

ONE TIME MANDATE (OTM) FORM



Application No. _____

Name of Applicant _____

PAN No. _____ Mobile No. _____

Email ID _____

Bank Name _____

Account No. _____

Dated Place _____

<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant
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- 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.

UMRN _____ Bank use _____ Dated

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	Signature Primary Account holder	Signature Second Account holder	Signature Third Account holder
From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	_____
To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	_____
Or <input type="checkbox"/> Until Cancelled	1. _____ Name as in bank records	2. _____ Name as in bank records	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.

MANDATORY FIELDS : • Instrument Date • Account 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



(To be filled by the investor)

Investor Name _____

PAN No. _____

Stamp & Signature