

## SERIAL NO. CAF COMMON APPLICATION FORM

A. Name of the Authorised centre :						FOR OFFICE USE ONLY									
		AGENT / BF	ROKER		SUB-BROK										
	ARN No.	ΔR	N-33512		CODE (if a	ny)									
	NAME		14 55512												
_	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)  Date of Birth															
B.	B. Name of Sole / First Applicant (Compulsory for ULIS & Minor)														
C. Name of Parent or Guardian in case Sole/First Applicant is a Minor											W				
C	Name of Parent or Guardian in case Sole/First Applicant is a Minor									H. MODE OF HOLDING					
D	. Address in	ddress in full of Sole / First Applicant / Parent or Guardian of Minor (Strike off whichever is not applicable)									1 Single 2 Joint				
											3	First Holder or			
											□ 4	Survivor(s) Any one or Survivo	or(s)		
		CITY								I. Occ	cupation of Sole / F	irst			
	PIN	TEL. NO.								_ ~	Guardian of minor				
	MOBILE. NO. EMAIL-ID										1 2	Professional Service			
E.	. Name of Second Applicant										3	Business			
F.	Name of Th	Name of Third Applicant							Agriculture Housewife						
		••									6	Retired			
G	. PAN/GIR N (See Instruc	lo. (1st Applicant)				Circle	/Ward/District				7     8	Student Others			
	PAN/GIR N	lo. (2nd Applicant)				Circle	/Ward/District					MAPIN NO.			
	DAN/GID N	lo. (3rd Applicant)				Circlo	/Ward/District								
						Olicie	Walu/District								
J.		sole / First Applican	·		_	<b>4</b> C	ompony 5	Pady Carp	oroto	G Tr	ust [	7 Society			
	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 & Fls 10 NRI-Repatriable 11 NRI-Non-Repatriable 12 Others														
10								-							
K.		OUNT DETAILS : (F		_	-		-			r bank ac	count	details)			
		Bank											-		
	Account No.	Account No Pin_					_ Pin	Code							
	Type of A	/c. Current	Saving	NRO	☐ NRE		FCNR	NRSR		OT HE	RS				
	9 Digit Code	No. of the bank app	pearing in MICR Bar	nk for ECS P	AYMENT										
	RTGS : IFS	SC CODE													
L.	PAYMENT	OF DIVIDEND	REDEMPTION	( Please re	efer instru	ction	no.20)								
М.	TO BE FILL	ED IN IF APPLICA	TION IS FROM AN	INSTITUTIO	ON OR FOR	THUM	B IMPRESSIO	ON ATTES	TATIO	<b>N</b> (Refer	Instruc	ction No. 5 & 6)			
	Name of A	uthorised Signatory	/ Attestor	D	esignation / O	)ccupa	tion				Signat	ure			
1.															
2.	2 2														
ES									Орі	1011					
DETA			Regular PF			Div. Payout									
N. INVESTMENT DETAILS			For Index Fund												
ESTIV			Sensex Nifty Sensex Advantage							Div	,	ut Mode for MIPs onthly			
NI 7			For Floater MIP					Qrtrly					H		
	Plan A Plan B										early				
ICME											——				
TO BE FILLED IN BY THE APPLICANT)  ACKNOWLEDGEMENT SLIP  COMMON APPLICATION FORM  SERIAL NO. CAF															
	<u> </u>	plication for purcha	ase of units of LICM												
(Scheme Name with option) from Mr./Ms./M/s. alongwith															
		· ).		(Name of th	he Investor)			aiong	,						
			1					exclu	ıding		C.				
Ba	nk charges (	in cases of Draft) of	of Hs			[	Date				Signa	iture, Stamp & Date			

Cheque DD No.		Amt. of Investmen	t (i)								
Cheque DD No.  Date	Date DD Charges if ar					PIF NO					
Bank					LODG. DATE						
Branch			/			LODG. BANK					
Bank Branch  O Type of A/c.   Current   Saving   NRO   NRE   FCNR   NRSR   OTHERS											
	ch-out scheme Name:			Folio No.							
P. SWITCH IN	on: Growth/Dividend			Units							
Орис	in. Growth/Dividend			Ullits							
Nominee's Full Name (Mr./Ms.)  Q. NOMINATION FORM											
Nominee's Address											
PIN TEL. NO. EMAIL-ID  Name of Parent/Guardian (in case Nominee is a Minor)  Date of Right of Nominee (if Minor)											
Name of Parent/Guardian ( in case Nominee is a Minor)  Date of Birth of Nominee (if Minor)											
Address of Parent/Guar	dian					DD MM YY					
PIN	TEL. NO.		EM	IAIL-ID							
	R ADDITION	AL INFORMAT	ION FOR I	ICME III I	S ONL Y						
(i) REGULAR PRE		ALIM OMMAT		E PREMIUN							
TERM: 1) 10 Ye			, ,	1) 5 Years							
TARGET AMOUNT :			I ENW :	i) 5 fears							
In Words :			2) 10 Years								
MODE OF CONTRIB		Monthly*	AMOUNT	: In Figures	:						
In Words :	OUNT : In Figures		AMOUNT	: In Words	:						
III WOIGS .L		HEALTHQUES	STIONNAIRE								
	income ?[ Yes / N	o ]	Are you	at present in :	sound health	?[ Yes / No ]					
,	d from any of the following ?	•	-								
	nsanity Diabetes Diabetes		berculosis ease give the f	Cancer	Is						
1. Date of occurrence	2. Extent of deformity	3.P	resent condition	n							
		If Yes Please give the	total of Target a	amounts under	both option for	such earlier memberships in force :					
Declaration by 1st Ap Having read and understo	•	neme I agree to abide by	the same and h	nereby apply for	the membersh	ip of the scheme as a citizen of India.					
I declare that the Total	•					e one now being applied for do not					
exceed Rs. 5 lakhs I also herby declare tha	at I am in good health and free fro	m disease, that I have	e not had any s	serious illness	or major one	ration for the last 5 years and that					
no proposal of Insuran	ce to my life to the Life Insuranc	e Corporation of India	a has ever bee	en adversely ti	reated.	•					
	the best of my knowledge the for all be the basis of my admission				ect in every p	particular, and the said statements					
•	due date is 15th of every month and 1	12 PDCs have to be give	en in the begining	g of each year.							
Date :	Place :					Signature of first applicant					
To, LIC Mutual Fund	DE	CLARATION									
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 an	y rebate or gifts, directlt or indirec	tly, in making this inv	estments". "I/We	confirm that	I/we have not						
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 / orgin 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 :											
Date :		Second	Applicant/			Applicant/					
Date : Place : SIGNATURE OF	First Applicant/Parent or Guardian/			or.	Powe	1 011					
Date :Place :SIGNATURE ]	First Applicant/Parent or Guardian/ Karta of HUF/Authorised Signatory	Holder Power of	f Attorney Holde	= =		er of Attorney					
Date:Place:SIGNATURE OF	Karta of HUF/Authorised Signatory  Office	Area Off	ices			Registrars					
Date: Place: SIGNATURE OF APPLICANTS  Corporate LIC Mutual Fund	Varia of HUF/Authorised Signatory  Office  AHMEDAB	Area Off AD: 9375090006, ● BANG	ices ALORE:9845172957	7/ 9342527219	 //s. Karvy	Registrars Computershare Pvt. Ltd.					
Date: Place: SIGNATURE OF APPLICANTS  Corporate LIC Mutual Fund 4th Floor, Industrial Ass	Warta of HUF/Authorised Signatory  Office  AHMEDAB  9342502327  900003255444	Area Off	ices Alore:9845172957 ), 9381155540 ● EF	7/9342527219 RNAKULAM :	 M∕s. Karvy Jnit : LIC M	Registrars Computershare Pvt. Ltd. lutual Fund					
Date: Place: SIGNATURE OF APPLICANTS  COrporate LIC Mutual Fund 4th Floor, Industrial Ass Opp. Churchgate Statio	**Carta of HUF/Authorised Signatory  **DOFFICE**  **Surance Building, on, Churchgate, 9895036554 / 989503654 / 989503654 / 989503654 / 989503654 / 989503654 / 989503654 / 989503654 / 989503654 / 989503654 / 989503654 / 989503654 / 989503654 / 989503654 / 989503654 / 989503654 / 989503654 / 989503654 / 98950364 / 9895036 / 989503654 / 98950364 / 9895036 / 9895036 / 9895036 / 9895036 / 98950366 / 989500000000000000000000000000000000000	Area Off AD: 9375090006, ● BANG A ● CHENNAI: 9382315850	ices Alore :9845172957 ), 9381155540 ● ER BAD : 9392471583	7/9342527219 RNAKULAM : / 9390060072	M/s. Karvy Jnit : LIC M Karvy Plaza,	Registrars Computershare Pvt. Ltd.					
Date: Place: SIGNATURE OF APPLICANTS  Corporate	Surance Building, one: 22842521 / 040039, 22880633	AYea Offi  AD: 9375090006, ● BANG A  CHENNAI: 9382315850 9349738881 ● HYDERAI	ices ALORE :9845172957 D. 9381155540 ● EI BBAD : 9392471583 / 5060134/9336209092 17 / 9339002574 ●	7/9342527219 RNAKULAM: / 9390060072 k // 2/9336209091 MUMBAI:	M/s. Karvy Jnit : LIC M Karvy Plaza, Ivenue 4, Si Hyderabad -	Registrars Computershare Pvt. Ltd. lutual Fund House No. 8-2-596, reet No. 1, Banjara Hills,					

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.

• **NEW DELHI**: 9312335655 / 9313288981 / 9350455141 /9350455095