

LIC NOMURA MUTUAL FUND <small>4th Floor, Industrial Assurance Building, Opp. Churchgate Station, Mumbai - 400 020 Tel.: 022-2286 1651; Fax: 022-2286 0633; E-mail: corp.office@licnomuramf.com. Website: www.licnomuramf.com (Please use separate Enrolment Form for each Scheme. A Photocopy of this form is valid)</small>															
Systematic Investment Plan through ECS/DIRECT DEBIT <input type="checkbox"/> Normal SIP <input type="checkbox"/> Micro SIP															
Name of the Authorised Centre:		FOR OFFICE USE ONLY													
AGENT/ BROKER	SUB-BROKER CODE (if any)	RM CODE													
ARN No.	56003	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.															
<input type="checkbox"/> New Investors* <input type="checkbox"/> Existing Investor (Please tick as applicable)															
<small>I/We hereby apply to the LIC NOMURA MUTUAL FUND TRUSTEE CO. PVT. LTD. for a Systematic Investment Plan (SIP) through ECS / Direct Debit under the following Scheme and agree to abide by the terms, conditions, rules and regulation of the scheme(s) mentioned overleaf as on the date of this investment.</small>															
Name of Sole /First Account Holder : Mr./Mrs./M/s _____															
Folio/ Account Number (For existing investor) _____															
(* New investors are required to complete and submit a Common Application Form also)															
Name: 2 nd Holder _____		3 rd Holder _____													
SIP Details: Scheme _____ Plan _____ Option _____															
<small>For MICRO SIP Cases (Refer Instruction No. 19 overleaf)</small>															
DOB	1 st Holder _____	2 nd Holder _____													
Supporting Document	1 st Holder _____	2 nd Holder _____													
Reference Number(if any)	1 st Holder _____	2 nd Holder _____													
Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Please tick as applicable)		SIP Date <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th													
SIP Amount Rs. (per installment) _____															
SIP Period from _____ to _____ (For minimum period and SIP amount, please refer point No. 17 overleaf)															
D D M M Y Y Y Y D D M M Y Y Y Y															
<small>I/We authorise LIC NOMURA Mutual Fund Trustee Co. Pvt. Ltd. or their authorised service providers to Debit my/ our account listed below by ECS (Electronic Clearing Services) for collection of SIP Payments and confirm that the Funds invested belongs to me/us. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.</small>															
Account Holder name as in Bank Account _____		Mandatory Enclosures : <input type="checkbox"/> Cancelled Cheque or photocopy of Cheque, duly signed by the applicant/s <input type="checkbox"/> First SIP via Cheque <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Cheque NO.</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Amount (₹)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Cheque NO.	Date	Amount (₹)									
Cheque NO.	Date			Amount (₹)											
Bank Name	_____														
Branch Name	_____														
Address	_____														
City	_____														
Account Number	_____														
9 Digit MICR Code	_____														
Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> CC		(Please tick as applicable)													
<small>I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete information, I/We will not hold LIC NOMURA Mutual Fund Trustee Co. Pvt. Ltd. responsible. I/We further undertake that any changes in my/our Bank details will be informed to the fund immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We have read & understood the contents of the Scheme Information Document of the scheme wherein Systematic Investment Plan is obtained. 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. <small>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 ₹ 50,000/- in a year. (Applicable for Micro SIP)</small> </small>															
Signature		**Banker's Attestation: Certified that the Signature of account holder and the details of Bank account are correct as per records : _____ Signature of Authorised Official from the Bank (Bank Stamp and Date)													
Sole/First Applicant/Guardian _____															
2 nd Applicant _____															
3 rd Applicant _____															
Minor Name	_____	Minor's DOB	_____												
<small>**Bank attestation mandatory if copy of Cheque is not enclosed or for payable at par Cheques.</small>															
Authorisation of the Bank Account holder															
<small>This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my/our payments towards my/our investment in LIC NOMURA Mutual Fund Trustee Co. Pvt. Ltd. shall be made from my/our below mentioned Bank Account with your bank. I/We authorise the representative carrying the ECS Mandate Form to get it verified & executed.</small>															
Signature		Bank Account Number													
Sole/First Applicant/Guardian _____		_____													
2 nd Applicant _____		3 rd Applicant _____													
Acknowledgement Slip for SIP through ECS/DIRECT DEBIT (To be filled in by investor)															
Investor's Name	_____														
Folio/ Account Number	_____														
Scheme	_____														
SIP Amount (₹)	_____	Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (please tick as applicable)												
			LIC NOMURA Mutual Fund Trustee Co. Pvt. Ltd./ Authorised Centre Signature & Stamp												