COMMON APPLICATION FORM



No

No

Yes

Yes

Investors must read the Key Information Memorandum, the instructions and product labeling on cover page before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only

before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only. KEY PARTNER / ARN HOLDER INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN Code column.) Application No. **Employee Unique** Sub-broker Sub-broker ARN / RIA / PM Name RM Code Time Stamp No. ARN* / RIA Code / PMRN Identification Number (EUIN) **ARN Code** Code BLUE CHIP STOCKS E-107715 ARN-106392 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 distributors. Declaration for "execution-only" transaction (only where EUIN box is left blank) and signs 11 We hereby confirm that the EUIN box has been intentionally left blank by me / us as this is an "execution-only" transaction without any interaction or advice by the employee/ relationship manager/ sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor and the distributor has not charged any advisory fees on this transaction. #By mentioning RIAcode (Registered Investment Adviser), I/we authorize you to share the Investment Advisor the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund. \otimes \otimes First/Sole Applicant/Guardian/POA Second Applicant/POA Third Applicant/POA 01. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, with PAN & KYC validation please fill in section 1 and proceed to section 14.) Folio No. The details in our records under the folio number mentioned alongside will apply for this application 02. APPLICANT(S) DETAILS (In case of Minor, there shall be no joint holders) (Mandatory information - If left blank the application is liable to be rejected.) First Applicant's Name/Minor Name KYC Date of Birth PAN CKYC No. Second Applicant's Name KYC Date of Birth PAN CKYC No. Third Applicant's Name KYC Date of Birth PAN CKYC No. NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors) **KYC** Date of Birth PAN CKYC No. If the nominee is minor then kindly submit Mother **Court Appointed Legal Guardian** Relationship with minor Please (<) Father the relevant relationship proof (mandatory). 03. TAX STATUS (Please tick ✓) NRI PIO QFI Bank Resident Individual Minor Sole Proprietor FIIs HUF Club/Society **Body Corporate** FL FPI Partnership Firm Private Sector Public Sector LLP Others Trust Government Body 04. KYC Details (Mandatory) Occupation Please tick (</) Private Sector Public Sector Government Service Business Professional Retired Housewife FIRST APPLICANT/ GUARDIAN (in case of minor) Student Forex Dealer Agriculturist Other (please specify) Private Sector Public Sector Government Service Professional Business Retired Housewife SECOND APPLICANT Student Forex Dealer Agriculturist Other (please specify) Private Sector Public Sector Government Service Business Professional Retired Housewife THIRD APPLICANT Student Forex Dealer Agriculturist Other. (please specify) GROSS ANNUAL INCOME [Please tick (/)] Below 1 Lac 1-5 Lacs > 5-10 Lacs > 10-25 Lacs > 25 Lacs-1 Crore >1 Crore As on (Not older than 1 year FIRST APPLICANT/ GUARDIAN (in case of minor) (Not older than 1 year Net worth (Mandatory for Non-Individual as on (Not older than 1 year SECOND APPLICANT Below 1 Lac 1-5 Lacs > 5-10 Lacs > 10-25 Lacs > 25 Lacs-1 Crore >1 Crore As on (Not older than 1 year THIRD APPLICANT Below 1 Lac 1-5 Lacs > 5-10 Lacs > 10-25 Lacs > 25 Lacs-1 Crore >1 Crore As on For Individual For Non-Individual Investors (Companies, Trust, Partnership etc.) I am Politically Exposed Person Is the company a Listed Company or Subsidiary of Listed Company or Controlled by No Yes (Also applicable for authorized signatories/Promoters/ Karta/Trustee/Whole time Directors) please mention) a Listed Company (If No please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration) Foreign Exchange / Money Changer Services Yes No Gaming / Gambling / Lottery / Casino Services I am Related to Politically Exposed Person Yes No

Money Lending / Pawning

None of the above

Not Applicable

Male 06. MODE OF		k (✓)]										
06. MODE OF		Female		Transge	nder							
	HOLDING	[Please tic	:k (√)]									
Joint Single					Anyone or Survivor (Default option is Joint)							
07. MAILING	ADDRESS	OF FIRST	SOLE	APPLICA	NT (MANDATORY)							
		014			04-4-		N		0			
Landmark 08. GO GREE	N INITIATI	City VE (Manda	tory) [P	loaso tick	State (/) the mode for receiving		Annual Rope	rt/Abridged Sun	Country			
					ged to register/update the					er-less co	mmunic	ation.
Default commun	nication mo	de is E-mai	I only, if	you wish t	o receive following documer	nt(s) via physic	cal mode : [ple	ase tick (√)]				
	nt Statemer		Annual F		(Please tick	•						
	DETAILS	OF SOLE/F	IRST A	PPLICAN	T (EMAIL ld to be written i	n BLOCK lette (Mandatory - Ple	·					
Email Id					evant box)	SE SP	DC	DS	DP	GD		
Mobile No.					(Mandatory - Ple the rel	evant box)	SE SP	DC	DS	DP	GD
Tel No.: (Resi)					(Off) (STD Code)							
I declare	that Email	address a	nd Mobi	ile numbe	r provided in this form bel	ongs to Self (or) Family Me	ember, and				
approve f	for usage o	f these con	itact det	ails for an	y communication with LIC h email only instead of physical, for in	MF.				SIGN HE		
						·			First/S	ole Applica	nt/Guard	an
10. Overseas	address (C	Overseas add	ress is n	nandatory f	for NRI / FII applicants in addit	ion to mailing a	ddress in India					
Landmark			City		State		Country (landatory)				
OR PO Box N	lo.			Country ((Mandatory)							
11. DEMAT AC	CCOUNT D	DETAILS (O	ptional -	refer instru	ction 12)							
					NSDL				CDSL			
DP Name												
DP I D												
Beneficiary Acc	count No											
12. FATCA De	etail (For In	dividuals 8	& HUF (Mandator	y) Non Individual investor	s should man	datorily fill s	eparate FATCA o	letails form			
Do you have any	y non-Indiai	n Country (i	ies) of Bi	irth / Citize	•			No				
Please tick as ap	pplicable ar	nd if yes, pro	ovide the	e helow m	enship / Nationality and Tax		100					
	plicant/Gu				enship / Nationality and Tax lentioned information Imanda							
Sole/First Ap		ardian	Yes	No			No	3rd Applicant	Yes	No OR)	POA	Yes No
Sole/First Ap Country of Birth.				No	entioned information Imanda	Yes	No	3rd Applicant Country of Bi		No OR)		
				No	entioned information Imanda 2nd Applicant	Yes	No	•••	rth			
Country of Birth.	nship/Natio	nality		No	2nd Applicant Country of Birth	Yes onality	No	Country of Bi	rthizenship/Na	tionality		
Country of Birth County of Citizer Are you a US Sp	nship/Natio	nalityrson?	Yes	No	2nd Applicant Country of Birth County of Citizenship/Nation Are you a US Specified Pe	Yes onality erson?	No Yes No	Country of Bi County of Cit Are you a US	rthizenship/Na	tionality	Yes	No
Country of Birth. County of Citizer	nship/Natio	nalityrson?	Yes	No	2nd Applicant Country of Birth County of Citizenship/Nation	Yes onality erson?	No Yes No	Country of Bi	rthizenship/Na	tionality	Yes	No
Country of Birth. County of Citizer Are you a US Sp	nship/Natio pecified Per Tax Payer Io Residency*	nalityrson?	Yes	No No ation No.	2nd Applicant Country of Birth County of Citizenship/Nation Are you a US Specified Pe	onality erson? Id. Taxpayer Id	No Yes No	Country of Bi County of Cit Are you a US Please provio	rth	tionalityerson?	Yes	No ication No.
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Refer Instruction 8.3 (Mandatory to attach proof, in case the pay-out bank account is different from the bank account where the investment is made) For unit holders opting to hold units in demat form, please ensure that the bank account is mentioned here. (**Mandatory to credit via NEFT/RTGS)

Separate cheque/demand draf Please write appropriate scher		Investment, drav	wn in favo								
*Cheque/DD Favouring Schen Name/Cash (refer Instruction 2 & 3)		Amount ovested (`	(in case o			Bank and Branch Account Number		For Cash			
LIC MF	Plan: Please Direct Option: Please tick (<') Growth Payout of Income Dist cum capital withdrawa Reinvestment of Income Cum capital withdrawa	l option ne Distribution							Deposited in Bank Branch Code		
*All purchases are subject to rel LIC MF Children Gift Fund.	iazation of fund (Refer to Ir	struction No. 10)	Account	Type (Please t	ick (✓)), Defau l t Op	otion is Growt	h. Only Gro	owth Option is	s Available under		
Type of A/c SB 16. LEGAL ENTITY IDENTIF		RE NRO	0	FCNR	Others		Plea	ase specify			
LEI No:						Validity Per	iod of LEI	: D D N	/ M Y Y Y Y		
Legal Entity Identifier is mandator	y for all non-individuals and	it should be quote	ed in any	financial transa	ctions of Rs.50 Cro	res and above	e routed three	ough RTGS/N	IEFT w.e.f 1st April 2021		
17. NOMINATION DETAILS PLEASE REGISTER MY/	OUR NOMINEE AS PER	RELOW DETAIL	IS (If th	e nominee is I	minor then kindly	submit the re	elevant rela	tionship pro	of (mandatory))		
	Nominee Name and Address			Date of Birth (of Minor)	Type of Guardiar (Mandatory - Please tick √ the re		A		Nominee / Guardian Signature		
Nominee 1					Mother Court Appoin	uardian					
Nominee 2					Mother Court Appoir	Father nted Legal Gu	uardian				
Nominee 3	3				Mother Court Appoir	uardian					
I/WE DO NOT WISH T	O NOMINATE			(OR)							
FOR OPTING OUT: I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.											
8		8				8					
SIGN H			GN HERE				SIGN HERE				
First/Sole Applic		Second Applicant				Third Applicant					
18. POA (Power of Attorney Name of the POA holder	/) REGISTRATION DETA	ILS (Refer Instruc	tion overl	eaf)							
PAN of the POA holder 19. DECLARATION & SIGN.	ATUDE/S				Attached	KYC Lette	er (Mandato	ory)	Notarized copy of POA		
a) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I //We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Mone laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I //We have understood the details of the scheme & I //We have nor received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I //We confirm that the funds invested in the Scheme, legally belong to me / us, In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC. I //We hereby authorised the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b) for NRIs: I //We confirm that I am/ we are Non Resident of Indian Nationality / Origin & that I //we have remitted funds from abroad through approved banking channels of from funds in my/our Non-Resident External / Non-Resident Ordinary. I//We confirm that details provided by me/us are true & correct. c) The ARN holder has disclosed to me/us at the 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. d) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/ MEM COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card / have applied for PAN. e) The ARN holder h											
Date :	V		8			6	⊗				
Place:	RE SIGN HERE srdian/POA Holder Second Applicant/POA Hold			SIGN HERE der Third Applicant/POA Holde							
Application No.	Application No.			(TO BE FILLED IN BY THE					LIC MUTUAL FUND		
Received an application for purchase of units of LIC MF. from Mr/Mrs/M/s. Cheque/Draft No./UMRN No. Date D D M M Y Y Y Y Bank Branch Branch Drawn on For` Bank Charges (in cases of Draft) of` Date D D M M Y Y Y Y								ature, Stamp & Date			