

O. PAYMENT DETAILS	Cheque DD No.	<input type="text"/>	Amt. of Investment (i)	<input type="text"/>	PIF NO. _____ LODG. DATE _____ LODG. BANK _____
	Date	<input type="text"/>	DD Charges if any (ii)	<input type="text"/>	
	Bank	<input type="text"/>	Net Amount Paid (i-ii)	<input type="text"/>	
	Branch	<input type="text"/>			
	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"/> NRSR <input type="checkbox"/> OTHERS			

P. SWITCH IN	Switch-out scheme Name:	<input type="text"/>	Folio No.	<input type="text"/>
	Option: Growth/Dividend	<input type="text"/>	Units	<input type="text"/>

Q. NOMINATION FORM	
Nominee's Full Name (Mr./Ms.) <input type="text"/>	
Nominee's Address <input type="text"/>	
PIN	EMAIL-ID
TEL. NO.	
Name of Parent/Guardian (in case Nominee is a Minor)	
Date of Birth of Nominee (if Minor)	
Address of Parent/Guardian	
PIN	EMAIL-ID
TEL. NO.	

R. ADDITIONAL INFORMATION FOR LICMF ULIS ONLY

(i) REGULAR PREMIUM TERM : 1) 10 Years <input type="checkbox"/> 2) 15 Years <input type="checkbox"/> TARGET AMOUNT : In Figures <input type="text"/> In Words : <input type="text"/> MODE OF CONTRIBUTION : Yearly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Monthly* <input type="checkbox"/> CONTRIBUTION AMOUNT : In Figures <input type="text"/> In Words : <input type="text"/>	(ii) SINGLE PREMIUM TERM : 1) 5 Years <input type="checkbox"/> 2) 10 Years <input type="checkbox"/> AMOUNT : In Figures : <input type="text"/> AMOUNT : In Words : <input type="text"/>
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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 ever suffered from any of the following ?.....[Yes / No]	
Hypertension <input type="checkbox"/> Insanity <input type="checkbox"/> Diabetes <input type="checkbox"/> Paralysis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Cancer <input type="checkbox"/>	
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.	
* In case of monthly mode due date is 15th of every month and 12 PDCs have to be given in the beginning of each year.	
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 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 included by any rebate or gifts, directl 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 : _____	<input type="text"/>	<input type="text"/>
Place : _____	<input type="text"/>	<input type="text"/>
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

Corporate Office	Area Offices	Registrars
LIC Mutual Fund 4th Floor, Industrial Assurance Building, Opp. Churchgate Station, Churchgate, Mumbai – 400 020 • Phone: 22842521 / 22851661/63 • Fax: 22040039, 22880633 • e-mail: jbsamc@bom3.vsnl.net.in www.licmutual.com	• AHMEDABAD : 9375090006 • BANGALORE : 9845172957/ 9342527219 / 9342502327 • CHENNAI : 9382315850, 9381155540 • ERNAKULAM : 9895036554 / 9349738881 • HYDERABAD : 9392471583 / 9390060072 • INDORE : 9303283574 • KANPUR : 9415060134/ 9336209092/ 9336209091 • KOLKATA : 9339002578 / 9332114747 / 9339002574 • MUMBAI : 9321024748/ 9324543832 / 9323181203 / 9323180802 • NASHIK : 9326666788 • NEW DELHI : 9312335655 / 9313288981 / 9350455141 / 9350455095	M/s. Karvy Computershare Pvt. Ltd. Unit : LIC Mutual Fund Karvy Plaza, House No. 8-2-596, Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034. Tel. : 23312454/ 23320751/ 52 Fax : 23311968

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.