

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	Copy to the user Company
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 (As in Bank Records) Mr. Ms. M/s.

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)

<p>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.</p>	<p>Certified that the particulars furnished above are correct as per our records. (Bank's Stamp)</p>
<p>Date <input type="text"/></p> <p>Signature of Customer (As in Bank Records)</p>	<p>Date <input type="text"/></p> <p>Signature of the Authorised Official from the Bank</p>

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