



Your trusted partner in wealth creation

# COMMON APPLICATION FORM

SERIAL NO. CAF

<b>A. Name of the Authorised centre :</b>		<b>FOR OFFICE USE ONLY</b>	
<b>AGENT / BROKER</b>		<b>SUB-BROKER CODE (if any)</b>	
ARN No.	<b>69253</b>		
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 \_\_\_\_\_ STATE \_\_\_\_\_ 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. Status of Sole / First Applicant** (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. BANK ACCOUNT DETAILS :** (Please note that as per SEBI Regulations, It is mandatory for investors to provide their bank account details)

Name of the Bank \_\_\_\_\_ Name of the Branch \_\_\_\_\_  
 Account No. \_\_\_\_\_ Bank City \_\_\_\_\_ Pin Code \_\_\_\_\_  
 Type of A/c.  Current  Saving  NRO  NRE  FCNR  NRSR  OTHERS  
 9 Digit Code No. of the bank appearing in MICR Bank for ECS PAYMENT \_\_\_\_\_  
 RTGS : IFSC CODE \_\_\_\_\_

**L. PAYMENT OF DIVIDEND / REDEMPTION ( Please refer instruction no.20)**

**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. _____

N. INVESTMENT DETAILS	Scheme Name	Plan	Option
		<b>For G-Sec Fund</b>	Growth <input type="checkbox"/>
		Regular <input type="checkbox"/> PF <input type="checkbox"/>	Div. Payout <input type="checkbox"/>
		<b>For Index Fund</b>	Div. Reinvestment <input type="checkbox"/>
		Sensex <input type="checkbox"/> Nifty <input type="checkbox"/>	Div. Payout Mode for MIPs
Sensex Advantage <input type="checkbox"/>		Monthly <input type="checkbox"/>	
	<b>For Floater MIP</b>	Qtrly <input type="checkbox"/>	
	Plan A <input type="checkbox"/> Plan B <input type="checkbox"/>	Yearly <input type="checkbox"/>	



(TO BE FILLED IN BY THE APPLICANT)

## ACKNOWLEDGEMENT SLIP

SERIAL NO. CAF

Received an application for purchase of units of LICMF \_\_\_\_\_ (Scheme Name with option)  
 from Mr./Ms./M/s. \_\_\_\_\_ (Name of the Investor) alongwith  
 Cheque/Draft No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_  
 for Rs. \_\_\_\_\_ excluding  
 Bank charges (in cases of Draft) of Rs. \_\_\_\_\_ Date \_\_\_\_\_

Signature, Stamp & Date

<b>O. PAYMENT DETAILS</b>	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			

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

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

**R. ADDITIONAL INFORMATION FOR LICMF ULIS ONLY**

<b>(i) REGULAR PREMIUM</b> 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"/>	<b>(ii) SINGLE PREMIUM</b> 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  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.

\* 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, direct 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 : \_\_\_\_\_

<b>SIGNATURE OF APPLICANTS</b> } <input type="text"/> First Applicant/Parent or Guardian/ Karta of HUF/Authorised Signatory Holder	<input type="text"/> Second Applicant/ Power of Attorney Holder	<input type="text"/> Third Applicant/ Power of Attorney
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<b>Corporate Office</b> <b>LIC Mutual Fund</b> 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	<b>Area Offices</b> • 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	<b>Registrars</b> <b>M/s. Karvy Computershare Pvt. Ltd.</b> <b>Unit : LIC Mutual Fund</b> Karvy Plaza, House No. 8-2-596, Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034. Tel. : 23312454/ 23320751/ 52 Fax : 23311968
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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.