



First SIP/MICRO SIP cheque and subsequent through ECS (Debit) Clearing / Direct Debit. Investors/ Unitholders availing Auto Debit Facility are also requested to fill up the "Application Form for Equity Schemes"

**DEBIT MANDATE [Electronic Clearing Service (Debit Clearing)]**

The Manager Bank Name		Name	<b>Copy to the user Company</b>
Bank Address		Address	
City	Pin code	Tel. No.	
Telephone No.			

I, hereby authorise you to debit my account for making payment to L&T Mutual Fund through ECS (Debit) clearing / Direct Debit as per the details given as under.

**A) Name of Bank Account Holder** Mr. Ms. M/s. \_\_\_\_\_  
(As in Bank Records)

**B) 9-Digit MICR Code of the Bank and Branch** \_\_\_\_\_ **C) Account Type** (Please ✓)  Current  Savings  Cash Credit  
(Appearing on MICR Cheque issued by the bank.)

**D) Ledger No. / Ledger Folio No.** \_\_\_\_\_ **E) A/c. No.** \_\_\_\_\_

Name of the Scheme	Date of effect 5/15/25/30 (28th for the month of February)	Periodicity (Monthly)	Amount of Instalment (Rs.)	Number of Instalments
	DD / MM / YY			
	DD / MM / YY			

**DECLARATION AND SIGNATURE(S)**

I 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 or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the Scheme.	Certified that the particulars furnished above are correct as per our records. (Bank's Stamp)
_____ Date	_____ Date
<b>Signature of Customer (As in Bank Records)</b>	<b>Signature of the Authorised Official from the Bank</b>

**Note:- Mandate to be obtained in 3 copies, Original for Bank, One for User Company and other for Customer)**

**ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)**

Application No.:

Received from Mr./Ms./M/s \_\_\_\_\_  
an application for SIP enrolment of the Scheme \_\_\_\_\_  
Option (Please ✓)  Cumulative\*  Dividend **Dividend Facility** (Please ✓)  Reinvestment\*  Payout  
\*Default option / facility  
 Total Cheque  Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_  
Drawn on (Bank) \_\_\_\_\_ Amount (Rs.) \_\_\_\_\_  
 SIP/ Micro SIP Auto Debit Facility Amount per instalment (Rs.) \_\_\_\_\_ Total Amount (Rs.) \_\_\_\_\_

Signature, Stamp & Date