



SERIAL NO. CAF COMMON APPLICATION FORM

A. Name of the Authorised centre :

FOR OFFICE USE ONLY

AGENT / BROKER		SUB-BROKER CODE (if any)
LICMF Code		
ARN No.	0018	
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)

B. Name of Sole / First Applicant _____ Date of Birth (Compulsory for ULIS & Minor) DD MM YY

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

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

CITY _____ PIN _____ TEL. NO. _____

MOBILE NO. _____ EMAIL-ID _____

E. Name of Second Applicant _____

F. Name of Third Applicant _____

G. PAN/GIR No. (1st Applicant) _____ Circle/Ward/District _____
(See Instruction No. 8)

PAN/GIR No. (2nd Applicant) _____ Circle/Ward/District _____

PAN/GIR No. (3rd Applicant) _____ Circle/Ward/District _____

H. MODE OF HOLDING

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

I. Occupation of Sole / First Applicant / Parent of Guardian of minor

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

MAPIN NO. _____

J. I/We are applying as (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. FIRST APPLICANT'S BANK DETAILS : (This information is mandatory) (Please see Instruction No. 9) Bank Name and Address _____

Type of A/c. Current Saving NRO NRE FCNR NRSR A/c.No. _____

L. PAYMENT OF DIVIDEND / REDEMPTION

Please select the mode of payment for dividend/redemption as mentioned below. LIC Mutual Fund / AMC will endeavour to use ECS or Direct Credit or Warrant / Draft mode for payment of dividend/redemption but retains the right to use any other mode of payment as deemed appropriate kindly fill necessary Bank Detail below . Please read the Instructions.

ECS (Electronic Clearing Service) Direct Credit Warrant / Draft

ELECTRONIC CLEARING SERVICE (ECS)

ECS allows credit of dividend/redemption proceeds into unitholders bank account if their bank branch is covered under ECS as per the RBI regulations.

9 Digit Code Number of the _____

Bank appearing on the MICR Band in the cheque issued by the Bank

I/We hereby declare that the particulars given are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / We would not hold LIC Mutual Fund or Jeevan Bima Sahayog Asset Management Company responsible. I have read the intimation letter and agree to discharge my responsibility as a participant under the scheme. Please attached copy of Blank / Cancelled cheque.

DIRECT CREDIT OF DIVIDEND / REDEMPTION

If you have an account in any of the following banks you can opt for direct credit of dividend/redemption to your bank account. I authorise LICMF to credit my dividend / redemption amount to my account maintained with the following bank (Please ✓) :

Corporation Bank HDFC Bank ICICI Bank UTI Bank

I/We understand that the instruction to the bank for direct credit will be given by the Mutual Fund and such instruction will be adequate discharge of Mutual Fund towards dividend/redemption proceeds. In case of bank not crediting my bank account with/without assigning any reasons thereof or if the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, I would not hold LIC Mutual Fund responsible. I/We understand that the Mutual Fund reserves the right to issue a demand draft/payable at par cheque instead of direct credit which will be in the beneficial interest of the investors.

M. TO BE FILLED IN IF APPLICATION IS FROM AN INSTITUTION OR FOR THUMB IMPRESSION ATTESTATION (Refer Instruction No. 5 & 6)

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

ACKNOWLEDGEMENT SLIP SERIAL NO. CAF

Received an application for Purchase of Units of LICMF _____ (Scheme Name with option)

From _____ (Name of the Investor) alongwith

Cash/Cheque/Draft No. _____ Dated _____ Drawn on _____

_____ for Rs. _____ excluding

Bank charges (in cases of Draft) of Rs. _____ Date _____

Signature, Stamp & Date



(TO BE FILLED IN BY THE APPLICANT)

ACKNOWLEDGEMENT SLIP
COMMON APPLICATION FORM

SERIAL NO. CAF

INVESTMENT DETAILS	Scheme Name	Plan	Option	Payment mode	For Office Use
		For G-Sec Fund Regular <input type="checkbox"/> PF <input type="checkbox"/> For Index Fund Sensex <input type="checkbox"/> Nifty <input type="checkbox"/> Sensex Advantage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Growth <input type="checkbox"/> Div. Payout <input type="checkbox"/> Div. Reinvestment <input type="checkbox"/>	Cheque/ Cash Cheque No. _____ Amount: _____ DD Charge: _____ Drawn on bank & branch: _____	PIF NO. _____ LODG. DATE _____ LODG. BANK _____

SWITCH IN	Switch-out scheme Name:	Folio No.
	Option: Growth/Dividend	Units

NOMINATION FORM	
Nominee's Full Name (Mr./Ms.)	
Nominee's Address	
PIN _____ TEL. NO. _____ EMAIL-ID _____	
Name of Parent/Guardian (in case Nominee is a Minor)	Date of Birth of Nominee (if Minor)
Address of Parent/Guardian	
PIN _____ TEL. NO. _____ EMAIL-ID _____	

ADDITIONAL INFORMATION FOR LICMF ULIS ONLY

TERM : 1) 10 Years <input type="checkbox"/> 2) 15 Years <input type="checkbox"/> TARGET AMOUNT : In Figures _____ In Words : _____ MODE OF CONTRIBUTION : Yearly <input type="checkbox"/> Half Yearly <input type="checkbox"/> CONTRIBUTION AMOUNT : In Figures _____ In Words : _____	<p style="text-align: center;">(ii) SINGLE PREMIUM</p> TERM : 1) 5 Years <input type="checkbox"/> 2) 10 Years <input type="checkbox"/> AMOUNT : In Figures : _____ AMOUNT : In Words : _____
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HEALTH QUESTIONNAIRE

Do you have a regular income ?.....[Yes / No] Are you at present in sound health ?.....[Yes / No]

Have you very suffered from any of the following ?.....[Yes / No]

Hypertension Insanity Diabetes Paralysis Tuberculosis Cancer

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 LICMF ULIS ? [Yes / No] If Yes Please give the total of Target amounts under both option for such earlier memberships in force :

Declaration by 1st 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 option of the LICMF ULIS scheme including the one now being applied for do not exceed Rs. 5 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 Life Insurance Corporation of India has ever been adversely treated.

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 LICMF ULIS scheme of LIC Mutual Fund.

Date : _____ Place : _____ Signature of first applicant

DECLARATION

To,
LIC Mutual Fund
Dear Sirs,

Having read and understood the Offer Document and conditions of **LIC Mutual Fund - Common ApplicationForm**. 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 included by any rebate or gifts, directlt 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 Resident 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 from funds in my/our Non-resident External / FCNR account.

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

Date : _____
Place : _____

SIGNATURE OF APPLICANTS }	_____	_____	_____
	First Applicant/Parent or Guardian/ Karta of HUF/Authorised Signatory Holder	Second Applicant/ Power of Attorney Holder	Third Applicant/ Power of Attorney

Registrars for LIC Mutual Fund
M/s. Karvy Computershare Pvt. Ltd.
"Karvy House", 21 Avenue 4, Street No. 1,
Banjara Hills, Hyderabad - 500 034.
Tel. 23394166 / 23312454 / 23320231
Fax : 23371720 / 55664551

All Future communications in connection with this application 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.

I N S T R U C T I O N S

1. Please read carefully the **Offer Document containing the terms of Offer**. It must be understood clearly that all applicants are deemed to have accepted the terms subject to which this offer is being made and bind themselves to the terms upon signing the application and tendering payment.
2. Application Form must be completed in full in BLOCK LETTERS and in ENGLISH. While filling in the names, Please leave a blank space between the name and surname and between two or more parts of the name and address, eg.

S	U	N	I	L		K	U	M	A	R		S	H	A	R	M	A
---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---
3. **Mode of holding** : Application can be made on Single, Joint, First Holder or Survivor(s) or Anyone or Survivor(s) basis. In the case of holding other than Single, the name and signature of each applicant must be given in the space provided in the application form. All communications will be addressed and refunds, and other payments, if any, will be made payable to the applicant whose name appears first on the application at the address given by him/her. Tax benefits will be available only to the First Applicant as per rules. If the application is made on behalf of eligible Body Corporate, Institution(s) second applicant is not allowed.
4. **In the case of HUF**, the Karta will sign on behalf of the HUF. All communications will be addressed to the Karta at the address given by him/her. Refunds and other payments, if any, will also be made payable to the Karta.
5. **Signature** should be in English or in any of the Indian Languages. Thumb impression must be attested by any authorised Stock Broker or any Agent of LIC Mutual Fund or any LIC Agent who is a member of Divisional Manager's/Zonal Manager's/Chairman's Club or any Officer of LIC of India or LIC Mutual Fund / JBSAMC or any Officer of Nationalised Banks or a Magistrate / Notary Public under his/her Official Seal.
6. In case of application under a **Power of Attorney** the relevant Power of Attorney (or a duly certified copy thereof) must be lodged alongwith the application. In case of application **by Limited Companies, Bodies Corporate, Trusts, Societies**, etc., the relevant documents of authority (or duly certified copies thereof) viz. The Board Committee Resolution, and list of authorised signatories alongwith their specimen signatures apart from the MoA / Partnership Deed / Trust Deed / Bye-Laws as the case may be must be lodged alongwith the application.
7. **Nomination facility** : Nomination facility is provided under the scheme. Minor also can be nominated. Nomination facility can also be availed after issue of Unit Certificate by writing to the Registrars to the Scheme/Authorised Service Centre. Persons applying on behalf of Minors/Eligible Institution/Body Corporate/Power of Attorney holders/Karta of HUF cannot nominate. In case the nominee is minor, please furnish the name of the Guardian (other than the applicant/s').
8. Wherver an application is for a total value of Rs. 50,000 or more, the applicant or in case of application in joint names, each of the applicants, should mention his/her permanent account number (PAN) allotted under the Income Tax Act, 1961 or where the same has not allotted, the GIR Number and the income-tax Circle/Ward/District should be mentioned. In case where neither the PAN nor the GIR Number has been allotted, the fact of non-allotment should be mentioned in the application form. Any application form without these details should not be accepted by the mutual fund.
9. **It shall be Mandatory for first applicant to mention his/her Bank details including the name of the bank, address along with his/her A/c. number in the application / request for repurchase or redemption. In the absence of these details the application is liable to be rejected. LIC Mutual Fund will not be responsible for any fraudulent encashment of cheques through interception.**
10. **Payment :**
 - a) Payment must be made to any Authorised Collection Centre. It may be in cheque or Bank Draft drawn on any Bank which is a member or sub-member of the Banker's Clearing House located at the place where the application form is submitted. Application form accompanied by outstation cheque/drafts or Money/Postal Orders or Stockinvests will not be accepted. A separate Cheque or Demand Draft must accompany each application form and the application form no. should be written on the back of the instrument. **Non-MICR Instruments drawn on metropolitan Centres are not acceptable. Charges for making DD may be deducted from the application money, however pay order making charges will not be reimbursed.**
 - b) **Physical payment :-** To be filled in case the investment is by Cheque / DD/ Cash.
Switch In :- To be filled in case the investor is switching his/her investment from the existing folio of any LIC Mutual Fund scheme. The switch in is subject to the minimum amount of application and the entry / exit terms of the respective schemes.
 - c) **Payment by NRIs/Overseas Corporate Bodies** : Funds will have to be remitted from abroad through normal banking channels or paid out of funds held in the investors NRE / NRO / FCNR A/c. maintained with banks authorised to deal in foreign exchange in India.
- 11 All local Cheques and Bank Drafts must be drawn in favour of "**Respective Scheme Name**" and crossed "**ACCOUNT PAYEE ONLY**" and should be payable at the Authorised Centre where the Application Form is submitted.
12. **Date of acceptance** will be the date of the business day on which the application is received with cheque / DD at the Authorised Collecting Centre before the cut off time as per SEBI Rules (Subject to realisation of cheque/draft).
13. **Acknowledgement of application** : Receipt of application will be acknowledged by the collecting centre in the "**Acknowledgement Slip**".
14. **Right to accept or reject application** : Application which is not complete in all respects is liable to be rejected and LIC Mutual Fund would not be responsible for consequences thereof. LIC Mutual Fund reserves, at its sole and absolute discretion, the right to accept or reject any application in whole or in part without assigning any reasons.
15. **Refund of application money** : Where an application is rejected in full or in part, application money received will accordingly be refunded to the applicant by cheque payable at the Authorised Centre where the application was submitted. No interest will be paid on the amount so refunded. Letter of Regret together with the refund cheque, if any, will be despatched by post at the applicant's sole risk.
16. a) If the application is not submitted through any LICMF Agent/Broker/Sub-broker, the applicant is requested to write the word "**DIRECT**" against the Code No. of Agent/Broker.
b) If the application is through a Sub-broker, in addition to the sub-broker's code number, the code number and name of the LICMF Broker to whom the Sub-broker is attached, are also required to be written. If the application is through a LICMF Broker, the code number and name need only be given.
17. Full Postal address of the Agent/Broker should be written in capital letters in the space provided at the top of the application.
18. NRI investors should give their local address as well as overseas address and bank details.
19. Details of the Systematic Investment Plan, Systematic Withdrawal Plan, Automatic Withdrawal of Capital Appreciation (AWOCA) and Systematic Transfer Plan are available with Area Offices of the AMC. SWP/AWOCA/STP are available only under the Growth Plan. Investors not availing of SIP/SWP/AWOCA/STP should opt for the General option.