr./Ms./M/s. _____ from Scheme / Plan / Option _____ to Scheme / Plan / Option _____</p>	<p>ISC Stamp & Signature</p>