To

Dy. Gen. Manager (Investor Services)
LIC MUTUAL FUND
4TH FLOOR,
INDUSTRIAL ASSURANCE BUILDING
OPP: CHURCH GATE STATION
MUMBAI - 400 020

RE : ELECTRONIC CLEARING SERVICE : [CREDIT CLEARING] MANDATE FORM

Name (first unit holder) :

Address: (please compulsorily fill the name of the city)

City																							
P I N							Email ID																

SCHEME NAME	FOLIO NUMBER
LICMF BOND FUND	
LICMF GILT FUND	
LICMF CHILDREN FUND	
LICMF LIQUID FUND	

BANK ACCOUNT DETAILS:

BANK NAME		
BRANCH ADDRESS		
9 Digit Code Number of the Bank appearing on the MICR Band in the cheque issued by the Bank		
Account Type (Please Tick)	***SAVINGS***	***CURRENT***
Account Number (as appearing on the cheque)		
Enclosed please find (Please tick)	Cancelled Cheque Leaf / Photocopy of Cheque leaf	

I hereby declare that the particulars given are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information , I would not hold LIC MUTUAL FUND or JEEVAN BIMA SAHAYOG ASSET MANAGEMENT COMPANY responsible. I have read the intimation letter and agree to discharge my responsibility as a participant under the scheme.

Signature of the Unit Holder

Dated :
Place :

NOTE: XEROX COPY OF THIS FORMAT MAY BE USED TO FILL IF YOU HAVE DIFFERENT ACCOUNT NUMBERS FOR DIFFERENT SCHEMES.