

**LIC NOMURA MUTUAL FUND**

4th Floor, Industrial Assurance Building, Opp. Churchgate Station, Mumbai - 400 020
 Tel.: 022-2285 1661; Fax: 022-2288 0633; Toll Free No.: 1800 258 5678;
 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)

Systematic Investment Plan through ECS/DIRECT DEBIT

 Normal SIP Micro SIP

Name of the Authorised Centre:

AGENT/ BROKER

SUB-BROKER CODE
(if any)

FOR OFFICE USE ONLY

RM CODE

ARN No. 83671

NAME

Tel. No. F100500

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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. 23)

In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than the first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

 New Investors* Existing Investor (Please tick as applicable)

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.

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: 2nd Holder3rd Holder

SIP Details: Scheme

Plan

Option

For MICRO SIP Cases (Refer Instruction No. 19 overleaf)

DOB

1st Holder2nd Holder

Supporting Document

1st Holder2nd Holder

Reference Number(if any)

1st Holder2nd Holder

Frequency

 Monthly Quarterly (Please tick as applicable)

SIP Date

 1st 15th 25th

SIP Amount Rs. (per installment)

SIP Period from

DD MM YYYY to DD MM YYYY

(For minimum period and SIP amount, please refer point No. 17 overleaf)

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

Account Holder name as in Bank Account

Bank Name

Branch Name

Address

City

Account Number

9 Digit MICR Code

Mandatory Enclosures :

- Cancelled Cheque or photocopy of Cheque, duly signed by the applicant/s
 First SIP via Cheque

Cheque NO. Date Amount (₹)

Account Type Saving Current CC
 (Please tick as applicable)

DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

Do you want Units in Demat Form

(Please ✓) Yes No

If Yes, please provide the below details

National Securities Depository Limited (NSDL)

Central Depository Services (India) Limited (CDSL)

Depository Participant Name

Depository Participant Name

DP ID No.

I N

Target ID No.

Beneficiary Account No.

Authorisation of the Bank Account holder

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.

Signature

Bank Account Number

Sole/First Applicant/Guardian

2nd Applicant3rd 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:

 Monthly Quarterly

(please tick as applicable)

LIC NOMURA Mutual Fund Trustee CO. Pvt. Ltd./
 Authorised Centre
 Signature & Stamp