

**LIC MUTUAL FUND**

Industrial Assurance Bldg., 4th Floor, Opp. Churchgate Station, Mumbai- 400 020
 Phone : 022 - 22812038, Fax : 022 - 22040039/ 22880633, Website : www.licmutual.com
 (Please use separate Enrolment Form for each Scheme. A Photocopy of this form is valid)

Systematic Investment Plan through Cheque **Normal SIP** **Micro SIP**

Name of the Authorised Centre:		FOR OFFICE USE ONLY	
AGENT/BROKER	SUB-BROKER CODE (IF any)	RM CODE	
ARN No.	ARN-28191	Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor	
NAME			
Tel. No.			

 New Investors* Existing Investor (Please tick as applicable)

I/We hereby apply to the LIC MUTUAL FUND TRUSTEE CO. PVT. LTD. for a Systematic Investment Plan (SIP) through postdated cheque payment under the following Scheme and agree to abide by the terms, conditions, rules and regulations of the scheme(s) mentioned overleaf as on the date of this investment.

Name of Sole /First Account Holder
Folio/ Account Number (For existing investor)

(* New investors are required to complete and submit a Common Application Form also)

Name: 2nd Holder **3rd Holder**

 SIP Details: Scheme Plan Option

For MICRO SIP Cases (Refer Instruction No. 26 overleaf)

DOB	1 st Holder <input type="text"/>	2 nd Holder <input type="text"/>
Supporting Document	1 st Holder <input type="text"/>	2 nd Holder <input type="text"/>
Reference Number(if any)	1 st Holder <input type="text"/>	2 nd Holder <input type="text"/>

 Frequency Monthly Quarterly(Please tick as applicable)

Amount of each SIP Cheque _____ (minimum SIP Amount per Cheque should be Rs. 100/-/ 500/- conditions apply* See Inst. No. 23)

 SIP Date 1st 7th 10th 15th Account Type : Saving Current

Cheque No.(s)	Dated 1/7/10/15 of every month/quarter	Amount (Rs.)	Cheque No. (s)	Dated 1/7/10/15 of every month/quarter	Amount (Rs.)
1...../...../.....	7...../...../.....
2...../...../.....	8...../...../.....
3...../...../.....	9...../...../.....
4...../...../.....	10...../...../.....
5...../...../.....	11...../...../.....
6...../...../.....	12...../...../.....

 *Total Cheque Total Amount Rs.

 Enrolment Period FROM (mm/yy) TO (mm/yy)

Drawn Bank

Branch

DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Documents of the scheme wherein Systematic Investment Plan is opted and also the instructions on the SIP given overleaf. I/We have neither received nor been induced by any rebate or gift, directly, in making the investment. I/We hereby authorise the fund to act as per the details above.

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

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I/We declare that I/We don't have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs.50,000/- in a year. (Applicable for Micro SIP)

SIGNATURE	Sole/First Applicant <input type="text"/>	Second Applicant <input type="text"/>	Third Applicant <input type="text"/>
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(All applicants shall sign if the mode of holding is joint)

*Kindly refer Instruction No.23 given overleaf

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM (Read Instructions Overleaf)

Broker Code :	<input type="text"/>		
Name of Sole/First Applicant (Leave space between first/middle/last name)	<input type="text"/>		Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
STP Date <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th	Folio/Account Number (for existing investor)	<input type="text"/>	
Application Number <input type="text"/>			
Enrolment From : <input type="text"/> To <input type="text"/>			
Transfer From :			
Scheme Name <input type="text"/>	Plan	<input type="text"/>	
Amount <input type="text"/>	OR Capital Appreciation	<input type="text"/>	
Frequency : <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> HALF YEARLY			
Transfer To:			
Folio/Account Number (for existing investor) <input type="text"/>	Scheme Name	<input type="text"/>	
	Plan	<input type="text"/>	
SIGNATURE	Sole/first Applicant <input type="text"/>	Second Applicant <input type="text"/>	Third Applicant <input type="text"/>