

**LIC NOMURA MUTUAL FUND**

4th Floor, Industrial Assurance Building, Opp. Churchgate Station, Mumbai - 400 020
 Tel.: 022-2285 1661; Fax: 022-2288 0633; E-mail: corp.office@licnomuramf.com, Website: www.licnomuramf.com
 (Please use separate Enrolment Form for each Scheme. A Photocopy of this form is valid)

Systematic Investment Plan through ECS/DIRECT DEBIT
 Normal SIP Micro SIP
Name of the Authorised Centre:**AGENT/BROKER****SUB-BROKER CODE**
(if any)**RM CODE****FOR OFFICE USE ONLY**
 ARN No. **ARN-0155**
 NAME **NJ India Invest**
 Tel. No.
55537

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

 New Investors* Existing Investor (Please tick as applicable)

I/We hereby apply to the LIC NOMURA MUTUAL FUND TRUSTEE CO. PVT. LTD. for a Systematic Investment Plan (SIP) through ECS / Direct Debit under the following Scheme and agree to abide by the terms, conditions, rules and regulation of the scheme(s) mentioned overleaf as on the date of this investment.

Name of Sole /First Account Holder: Mr./Mrs./M/s**Folio/ Account Number (For existing investor)**

(* New investors are required to complete and submit a Common Application Form also)

Name: 2nd Holder**3rd Holder**

SIP Details: Scheme

Plan

Option

For **MICRO SIP** Cases (Refer Instruction No. 19 overleaf)

DOB

1st Holder2nd Holder

Supporting Document

1st Holder2nd Holder

Reference Number(if any)

1st Holder2nd Holder**Frequency** Monthly Quarterly (Please tick as applicable)

SIP Date

 1st 15th 25th**SIP Amount Rs.** (per installment)**SIP Period from**

DD MM YY YY to DD MM YY YY

(For minimum period and SIP amount, please refer point No. 17 overleaf)

I/We authorise LIC NOMURA Mutual Fund Trustee Co. Pvt. Ltd. or their authorised service providers to Debit my/ our account listed below by ECS (Electronic Clearing Services) for collection of SIP Payments and confirm that the Funds invested belongs to me/us. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment

Account Holder name as in Bank Account

Bank Name

Branch Name

Address

City

Account Number

9 Digit MICR Code

Mandatory Enclosures :

-
- Cancelled Cheque or photocopy of Cheque, duly signed by the applicant/s
-
-
- First SIP via Cheque

Cheque NO.	Date	Amount (₹)

 Account Type Saving Current CC
 (Please tick as applicable)

I/We 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 information, I/We will not hold LIC NOMURA Mutual Fund Trustee Co. Pvt. Ltd. responsible. I/We further undertake that any changes in my/our Bank details will be informed to the fund immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We have read & understood the contents of the Scheme Information Document of the scheme wherein Systematic Investment Plan is obtained.

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 declare that I/We don't have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000/- in a year. (Applicable for Micro SIP)

Signature**Sole/First Applicant/Guardian****2nd Applicant****3rd Applicant****Minor Name****Minor's DOB**

**Bank attestation mandatory if copy of Cheque is not enclosed or for payable at par Cheques.

****Banker's Attestation:**

Certified that the Signature of account holder and the details of Bank account are correct as per records.:

Signature of Authorised Official from the Bank(Bank Stamp and Date)**Authorisation of the Bank Account holder**

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my/our payments towards my/our investment in LIC NOMURA Mutual Fund Trustee Co. Pvt. Ltd. shall be made from my/our below mentioned Bank Account with your bank. I/We authorise the representative carrying the ECS Mandate Form to get it verified & executed.

Signature**Sole/First Applicant/Guardian****2nd Applicant****3rd Applicant****Bank Account Number****Acknowledgement Slip for SIP through ECS/DIRECT DEBIT (To be filled in by investor)**

Investor's Name

Folio/ Account Number

Scheme

SIP Amount (₹)

Frequency: Monthly Quarterly
 (please tick as applicable)

**LIC NOMURA Mutual Fund Trustee CO. Pvt. Ltd./
 Authorised Centre
 Signature & Stamp**