ONE TIME MANDATE (OTM) FORM

LIC MUTUAL FUND

Application No.

Name of Applicant

PAN No. **Mobile No.**

Email ID

Bank Name

Account No.

Dated D D M M Y Y Y Y **Place**

⊗ SIGN HERE First/Sole Applicant/Guardian	⊗ SIGN HERE Second Applicant	⊗ SIGN HERE Third Applicant

- I / We declare that the particulars furnished here are correct. I / We authorize LIC Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and / or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time.
- If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible.
- I/We will also inform LIC Mutual Fund about any changes in my bank account.
- I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.
- Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.
- I/ We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of LIC Mutual Fund using this facility.
- I/ We request you to make provisions for me / us and / or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and / or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from LIC Mutual Fund.
- I give my consent to LIC Mutual Fund Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions / non-commercial transactions / promotional / potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.
- The above signatures have to be as per the bank records.
- The above mentioned PAN holder has to be one of the holder in the below mentioned bank account.

LIC MUTUAL FUND

UMRN Bank use **Dated** D D M M Y Y Y Y

Tick (✓)
CREATE ✓
MODIFY ✗
CANCEL ✗

Sponsor Bank Code Bank use **Utility Code** Bank use

I/We hereby authorize LIC Mutual Fund **to debit (tick ✓)** ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank Name of customers bank **IFSC** **or MICR**

an amount of Rupees ₹

Frequency ✗ Mthly ✗ Qtly ✗ H-Yrly ✗ Yrly ✓ As & when presented **Debit Type** ✗ Fixed Amount ✓ Maximum Amount

Reference 1 PAN No. **Phone No.**

Reference 2 All Schemes of LIC Mutual Fund **Email ID**

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD	
From	D D M M Y Y Y Y
To	D D M M Y Y Y Y
Or	☐ Until Cancelled

Signature Primary Account holder

1. **Name as in bank records**

Signature Second Account holder

2. **Name as in bank records**

Signature Third Account holder

3. **Name as in bank records**

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

ACKNOWLEDGMENT SLIP

MANDATORY FIELDS : • Instrument Date • Acount Type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank records

LIC MUTUAL FUND

(To be filled by the investor)

Investor Name

PAN No.

Stamp & Signature

Corporate Office:
Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020.
Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service@licmf.com
Website: www.licmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents:
KFin Technologies Private Limited, Karvy Selenium Tower B, Plot Nos. 31 & 32 | Financial District Nanakramguda |Serilingampally Mandal | Hyderabad - 500032 .
Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customercare@kfintech.com
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