LIC NOMURA MF G-SEC LONG TERM EXCHANGE TRADED FUND

An Open Ended, Index Linked Exchange Traded Fund

APP. No

his product	is suitable	for investors	who are	seeking*:

(BLUE) investors understar	nd that their principal will be at low	v risk (YE	LLOW) investors understand that their p	principal will be at medium risk (E	BROWN) investors unders	stand that their principal will b	e ut ingh tion
Investors must read the	Key Information Memorandur	m and the instru	uctions before completing this Form	n. The Application Form should be co	mnleted in English an	d in BLOCK LETTERS only	,
				Direct" in ARN code column) (Refer in			
,					1 1	m: ci	N
ARN Code	Sub-broker C		Employee Unique entification Number (EUIN)	Sub-broker Code (as allotted by ARN holder)	RM Code	Time Star	np No
Atlas Integrated Finan 0770						For office	use only
'I / We hereby confi employee/ relationsh	irm that the EUIN box han ip manager/ sales perso	as been inter on of the abov	ve distributor or notwithstar	Instruction No.3) us as this is an "execution-only nding the advice of in-appropria ory fees on this transaction." (plo	, ateness, if any, pro	ovided by the employ	
First/Sc	SIGN HERE ole Applicant/Guardian		SIGN H Second Ag			SIGN HERE Third Applicant	
RANSACTION CHAP	RGES FOR APPLICANTS T	HROUGH DIS	TRIBUTORS ONLY [Refer Ins	struction No. 4]			
nvestor to the ARN H	Iolder (AMFI registered I	Distributor) b	ased on the investors' assess	has opted in to receive Transact against the balance amount inv ment of various factors includin	ng the service rend		
1. EXISTING UNIT HOL	LDER INFORMATION	(If you have e	existing folio, please fill in sec	tion 1 and proceed to section 11	-		
Folio No.				The details in our records und for this application.	ler the folio numbe	er mentioned alongsio	le will apply
2. APPLICANT(S) DE	ETAILS (1) In case of M	inor, there sh	all be no joint holders. (2) N	Name should be in the same sequ	uence as appearing	g in your demat a/c.	
SOLE/FIRST APPLICAN	IT NAME		FIRST	MIDDLE		LAST	KYC :
DOB D D M M	Y Y Y Y DOB is	s mandatory in	case of unit holder is minor. Proof	f attached. Please (√)			
SECOND APPLICANT'S	SNAME		FIRST	MIDDLE		LAST	KYC :
THIRD APPLICANT'S N	IAME		FIRST	MIDDLE		LAST	KYC :
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(TO BE FILLED IN BY THE INVESTOR)	ACKNOWLEDGEMENT SLIP	APP. No.	
Received an application for purchase of units of LIC Nomura MF G-SEC LT E	TF		Time Stamp No.
from Mr/Mrs/M/s	(Please specify plan and option)	along with	
Cheque/Draft No/Payment Instrument No Date	BankBank		
Branch	For ₹		
Bank Charges (in cases of Draft) of ₹	Date		
Please note : All purchase are subject to realisation of Cheque / Demand Dra	aft / Payment Instrument		ISC Signature, Stamp & Date

7. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No or Email Id. Refer Instruction No.										
(Flease specify)					Mobile No					
Tel no (Resi) STD Code Off STD Code ^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof / account statements / statutory and other documents by email.										
8. OVERSEAS ADDRESS (Ov	erseas add	lress is man	ndatory for N	RI / FII applica	ants in ado	dition to n	nailing a	ddress in India)		
Landmark	Landmark City State Pincode Country									
9. DEMAT ACCOUNT DETA	ILS*									
DDNAME	NSDL CDSL							CDSL		
DP ID	DP NAME DP ID									
Beneficiary Account No										
Investors should provide a copy of DP						ogulations	it is man	datory for investors to	provide their bank account details	
Account No.	OF THE FI	KSI APPLIC	ANI (Refer fi	ISTRUCTION 6) AS		ne of the F		datory for investors to	provide their bank account details	
	rrent NI	RE NRO	FCNR	Others Pls	s specify	Branch				
							struction	8.3 (Mandatory for C	redit via NEFT / RTGS) (11 Character code	
IFSC code		N	MICR no			check fo	or the sam	ne with your bank) In	o not find this on your cheque leaf, please case if the bank details provided by you is nt please enclosed a canceled cheque.	
11. INVESTMENT DETAILS	[Please ti	i ck(√)] (Re	efer Instructio	on No. 2, 3 & 10) (If this se	ection is le	ft blank, o	only folio will be crea	ted)	
* Cheque / DD Favou	ring	Plan	Option	Amount Invested (Rs.)	^DD Charges	Net Amo (Rs	ount Paid s.)	Cheque/DD No./ UTR No (in case of NEFT/RTGS)	Bank and Branch and Account Number	
LIC NOMURA MF G-SEC LON EXCHANGE TRADED FU		Regular	Growth Default - Growth							
L Account Type (Please tick (√))	SB	[NRE	N	NRO		FCNR	Othe	rs (Ps Specify)	
*All purchases are subject to	realization	of funds ^F	Refer to Instru	ction No. 10						
12. NOMINATION DETAILS	S (Mandate	ory) (Refer	Instruction N	o. 16)						
☐ I/We wish to nominate			sh to nominat						Applicant Signature (Mandatory)	
Nominee	Name and	Address		Gu	iardian Na	me (in cas	e of Mino	r) Allocation %	Nominee/ Guardian Signature	
Nominee 1										
Nominee 2										
Nominee 3	ominee 3									
DECLARATION & SIGNATURE/S										
a.) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/ We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/ We have understood the details of the scheme & I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds from abroad through approved banking channels or from funds in my / our Non-Resident S of Indian Nationality / Origin & that I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident S from amongst which the Scheme is being recommended to me / us. d.) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir- 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/ MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/ we are holding valid PAN card / have applied for PAN. e.] The ARN holder has disclosed to me/us.										
SIGN HERE SIGN HERE SIGN HERE										
First Applicant / Cuardian					econd Appl	icant			Third Applicant	
Date : Place :										
		Fo	or any querie	s please conta	ct our nea	rest Inve	stor Serv	ice Centre or		
Call	Toll Free N	umber 190	0-258-5678				Ema	ail : service@licnom	uramf.com	

Website : www.licnomuramf.com