

One Time Mandate Form For NACH/ECS/Auto Debit

(Applicable for Lumpsum Purchases/SIP Registrations)



Time Stamp

Distributor/RIA Code	Sub-Distributor ARN	Sub-Distributor Code	EUIN	Branch Code



UMRN Office use only

Date

Tick (✓)

<input type="checkbox"/> CREATE	Sponsor Bank Code	CITI000PIGW	Utility Code	CITI00002000000037
<input type="checkbox"/> MODIFY	I/We hereby authorize L&T Mutual Fund		to debit (✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other	
<input type="checkbox"/> CANCEL				

Bank A/c No.

With Bank Bank Name IFSC or MICR

an amount of Rs Amount in words ₹

Frequency Monthly Quarterly Half Yearly As & when presented Debit Type Fixed Amount Maximum Amount

Scheme **All schemes of L&T Mutual Fund** Email Id

Folio No. Mobile No. +91-

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

Period 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"/>	<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"/>	<input type="text"/>
or <input checked="" type="checkbox"/> Until Cancelled	1. <input type="text"/> Name as per Bank Records	2. <input type="text"/> Name as per Bank Records	3. <input type="text"/> Name as per Bank Records

This is to confirm that the declaration 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.

I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through participation in ACH. I/We hereby confirm adherence to the terms of the OTM facility offered by L&T Mutual Fund and as amended 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 L&T Mutual fund, their Investment manager- L&T Investment Management Limited, or any of their appointed service providers or representatives responsible. I/We will also inform L&T Investment Management Limited about any changes in my/our bank account.

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)



Received from Folio no/ Application no:

Mobile No: PAN:

Request submitted

Subject to further verification and furnishing of mandatory information/ documents. Please retain this slip until processed

For Office Use Only
Acknowledgement Stamp & Date