Annexure A1 – Addition/Modification/Change of Address – Correspondence/Local Address

LIC MUTUAL FUND

Fields marked with '*' are mandatory fields.
Please fill the form in English and in BLOCK letters.

For office use only
(To be filled by financial institution)

Application Type* ☐ New ☐ Update/Change

KYC Number *(Mandatory for KYC update request)*

☐ 1.Correspondence / Local Address Details (Please see instruction E at the end) Enclose relevant documentary proof

☐ Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act , 1988

State/UT Country* Country Code as per ISO 3166

☐ 2.Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile — Tel. (Off) — Tel. (Res) —

Fax —

3.Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date: D D — M M — Y Y Y Y Place :

Annexure B1 – Addition of Related Persons

LIC MUTUAL FUND

Fields marked with '*' are mandatory fields.
Please fill the form in English and in BLOCK letters.

For office use only
(To be filled by financial institution)

Application Type* ☐ New ☐ Update/Change

KYC Number *(Mandatory for KYC update request)*

☐ **1.Details of Related Person** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix | First Name | Middle Name | Last Name

(If KYC number and name are provided, below details ofsection 6 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction (**H**) at the end)

☐ A- Passport Number

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)

Passport Expiry Date D D — M M — Y Y Y Y

Driving Licence Expiry Date D D — M M — Y Y Y Y

Identification Number

2.Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date: D D — M M — Y Y Y Y Place :

3.Attestation / For Office Use Only

Documents Received ☐ Certified Copies

KYC Verification Carried Out by

Date D D — M M — Y Y Y Y

Emp. Name Emp.

Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution Details

Name

Code

[Institution Stamp]