



# SERIAL NO. CAF COMMON APPLICATION FORM

<b>A. Name of the Authorised centre :</b>		<b>FOR OFFICE USE ONLY</b>
<b>AGENT / BROKER</b>		
ARN No.		
NAME		
TEL. NO.		
<b>SUB-BROKER CODE (if any)</b>		

(PLEASE READ INSTRUCTIONS BEFORE FILLING UP THE FORM)

<b>B. Name of Sole / First Applicant</b>		Date of Birth (Compulsory for ULIS & Minor)
		DD MM YY
<b>C. Name of Parent or Guardian in case Sole/First Applicant is a Minor</b>		
<b>D. Address in full of Sole / First Applicant / Parent or Guardian of Minor (Strike off whichever is not applicable)</b>		
CITY		
PIN	STATE	TEL. NO.
MOBILE. NO.	EMAIL-ID	
<b>E. Name of Second Applicant</b>		
<b>F. Name of Third Applicant</b>		
<b>G. PAN/GIR No. (1st Applicant)</b> (See Instruction No. 8)		
	Circle/Ward/District	
<b>PAN/GIR No. (2nd Applicant)</b>		
	Circle/Ward/District	
<b>PAN/GIR No. (3rd Applicant)</b>		
	Circle/Ward/District	
<b>H. MODE OF HOLDING</b>		
<input type="checkbox"/> 1 Single		
<input type="checkbox"/> 2 Joint		
<input type="checkbox"/> 3 First Holder or Survivor(s)		
<input type="checkbox"/> 4 Any one or Survivor(s)		
<b>I. Occupation of Sole / First Applicant / Parent or Guardian of minor</b>		
<input type="checkbox"/> 1 Professional		
<input type="checkbox"/> 2 Service		
<input type="checkbox"/> 3 Business		
<input type="checkbox"/> 4 Agriculture		
<input type="checkbox"/> 5 Housewife		
<input type="checkbox"/> 6 Retired		
<input type="checkbox"/> 7 Student		
<input type="checkbox"/> 8 Others		
<b>MAPIN NO.</b>		

<b>J. Status of Sole / First Applicant</b> (Please tick whichever is applicable)											
<input type="checkbox"/> 1 Resident Individual	<input type="checkbox"/> 2 Karta of HUF	<input type="checkbox"/> 3 Minor through Guardian	<input type="checkbox"/> 4 Company	<input type="checkbox"/> 5 Body Corporate	<input type="checkbox"/> 6 Trust	<input type="checkbox"/> 7 Society					
<input type="checkbox"/> 8 Association of Persons / Body of Individuals	<input type="checkbox"/> 9 Bank & FIs	<input type="checkbox"/> 10 NRI-Repatriable	<input type="checkbox"/> 11 NRI-Non-Repatriable	<input type="checkbox"/> 12 Others							

<b>K. BANK ACCOUNT DETAILS :</b> (Please note that as per SEBI Regulations, It is mandatory for investors to provide their bank account details)	
Name of the Bank	Name of the Branch
Account No.	Bank City Pin Code
Type of A/c.	<input type="checkbox"/> Current <input type="checkbox"/> Saving <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR <input type="checkbox"/> OTHERS
9 Digit Code No. of the bank appearing in MICR Bank for ECS PAYMENT	
RTGS : IFSC CODE	

<b>L. PAYMENT OF DIVIDEND / REDEMPTION ( Please refer instruction no.20)</b>
--

<b>M. TO BE FILLED IN IF APPLICATION IS FROM AN INSTITUTION OR FOR THUMB IMPRESSION ATTESTATION</b> (Refer Instruction No. 5 & 6)
---

Name of Authorised Signatory / Attestor	Designation / Occupation	Signature
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____

<b>N. INVESTMENT DETAILS</b>	<b>Scheme Name</b>	<b>Plan</b>	<b>Option</b>
		<b>For G-Sec Fund</b>	Growth <input type="checkbox"/>
		Regular <input type="checkbox"/> PF <input type="checkbox"/>	Div. Payout <input type="checkbox"/>
		<b>For Index Fund</b>	Div. Reinvestment <input type="checkbox"/>
		Sensex <input type="checkbox"/> Nifty <input type="checkbox"/>	Div. Payout Mode for MIPs
		Sensex Advantage <input type="checkbox"/>	Monthly <input type="checkbox"/>
		<b>For Floater MIP</b>	Qtrly <input type="checkbox"/>
		Plan A <input type="checkbox"/> Plan B <input type="checkbox"/>	Yearly <input type="checkbox"/>

	<b>(TO BE FILLED IN BY THE APPLICANT)</b>		<b>ACKNOWLEDGEMENT SLIP</b>	<b>SERIAL NO. CAF</b>
	Received an application for purchase of units of LICMF _____		COMMON APPLICATION FORM	
	(Scheme Name with option)			
	from Mr./Ms./M/s. _____ along with			
	(Name of the Investor)			
Cheque/Draft No. _____ Dated _____ Drawn on _____				
for Rs. _____ excluding				
Bank charges (in cases of Draft) of Rs. _____ Date _____		Signature, Stamp & Date		

<b>O. PAYMENT DETAILS</b>	Cheque DD No.	<input type="text"/>	Amt. of Investment (i)	<input type="text"/>	PIF NO. _____ LODG. DATE _____ LODG. BANK _____
	Date	<input type="text"/>	DD Charges if any (ii)	<input type="text"/>	
	Bank	<input type="text"/>	Net Amount Paid (i-ii)	<input type="text"/>	
	Branch	<input type="text"/>			
	Type of A/c.	<input type="checkbox"/> Current <input type="checkbox"/> Saving <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR <input type="checkbox"/> OTHERS			

<b>P. SWITCH IN</b>	Switch-out scheme Name:	Folio No.
	Option: Growth/Dividend	Units

<b>Q. NOMINATION FORM</b>	
Nominee's Full Name (Mr./Ms.)	
Nominee's Address	
PIN	TEL. NO.
EMAIL-ID	
Name of Parent/Guardian (in case Nominee is a Minor)	
Date of Birth of Nominee (if Minor)	
Address of Parent/Guardian	
PIN	TEL. NO.
EMAIL-ID	

### R. ADDITIONAL INFORMATION FOR LICMF ULIS ONLY

<b>(i) REGULAR PREMIUM</b> TERM : 1) 10 Years <input type="checkbox"/> 2) 15 Years <input type="checkbox"/> TARGET AMOUNT : In Figures <input type="text"/> In Words : <input type="text"/> MODE OF CONTRIBUTION : Yearly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Monthly* <input type="checkbox"/> CONTRIBUTION AMOUNT : In Figures <input type="text"/> In Words : <input type="text"/>	<b>(ii) SINGLE PREMIUM</b> TERM : 1) 5 Years <input type="checkbox"/> 2) 10 Years <input type="checkbox"/> AMOUNT : In Figures : <input type="text"/> AMOUNT : In Words : <input type="text"/>
---	--

<b>HEALTH QUESTIONNAIRE</b>	
Do you have a regular income ?.....[ Yes / No ]      Are you at present in sound health ?.....[ Yes / No ] Have you ever suffered from any of the following ?.....[ Yes / No ] Hypertension <input type="checkbox"/> Insanity <input type="checkbox"/> Diabetes <input type="checkbox"/> Paralysis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Cancer <input type="checkbox"/> Do you have any Physical deformity or handicap ? [ Yes / No ] If Yes Please give the following details 1. Date of occurrence      2. Extent of deformity      3. Present condition Are you already a member of LICMF ULIS ? [ Yes / No ] If Yes Please give the total of Target amounts under both option for such earlier memberships in force : <b>Declaration by 1st Applicant :</b> Having read and understood the provisions of LICMF ULIS scheme I agree to abide by the same and hereby apply for the membership of the scheme as a citizen of India. I declare that the Total Target amounts of all my memberships under both option of the LICMF ULIS scheme including the one now being applied for do not exceed Rs. 5 lakhs I also hereby declare that I am in good health and free from disease, that I have not had any serious illness or major operation for the last 5 years and that no proposal of Insurance to my life to the Life Insurance Corporation of India has ever been adversely treated. I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular, and the said statements and this declaration shall be the basis of my admission to the LICMF ULIS scheme of LIC Mutual Fund. * In case of monthly mode due date is 15th of every month and 12 PDCs have to be given in the beginning of each year. Date : _____ Place : _____      Signature of first applicant	

<b>DECLARATION</b>			
To, <b>LIC Mutual Fund</b> Dear Sirs, Having read and understood the Offer Document and conditions of <b>LIC Mutual Fund - Common Application Form</b> . I/We hereby apply for its units and agree to abide by the terms and conditions of the Scheme and any amendments thereof. "I/We have understood the detail of the scheme and I/We have not received or being included by any rebate or gifts, directlt or indirectly, in making this investments". "I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly for subscribing to the scheme" <b>(Non Resident Indians only)</b> I/We confirm that I am / We are Non-residents of Indian Nationality / origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-resident External / FCNR account. I undertake to comply with SEBI (Central Database of Market Participants) Regulations 2003 (MAPIN) and circulars and notifications issued thereunder and as may be amended from time to time by SEBI. Date : _____ Place : _____			
<b>SIGNATURE OF APPLICANTS</b>	<input type="text"/> First Applicant/Parent or Guardian/ Karta of HUF/Authorised Signatory Holder	<input type="text"/> Second Applicant/ Power of Attorney Holder	<input type="text"/> Third Applicant/ Power of Attorney

Corporate Office	Area Offices	Registrars
<b>LIC Mutual Fund</b> 4th Floor, Industrial Assurance Building, Opp. Churchgate Station, Churchgate, Mumbai - 400 020 • Phone: 22842521 / 22851661/63 • Fax: 22040039, 22880633 • e-mail: jbsamc@bom3.vsnl.net.in www.licmutual.com	• AHMEDABAD : 9375090006 • BANGALORE : 9845172957/9342527219 / 9342502327 • CHENNAI : 9382315850, 9381155540 • ERNAKULAM : 9895036554 / 9349738881 • HYDERABAD : 9392471583 / 9390060072 • INDORE : 9303283574 • KANPUR : 9415060134/9336209092/9336209091 • KOLKATA : 9339002578 / 9332114747 / 9339002574 • MUMBAI : 9321024748/9324543832 / 9323181203/9323180802 • NASHIK : 9326666788 • NEW DELHI : 9312335655 / 9313288981 / 9350455141/9350455095	<b>M/s. Karvy Computershare Pvt. Ltd.</b> <b>Unit : LIC Mutual Fund</b> Karvy Plaza, House No. 8-2-596, Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034. Tel. : 23312454/ 23320751/ 52 Fax : 23311968

All Future communications in connection with this application should be addressed to the authorised centre where the application alongwith the subscription was submitted, quoting full name of the Sole / First applicant and the Application Serial Number.