

# One Time Mandate Form For NACH

(Applicable for Lumpsum Purchases)



Time Stamp

Distributor Code	Sub-Distributor ARN	EUIN	Branch Code	Relationship Manager's Name
ARN-	Sub-Distributor Code			
				Mobile +91-
				E-mail

**L&T Mutual Fund** UMRN  Office use only

Tick (✓)  CREATE Sponsor Bank Code **CITI000PIGW** Utility Code **CITI00002000000037**  
 MODIFY I/We hereby authorize **L&T Mutual Fund** to debit (✓)  SB  CA  CC  SB-NRE  SB-NRO  Other  
 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"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>
or	<input checked="" type="checkbox"/> Until Cancelled	1. <input type="text"/> Signature of First Account Holder	2. <input type="text"/> Signature of Second Account Holder
		3. <input type="text"/> Signature of Third Account Holder	

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.

call 1800 2000 400 or 1800 4190 200

email investor.line@Intmf.co.in

www.Intmf.com

Our lines are open from 9.00 am to 6.00 pm, Monday to Friday and 9.00 am to 1.00 pm on Saturday

**Mutual Fund investments are subject to market risks, read all scheme related documents carefully.**

## GENERAL INSTRUCTIONS

Please read the below instructions carefully before filling the form. Please fill up the form in English in BLOCK LETTERS with black or dark ink. All information sought in the form is mandatory except where it is specifically indicated as optional. All instructions & notes are subject to SEBI & AMFI guidelines as amended from time to time. Please note in case of any error while filling the form all applicants must sign against the corrections.

Please attach a cancelled cheque/cheque copy.

Please furnish the Folio number/Application number, e mail id and mobile number.

Please furnish the Bank Account Number, Bank Name, 11 digit IFSC and 9 digit MICR codes. These are mandatory requirements.

Please write the amount in words AND in figures.

Please provide your Name AND Signature as per mode of holding in the bank account and in the same sequence and manner in the relevant boxes provided in the form.

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