ACKNOWLEDGEMENT SLIP (To be filled in by the investor)
SIP through Auto Debit (NACH / ECS / PDC)

Application No.

LIC NOMURA MUTUAL FUND

Folio No./ Application No. _____ Received from: Mr./ Ms. /M/s _____ Dated ____ /____ /____

☐ SIP Mandate Form ☐ NACH/ECS/PDC

LIC NOMURA MUTUAL FUND

SIP REGISTRATION CUM MANDATE FORM (NACH / ECS / DIRECT DEBIT/PDC)

New Investors subscribing to the scheme through SIP must complete this form compulsorily alongwith Common Application Form

Application should be submitted atleast 30 days before the 1st debit

Please (✓) ☐ SIP Registration ☐ SIP Renewal ☐ SIP Mandate Modification ☐ SIP Cancelation For Office use only: RM Code ☐☐☐☐

ARN Code and Name of Distributor	Sub-Broker Code	Sub-Broker ARN Code	EUIN* (Employee Unique Identification Number)
ARN-10520 S.BABU ARUNACHALAM			E036140

Declaration for "execution-only" transaction (only where EUIN box is left blank)
* I/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.

SIGNATURE(S)			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

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
In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150/- (for first time mutual fund investor) or Rs. 100/-(for investor other than 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.

INVESTOR DETAILS

Folio No./Application No. ☐☐☐☐☐☐☐☐☐☐☐☐ (Existing unitholders: Please mention your Folio Number. New applicants: Please \mention Common Application No.

Name of 1st Applicant

Name of Guardian (in case of minor)

PAN / PERKIN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant
☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐

SIP Details ☐ SIP with first Cheque ☐ SIP without Cheque ☐ SIP through Post Dated Cheque

Scheme Name	Plan	Option	SIP Installment Amount (Rs.)	SIP Date (Please ✓one)	Frequency (Please✓One)	Start Month / Year	End Month/Year (Default Dec. 2099)
				☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 25th	☐ Monthly ☐ Quarterly	M M Y Y Y Y	M M Y Y Y Y
				☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 25th	☐ Monthly ☐ Quarterly	M M Y Y Y Y	M M Y Y Y Y
				☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 25th	☐ Monthly ☐ Quarterly	M M Y Y Y Y	M M Y Y Y Y

SIP THROUGH POST DATED CHEQUES

No. of cheques enclosed including first cheque _____ Drawn on Bank and Branch _____

Account type _____ Cheque No. should be in contineous series From ☐☐☐☐☐☐ To ☐☐☐☐☐☐

DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of LIC Nomura Mutual Fund. I/We are aware that LIC Nomura Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through ECS / Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform LIC NOMURA Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail 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. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of LIC Nomura Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

(X) _____ First Applicant / Guardian _____ Second Applicant _____ Third Applicant

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LIC NOMURA MUTUAL FUND **UMRN** ☐☐For Office Use☐☐☐☐☐ Date D D M M Y Y Y Y

Sponsor Bank Code: For office use only Utility Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(Please ✓)
CREATE
MODIFY
CANCEL

I/We, hereby authorize LIC Nomura Mutual Fund To debit (Please ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

with Bank Applicant's Bank Name IFSC ☐☐☐☐☐☐☐☐☐☐☐ or MICR ☐☐☐☐☐☐☐☐☐

an amount of Rupees In words ₹ In figures

FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☑ As & when presented DEBIT TYPE : ☒ Fixed Amount ☑ Maximum Amount

Folio No. ☐☐☐☐☐☐☐☐☐☐ Mobile No. ☐☐☐☐☐☐☐☐☐☐

Reference 2 ☐☐☐☐☐☐☐☐☐☐ Email ID ☐☐☐☐☐☐☐☐☐☐

PERIOD
From ☐☐ ☐☐ ☐☐☐☐
To ☐☐ ☐☐ ☐☐☐☐
Or ☐ Until cancelled

(X) Signature of 1st Applicant Signature of 2nd Applicant Signature of 3rd Applicant

Name as in bank records Name as in bank records Name as in bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us.