

# Distributor Empanelment Form

(Application Form must be filled in BLOCK LETTERS in English)



|                                                                                                                                                                                                                                               |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|----------------------|-------------------|--|-------------------------------|--|------------------------------|----------------------|---|--|-----------------|--|
| <b>01. Name : Mr / Ms / M/s</b>                                                                                                                                                                                                               |  | Name as mentioned on ARN Card / Certificate |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Address in full :                                                                                                                                                                                                                             |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| City :                                                                                                                                                                                                                                        |  |                                             | State :              |                   |  | PIN :                         |  |                              |                      |   |  |                 |  |
| Tel no. :                                                                                                                                                                                                                                     |  |                                             | Fax :                |                   |  | Mobile No. :                  |  |                              |                      |   |  |                 |  |
| E-mail Id :                                                                                                                                                                                                                                   |  |                                             |                      |                   |  | Date of Birth / Incorporation |  |                              |                      |   |  | D D M M Y Y Y Y |  |
| ARN :                                                                                                                                                                                                                                         |  |                                             | valid upto           |                   |  | D D M M Y Y Y Y               |  | PAN                          |                      |   |  |                 |  |
| <b>02. For Individual :</b>                                                                                                                                                                                                                   |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Educational Qualification :                                                                                                                                                                                                                   |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Occupation : <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Others                                                           |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Status : <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship                                                                                                                                                     |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Nomination details for Brokerage / Commission (For Individuals and Sole Proprietorship)                                                                                                                                                       |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Name:                                                                                                                                                                                                                                         |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Address:                                                                                                                                                                                                                                      |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Relationship with Distributor:                                                                                                                                                                                                                |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| <b>If nominee is a minor</b>                                                                                                                                                                                                                  |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Date of Birth of nominee:                                                                                                                                                                                                                     |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Name of legal guardian:                                                                                                                                                                                                                       |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Address of legal guardian:                                                                                                                                                                                                                    |  |                                             |                      |                   |  |                               |  | Signature of legal guardian: |                      | ⊗ |  |                 |  |
| <b>03. For Non - Individual :</b>                                                                                                                                                                                                             |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Status : <input type="checkbox"/> Company <input type="checkbox"/> Bank <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> Proprietary Firm <input type="checkbox"/> Others (Specify).....     |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Name of Proprietor / Key Person : FIRST MIDDLE LAST                                                                                                                                                                                           |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Telephone :                                                                                                                                                                                                                                   |  |                                             |                      | Contact Person(s) |  |                               |  | Telephone :                  |                      |   |  |                 |  |
| <b>04. Bank details :</b>                                                                                                                                                                                                                     |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Bank Name :                                                                                                                                                                                                                                   |  |                                             |                      |                   |  | Branch :                      |  |                              |                      |   |  |                 |  |
| Address:                                                                                                                                                                                                                                      |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| City :                                                                                                                                                                                                                                        |  |                                             |                      |                   |  | PIN :                         |  |                              |                      |   |  |                 |  |
| A/c Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE                                                                                                        |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Core Banking A/c No.                                                                                                                                                                                                                          |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| IFSC Code (11 digits)                                                                                                                                                                                                                         |  |                                             |                      |                   |  | MICR Code :                   |  |                              |                      |   |  |                 |  |
| <b>Note:</b> Please provide the complete Core Banking Solution (CBS) account number and 11 digit alpha numeric IFSC code. Also attach copy of the cancelled cheque for the above mentioned A/c number, to issue the payout through NEFT/RTGS. |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Total Experience ( no of years)                                                                                                                                                                                                               |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Client Profile: <input type="checkbox"/> HNI <input type="checkbox"/> Retail <input type="checkbox"/> Corporate <input type="checkbox"/> Others (Specify).....                                                                                |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Reach / Network : <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> All India                                                                                                                         |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Type of MF products you offer to the client : <input type="checkbox"/> Equity fund <input type="checkbox"/> Debt fund <input type="checkbox"/> Hybrid fund <input type="checkbox"/> Solution Oriented fund                                    |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| <input type="checkbox"/> Other funds                                                                                                                                                                                                          |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| <b>05. Business procured for other MFs in the past three years:</b>                                                                                                                                                                           |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Organisation                                                                                                                                                                                                                                  |  |                                             | Rs. in Lacs (Year 1) |                   |  | Rs. in Lacs (Year 2)          |  |                              | Rs. in Lacs (Year 3) |   |  |                 |  |
|                                                                                                                                                                                                                                               |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
|                                                                                                                                                                                                                                               |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
|                                                                                                                                                                                                                                               |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |
| Relevant document(s) submitted : <input type="checkbox"/> Yes <input type="checkbox"/> No ( please check documents list mentioned at pt 7 & 8 )                                                                                               |  |                                             |                      |                   |  |                               |  |                              |                      |   |  |                 |  |

**06. Declaration:**

This is to certify that \_\_\_\_\_ is a partnership / corporate / proprietorship firm and all employees engaged in sales and distribution activities are AMFI certified and also have applied for / received their ARN photo ID cards.

I will comply with the provisions of The Prevention of Money Laundering Act, 2002 guidelines issued by Securities and Exchange Board of India and Association of Mutual Funds in India from time to time in this regards.

I/we am/are not an employee or a relative of a Director / Employee of the AMC / Sponsor / or any of its associates.

I/We confirm that the any change in the declaration submitted shall be intimated to the AMC immediately.

Place : .....

Date : .....



SIGN HERE  
(Signature of the Applicant)

**07. MANDATORY FOR NON INDIVIDUALS /CORPORATE DISTRIBUTORS**

- Empanelment Form duly filled (With Photo of Contact / Authorised Person)
- Copy of PAN Card
- Copy of ARN Card
- Copy of AMFI / NISM Certificate
- Certified true copy of Partnership Deed (In case of a Partnership Firm)
- Certified true copy of Memorandum & Articles of Association (In case of a company)
- Certified true copy of Resolution of Firm / Company and Authorized Signatory List
- Copy of cancelled cheque
- KYD Acknowledgement
- List of Sales Persons/Employees with EUIN
- All employees engaged in sales and marketing activities should obtain AMFI certification.

**08. MANDATORY FOR INDIVIDUALS KARTA OF HUF / SOLE PROPRIETORSHIP**

- Empanelment Form (With Photo & Effective date of empanelment)
- Copy of PAN Card
- Copy of ARN Card
- Copy of AMFI / NISM Certificate
- Copy of cancelled cheque
- KYD Acknowledgement
- List of Sales Persons/Employees with EUIN

**09. FOR OFFICE USE ONLY**

Application received on :

ISC:

Agent's Code No.:

Date of Appointment :

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Remarks:

Authorised by:

**Checklist of Documents**

| Documents                              | Individual               | Partnership Firm         | Company                  | HUF                      |
|----------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Copy of the AMFI Certificate /ARN Card | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PAN Card Copy                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cancelled Cheque Copy                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Memorandum & Articles of Association   | NA                       | NA                       | <input type="checkbox"/> | NA                       |
| Authorised Signatory List              | NA                       | <input type="checkbox"/> | <input type="checkbox"/> | NA                       |
| Partnership Deed & Resolution          | NA                       | <input type="checkbox"/> | NA                       | NA                       |
| Board Resolution                       | NA                       | NA                       | NA                       | NA                       |
| KYD Acknowledgement                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 1) The statements made/information provided by the distributor in the Distributor Empanelment Form ("Form") and the declarations made therein read with these terms and conditions ("Terms and Conditions") shall be the basis of the agreement between LIC Mutual Fund Asset Management Limited (the "AMC"), Investment Managers to LIC Mutual Fund and the distributor shall be legally bound by the same.
- 2) The Distributor shall submit the necessary KYC documents as stipulated by the AMC from time to time.
- 3) The appointment of the distributor shall be at the AMC's exclusive discretion and only after receiving execution of agreement or written approval from the AMC. The distributor may start working for the AMC on the date specified in the letter of appointment issued by the AMC.
- 4) A distributor shall carry out such directions and instructions as may, from time to time, be issued by the AMC in this regard.
- 5) The distributor agrees to abide by these Terms and Conditions and rules in force and the changes in the Terms and Conditions from time to time relating to the agency.
- 6) All distributors, sub-distributors, personnel, and representatives involved in the sales and marketing of LIC Mutual Fund schemes must be certified and registered with AMFI/NISM and hold a valid certificate as required by SEBI. The distributor must provide a declaration confirming this upon request by the AMC/Mutual Fund/Trustee, who also have the right to obtain copies of such certificates at any time, which must be furnished promptly.
- 7) The Distributor shall ensure that it, along with its employees, representatives, sub-distributors, and associates, holds and maintains at all times valid approvals, registrations, and certifications from relevant authorities as required by law to perform & as per Distributor Empanelment Form or the executed agreement its obligations during the term of appointment, and complies with all related terms and conditions. The Distributor shall remain fully responsible and liable for all acts and deeds of its employees, representatives, and sub-distributors.
- 8) The Distributor agrees that, if so required, by the Securities and Exchange Board of India or by any other authority or under any law, the Distributor shall get itself, registered and comply in such manner as may be required.
- 15) This arrangement is entered into on a non-exclusive basis and the AMC / Mutual Fund shall have sole discretion to enter similar arrangements with other persons and / or sell units of scheme(s) directly to the investor(s). However, the Distributor, in entering into similar arrangements with any other parties, shall in no manner whatsoever adversely affect the business of the AMC.
- 16) The distributor consents that there shall be no provisions in the agreement, if any, between the distributor and the sub-distributor(s), that conflict with the terms and conditions of this form.
- 17) The Distributor shall comply with all applicable laws and regulations under the Prevention of Money Laundering Act, 2002, including KYC norms. The Distributor shall collect required KYC documents from investors as prescribed by SEBI, AMFI, or relevant authorities, submit them to the AMC, and remain responsible for their accuracy and completeness.
- 18) A distributor must read and understand the Scheme Information Document of the respective scheme(s) carefully and explain the risks, investment objectives and the special features of the schemes to the investors. The Distributor must not make any representation concerning Units or the Mutual Fund except those contained in the Scheme Information Document of the respective scheme(s), the Key Information Memorandum containing Application Forms and printed information issued by the AMC as information supplemental to such documents.
- 19) The Distributor shall use only such Scheme Information Document, Key Information Memorandum containing Application Forms and advertising material provided by AMC and the Distributor shall not design its own advertisement of the scheme(s) of LIC Mutual Fund unless it has obtained prior approval in writing from the AMC.
- 20) The Distributor must not use any unethical means to sell, market or induce any investor to buy Units of LIC Mutual Fund. The Distributor shall neither use nor display the name, logo or mark of the AMC (or any logo or mark similar thereto) in any manner, unless in the specified in writing or in manner agreed between the AMC and the Distributor.
- 21) The distributor shall not rebate/pass on the commission/brokerage to investors and shall not attract/induce investors through temptation of rebate or by offering gifts, benefits which are extraneous to the schemes of LIC Mutual Fund.
- 9) The Distributor, or any director/principal associated with it, has never been the subject of formal investigation under any relevant securities, financial services or similar legislation nor is it currently engaged as a defendant in (otherwise than in a professional capacity or as an expert witness), or the subject of, any criminal or civil proceedings or arbitration.
- 10) The Distributor or any Director / Principal has never been publicly censured, disciplined, suspended or expelled by any recognised regulatory organisation or recognised professional body or by any other organisation, body or association nor is the Distributor aware of any such proceedings which are pending.
- 11) The Distributor shall immediately notify the AMC in writing if any of its personnel, any sub-distributor or any other person engaged by the distributor has committed any act amounting to moral turpitude, financial irregularities or has been arrested by the police or has been relieved from the services/employment of the distributor. Upon receipt of such notice from the distributor, the AMC may suspend further business and payout of the commissions, etc. as it deems fit in the case.
- 12) The distributor shall provide self certification in the prescribed format certifying compliance with the provisions of the extant SEBI / Mutual Funds Guidelines / Circulars, adherence to the Code of Conduct as prescribed by SEBI / AMFI for intermediaries of Mutual Fund from time to time. If the said self certification is not provided, then the brokerage will be suspended till the time of receipt of the certificate.
- 13) The Distributor shall comply at all times with SEBI (Mutual Funds) Regulations, 1996 (as amended), other applicable laws, and guidelines issued by SEBI/AMFI, particularly those relating to advertisements, sales literature, and code of conduct for mutual fund intermediaries. The Distributor shall also ensure compliance by its employees, representatives, sub-distributors, and associates.
- 14) The relationship between the AMC and the Distributor is one of principal to principal basis and do not create and shall not be deemed to create any relationship of principal and agent or, master and servant or, employer and employee. The activities of the Distributor and its personnel shall not be construed to be activities of the AMC.
  - c) The misfeasance, malfeasance or fraudulent acts of the representatives of the Distributors; and
  - d) Any and all actions, suits, proceedings, assessments, settlement, arbitration judgments, cost and expenses, including attorneys' fees, resulting from any of the matters set forth above.
- B) The distributor shall also indemnify and hold harmless the AMC, Trustee and/or the LIC Mutual Fund from and against any and all direct and indirect costs, charges, claims, losses, expenses, damages, liabilities, awards, judgments, fines and actions of any nature whatsoever which the AMC, Trustee and/or LIC Mutual Fund may incur/suffer due to:
  - e) The sub-agent (s) of the distributor making any representations, which are not based on information, documentation and/or literature provided by AMC/Trustee/ LIC Mutual Fund as applicable;
  - f) Any wrongful, dishonest, criminal, fraudulent act or willful misconduct or gross negligence of the sub-agent (s)/ representative (s) or sub-distributors.
  - g) The Distributor (including all its employees and representatives) undertakes to maintain confidentiality and secrecy of all information received by it directly or while in course of dealing with the AMC and/or its employees and /or its clients. The restriction contained in this clause shall not be applicable to information required to be provided pursuant to any statutory or regulatory obligation.
- 29) In accordance with SEBI communication No. SEBI/HO/IMD/IMDSEC-1/P/OW/2023/0000016783/1 dated 26th April 2023 the Distributor will promptly share all the relevant transaction feed/ information including SIP cancellation / pause details with the RTA and the AMC for updation of records maintained at the RTA/AMC if the Distributor fails to share such relevant transaction feed/ information including SIP cancellation / pause details to the RTA and the AMC, Distributor will be liable for an amount decided by AMC from time to time basis.
- 30) The appointment of a distributor shall be liable to be terminated by the AMC forthwith:
  - a) If he/she is found to be a minor or adjudicated as an insolvent / liquidation or found to be of unsound mind by a court of competent jurisdiction;

- 22) A distributor or its representative are not authorised to issue any receipt for cheques and demand drafts received along with the application forms on behalf of the AMC. The distributor or its employees shall at no point of time receive cash on behalf of the LIC Mutual Fund.
- 23) A Distributor is eligible for brokerage on mobilized amounts at rates prescribed by the AMC, which may be revised at its discretion and will be binding. The brokerage is inclusive of all taxes, costs, and expenses. Any excess or wrongly paid brokerage can be recovered or adjusted by the AMC. The AMC is not responsible for payments to the Distributor's employees, representatives, or sub-distributors.
- 24) Distributor shall disclose to the Investor(s) all the commissions (in the form of trail commission or any other mode) for the different competing Schemes from amongst which the Scheme of LIC Mutual Fund is recommended to the Investor(s).
- 25) A distributor shall not have any claim against the AMC/Mutual Fund for any loss incurred by him/her as not anticipated and arising out of any revision in the rate(s) of commission for business canvassed.
- 26) In case of non-compliance of any of the Terms and Conditions mentioned herein and non-compliance of SEBI/AMFI guidelines, the AMC may suspend further business and pay-out of the commissions etc. until the same is complied with.
- 27) The Distributor shall not be entitled without the prior consent in writing of the AMC to assign, transfer, charge or in any manner make or create any third party right or interest in this Agreement or the Distributor's obligations or liabilities.
- 28) Liabilities & Indemnity :
  - A) The Distributor declares and covenants with the AMC to defend, indemnify and hold the AMC and/ or Trustee's and/or LIC Mutual Fund and its affiliates, promoters, successors in interest and permitted assigns harmless from and against all claims, damages, liabilities, awards, judgement, fines, or any action of whatsoever nature or assertions of liability of any kind or nature resulting from:
    - a) Any breach of terms, covenants and conditions or other provisions hereof, or Scheme Information Document(s) or any actions or omissions there under;
    - b) Any failure to comply with all applicable legislation, statutes, ordinances, regulations, guidelines, administrative rulings or requirements of law;
    - b) If in course of any judicial proceeding it is found that he/she has knowingly participated in or connived at any fraud, misconduct, dishonesty or misrepresentation against the AMC or any Unit holder of LIC Mutual Fund;
    - c) If the AMC is satisfied that any statement made in the Distributor Registration Form was false or misleading or calculated to mislead;
    - d) If he / she acts in any other manner prejudicial to the interest of the AMC / Mutual Fund; and If he / she does not comply with all applicable legislation, statutes, ordinances, regulations, administrative rulings or requirements of law.
    - e) If he / she fails to comply with the terms and conditions mentioned in this empanelment form and the changes made to the Terms and Conditions from time to time. The arrangement becomes illegal, invalid or unenforceable due to change in law.
    - f) If the performance of the other party's obligations under this arrangement becomes impossible due to legal / regulatory reasons. Any other reason deemed fit by the AMC.
- 31) In addition to what is stated in the preceding paragraphs the AMC shall have the right to terminate the appointment of Distributor at any time by giving the Distributor 30 days' notice and assigning any reasons thereof. A distributor may also terminate the agency at any time by giving 30 days' notice to the AMC.
- 32) Upon termination of the arrangement, the AMC shall not pay any trail commission for business or funds mobilized prior to termination. The AMC reserves the right to modify, amend, add, or delete any terms and conditions of the Agreement at its discretion, and such changes shall be binding only if made in writing by the AMC.
- 33) The AMC offers nomination facility to distributor to enable the nominee to receive trail commissions on the business done before the demise of distributor holding ARN provided the distributor has complied with the Terms and Conditions mentioned herein above.
- 34) In respect of all disputes arising under this empanelment, the courts in Mumbai alone shall have jurisdiction. Any dispute, controversy or claims arising out of or relating to this Agreement or the breach, termination or invalidity thereof, shall be settled by arbitration in accordance with the provisions of the Indian Arbitration and Conciliation Act, 1996.
- 35) In case of application by non-individuals, a certified true copy of the relevant Board resolution or authority to make the application as the case may be, along with a certified true copy of the MOA/Partnership deed/ Certification of registration / Authorised Signatories list should be submitted. A declaration on company letter head for the employees engaged in sales activity should be submitted.
- 36) The agency shall stand automatically terminated without any notice from the AMC / Mutual Fund upon disqualification or withdrawal of Regulatory or Government Approval to act in the capacity contemplated herein. Upon any termination, the Distributor shall forthwith return all documents, papers and material pertaining to AMC / Mutual Fund and / or belonging to AMC / Mutual Fund to the AMC.
- 37) Any GST payable on commission/brokerage shall be governed by applicable GST laws, rules, circulars and regulatory guidelines (including AMFI Circular No. 123/2025-26 dated 12 March 2026), as amended from time to time. The AMC shall pay the GST component only upon receipt of a valid tax invoice from the Distributor and subject to the GST being reflected in the AMC's Form GSTR-2B or such prescribed returns. If such GST is not reflected, or is denied, reversed, disallowed or becomes ineligible as input tax credit for any reason attributable to the Distributor (including non-compliance, incorrect reporting or non-filing of returns), the AMC may recover or adjust the corresponding GST amount, along with any applicable interest or penalty, from the Distributor, including by adjustment against future payouts. The Distributor shall indemnify the AMC against any loss, tax, interest, penalty or expense arising from the Distributor's non-compliance with GST laws.
- 38) The Distributor shall require that it shall at all times adhere to the requirements under the Prevention of Money Laundering Act, 2002 and the Rules and guidelines (PMLA requirements) stipulated for intermediaries and other requirements which may be communicated by AMC to the Distributor from time to time with regard to the Know Your Customer (KYC) requirements. The Distributor agrees to provide a confirmation to the above effect as and when required by the KAMC. The customer opens the account with it after complying with the KYC requirements as PMLA requirements applicable from time to time. The Distributor shall comply with Investor's documents and KYC requirements as specified in the SEBI Circular SEBI/IMD/CIR No.12 /186868 /2009, December 11, 2009 and AMFI process note in this regard. Contents of AMFI process note shall be shared by the AMC with the Distributor from time to time.