

P. PAYMENT DETAILS	Cheque DD No. <input type="text"/>	Amount of investment(i) <input type="text"/>	PIF NO. <input type="text"/>
	Date <input type="text"/>	DD Charges if any (ii) <input type="text"/>	LOGD. DATE <input type="text"/>
	Bank <input type="text"/>	Net Amount Paid (i-ii) <input type="text"/>	LOGD. BANK <input type="text"/>
	Type of A/c. <input type="checkbox"/> Current <input type="checkbox"/> Saving <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS		

P. SWITCH IN	Switch- out Scheme Name: <input type="text"/>	Folio No. <input type="text"/>
	Option: Growth / Dividend	Units <input type="text"/>

Q. NOMINATION FORM	
Nominee's Full Name (Mr./Mrs) <input type="text"/>	
Nominee's Address <input type="text"/>	
<input type="text"/> PIN	<input type="text"/> TEL. NO
<input type="text"/> E-MAIL ID	
Second Nominee's Full Name(Mr./Mrs) <input type="text"/>	
Third Nominee's Full Name(Mr./Mrs) <input type="text"/>	
Name of Parent /Guardian (in case Nominee is a Minor) <input type="text"/>	
Date of Birth of Nominee (If Minor) <input type="text"/>	
DD MM YY	
Address of Parent/ Guardian <input type="text"/>	
<input type="text"/> PIN	<input type="text"/> TEL. NO
<input type="text"/> E-MAIL ID	

R. ADDITIONAL INFORMATION FOR LICMF ULIS ONLY	
(i) REGULAR PREMIUM TERM : <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> REDUCING COVER <input type="checkbox"/> UNIFORM COVER TARGET AMOUNT : Rs. <input type="text"/> (Rs. <input type="text"/>) MODE OF CONTRIBUTION: Yearly <input type="checkbox"/> Half yearly <input type="checkbox"/> Monthly * <input type="checkbox"/> CONTRIBUTION AMOUNT : Rs. <input type="text"/> (Rs. <input type="text"/>)	(ii) SINGLE PREMIUM TERM: <input type="checkbox"/> 5Years <input type="checkbox"/> 10Years TARGET AMOUNT : RS. <input type="text"/> (Rs. <input type="text"/>)

HEALTH QUESTIONNAIRE	
Do you have a regular income (YES/NO) At present are you of sound health? (YES/NO)	
Have you ever suffered from any of the following diseases?	
Hypertension <input type="checkbox"/> Insanity <input type="checkbox"/> Diabetes <input type="checkbox"/> Paralysis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Cancer (Yes/No.)	
Do you have any Physical deformity or handicap (YES/NO)? If YES ,please give the following details.	
1. Date of occurrence	2.. Extent of deformity
3. Present Condition.	
Are you already a member of LIC MF ULIS? (YES/NO) If yes please give the total of Target amounts under both options for such earlier memberships in force:	
Declaration by applicant:	
Having read and understood the provisions of LICMF ULIS Scheme, I agree to abide by the same and hereby apply for the membership of the scheme as a citizen of India. I declare that the Total Target amounts of all my memberships under both options of ULIS scheme, including the one being applied for ,do not exceed Rs. 15 lakhs. I also hereby declare that I am in good health and free from disease, that I have not had any serious illness or major operation for the last 5 years and that no proposal of insurance to my life to the LIC of India or any other life insurer has ever been deferred/declined.	
I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular and the said statements and this declaration shall be the basis of my admission to the LIC MF ULIS Scheme of LIC Mutual Fund.	
Date : <input type="text"/>	Place <input type="text"/>
Signature of First Applicant. <input type="text"/>	
The applicant has completed and signed the application in my presence. From his/her appearance and to the best of my judgment, I find that he /she is in good health and eligible for insurance.	
Signature of Authorised Witness <input type="text"/>	Date : <input type="text"/>
Name of Authorised Witness <input type="text"/>	Place <input type="text"/>
Official Seal	
Status : (AMC Official/Karvy Official /ARN Holder)	

DECLARATION	
To, LIC Mutual Fund	
Dear Sirs,	
Having read and understood the Scheme Information Document and conditions of LIC Mutual Fund – Common Application Form. I/We hereby apply for its units and agree to abide by the terms and conditions of the Scheme and any amendments thereof. " I/We have understood the detail of the scheme and I/We have not received or being induced by any rebate or gifts, directly or indirectly, in making this investments". "I/We confirm that I/We have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly for subscribing to the scheme"	
(Non Residents Indians only) I/We confirm that I am/We are Non-residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or form funds in/ my/ our Non-Resident External /FCNR account.	
I undertake to comply with SEBI (Central Database of Market Participants) Regulation 2003 (MAPIN) and circulars and notifications issued thereunder and as may be amended from time to time by SEBI.	
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	
Date : <input type="text"/>	<input type="text"/>
Place : <input type="text"/>	<input type="text"/>
SIGNATURE OF APPLICANTS	SIGNATURE OF APPLICANTS
First Applicant/ Parent or Guardian/ Karta of HUF/Authorised Signatory Holder	Second Applicant/ Power of Attorney Holder
<input type="text"/>	Third Applicant/ Power of Attorney Holder
<input type="text"/>	<input type="text"/>

CORPORATE OFFICE	AREA OFFICES	REGISTRARS
LIC Mutual Fund 4 th Floor, Industrial Assurance Building Opp. Churchgate Station, Churchgate, Mumbai – 400 020 Phone : 22812038 Fax : 22040039/ 22880633 e-mail : licmfamc@licmutual.com	• AHMEDABAD 079-26588301 / 65431989 / 9375090006 / 9924403147 • BANGALORE 080-22210180 / 22295598 / 9845172957 / 9972092957 / 9986500721 • BHUBANESHWAR 0674-2390694 / 9436132162 / 9438081037 / 9438526420 • CHENNAI 044-28411984 / 28555883 / 9382315850 / 9940286305 / 9962526278 / 9940178296 • DEHRADUN 0135 - 2668347 / 9410702598 / 9412039057 / 9410702598 • ERNAKULAM 0484-2367643 / 9895036554 / 9745612868 / 9945710555 • GOA 0832-2420561 / 9421151400 / 990711551 / 9370849076 / 967366722 • GUWAHATI 0361 - 2735323 / 9435040478 / 9707021706 • HYDERABAD 040-23244445 / 23210572 / 9392471593 / 9000444850 / 9000550850 • INDORE 0731-2520262 / 4069162 / 9753242050 / 9425970126 / 9981511435 • JAIPUR 0141-5112620 / 9480873120 / 9829098323 / 9929095005 • KANPUR 0512-2560240 / 3244949 / 983923499 / 9984100600 / 9393932440 / 9919971259 / 9893057196 • KOLKATA 033-22129453 / 65200915 / 9432129113 / 9830899995 / 983072229 / 9831983005 / 9474424374 / 9339531895 / 9231407611 • LUCKNOW 0522-2231186 / 9415060134 / 9450661015 / 9453016072 / 9000560648 • LUDHIANA 0161 - 2405805 / 2405805 / 9814703559 / 9868220209 / 9872109690 • MADURAI 0452 - 2535105 / 9442109039 / 9655505105 • MANGALORE 0824 - 2411492 / 9845180469 / 9880950469 • MUMBAI - I 022-22859711 / 22851653 / 9394543832 / 9320012110 / 9830822011 / 9892550455 / 9930557772 / 9670775600 • MUMBAI - II 022-22851660 / 9820002994 / 9867653060 / 9371617717 / 9619575895 • NAGPUR 0712 - 2542497 / 9422113800 / 9975724030 / 9922492272 • NASHIK 0253-2679507 / 9922966155 / 9823963379 • NEW DELHI 011-23359190/23314396 / 9716481681 / 9818610867 / 9618630124 / 9811108744 / 9811911263 / 9891738006 / 9871814850 • PATNA 0612-2501157/6452757 / 9470610895 / 9431023274 / 9431037251 / 9234900411 • PUNE 020 - 25537301 / 9822474487 / 9325523480 / 9767868611 • RAIPUR 0771-2236780/4051137 / 932971077 / 9329100009 / 9407646661 • RANCHI 0651-2206372 / 9470524099 / 9334768543	M/s. Karvy Computershare Pvt. Ltd. Unit : LIC Mutual Fund Karvy Plaza, House No. 8-2-596, Avenue 4, Street No. 1, Banjara Hills, Hyderabad-500 034. Tel.: 23312454/ 44338155 Fax : 23388705

All future communications in connections with this applications should be addressed to the authorised centre where the application alongwith the subscription was submitted, quoting full name of the Sole/First applicant and the Application Serial Number.