

COMMON APPLICATION FORM

For Resident Indians and NRIs/Flis



Birla Sun Life
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Application No.

WCA07187

ARN-28191

Sub Broker Name / No.

Collection Centre

Ref. Instruction No. 9

ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor.

1. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 7) Applicable details and mode of holding will be as per the existing Folio No.

Folio No.

2. UNIT HOLDER INFORMATION (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (2 to 10)

NAME OF FIRST / SOLE APPLICANT

Mandatory

Mr. Ms. M/s.

Date of Birth

D D M M Y Y Y Y

FIRST APPLICANT PAN No.

Proof Enclosed? Y/N

KYC Complied? Y/N

STATUS (Please tick from following)

Resident Individual Flis NRI - NRO HUF Club / Society PIO Body Corporate Minor Government Body

Trust NRI - NRE Bank & FI Sole Proprietor Partnership Firm Others (Please Specify)

OCCUPATION (Please tick from following)

Professional Housewife Business Service Retired Student Others (Please Specify)

MODE OF HOLDING (Please tick (✓))

Joint Single Anyone or Survivor (Default option is Anyone or survivor)

MAILING ADDRESS OF FIRST / SOLE APPLICANT (PO.Box Address is not sufficient. Please provide full address.) (Indian Address in case of NRIs/Flis)

CITY

STATE

PIN CODE

Overseas Address (For NRIs/Flis) (For NRI / Flis application in addition to mailing address above)

CITY

STATE

COUNTRY

PIN CODE

CONTACT DETAILS OF FIRST / SOLE APPLICANT / CONTACT PERSON - DESIGNATION (in case of Non-individual Investors)

ISD CODE

TEL: OFF.

S T D

-

TEL: RESI

S T D

-

MOBILE

ONLINE ACCESS** (this enables you to access your investment portfolio through our website - www.birlasunlife.com)

Yes No

(Please tick (✓))

E-MAIL (Refer Instruction No. 10)



Important Note:

Please ensure that you enter your phone number and email address correctly. Here's why:

• **Keep an eye on your money:** We will send you regular updates on your investment

status • **Early Bird advantage:** You'll be the first to know about our new products • **Go green:** Stay free of paperwork

3. COMMUNICATION (Please tick (✓)) (Refer Instruction No. 10)

I/We wish to receive the following document(s) via E-mail instead of Physical mode

Account Statement

Annual Report

Other Statutory Information

4. JOINT APPLICANT INFORMATION (Refer Instruction No.2,3,4)

NAME OF SECOND APPLICANT

Mr. Ms. M/s.

Date of Birth

D D M M Y Y Y Y

SECOND APPLICANT PAN No.

Proof Enclosed? Y/N

KYC Complied? Y/N

NAME OF THIRD APPLICANT

Mr. Ms. M/s.

Date of Birth

D D M M Y Y Y Y

THIRD APPLICANT PAN No.

Proof Enclosed? Y/N

KYC Complied? Y/N

NAME OF THE GUARDIAN (in case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (in case of Non-individual Investors)

Mr. Ms. M/s.

Date of Birth

D D M M Y Y Y Y

GUARDIAN / POA HOLDER PAN No.

Proof Enclosed? Y/N

KYC Complied? Y/N

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

COMMON APPLICATION FORM



Birla Sun Life Asset Management Company Limited

One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013

Toll Free : 1-800-270-7000/ 1-800-22-7000 | sms 'GAIN' to 56161 | Email: connect@birlasunlife.com

Application No.

WCA07187

Collection Centre /
BSLAMC Stamp & Signature

Received from Mr. / Ms.

Date : / /

(Please tick (✓)) ENCLOSED

PAN Proof KYC Complied

ECS Facility

Yes No

5. Documents Submitted [Please tick (✓)] (Refer Instruction No. 2 (iv))

- Board / Committee Resolution / Authority Letter Memorandum & Articles of Association Trust Deed Partnership Deed Bye-laws Overseas Auditor's certificate
 List of Authorised Signatories with names, designations & specimen signature

6. BANK ACCOUNT DETAILS (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details) Refer Instruction No. 3

Name of the Bank _____
 Branch Address _____
 Account Type [Please tick (✓)] SAVINGS CURRENT NRE NRO FCNR OTHERS (Please specify) _____
 Account No. _____ MICR CODE _____
 IFSC CODE _____
 Pin Code _____ City _____

This is a 9 digit number next to your Cheque Number. Please attach an extra blank cancelled cheque or a clear photocopy of a cheque

7. INVESTMENT DETAILS [Please tick (✓)] (Refer Instruction No. 16)

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option.

S. No.	*Cheque / DD Favouring Scheme Name (refer Instruction 5)	Plan / Option	Sweep to (applicable only for Dividend option)	Amount Invested (Rs.)	DD Charges	Net Amount Paid (Rs.)	Payment Details		Type of Account #
							Cheque / DD No.	Bank and Branch	
1.			Scheme Name Plan / Option						
2.			Scheme Name Plan / Option						
3.			Scheme Name Plan / Option						
4.			Scheme Name Plan / Option						

(Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) *All purchases are subject to realization of cheque/DD

8. REDEMPTION / DIVIDEND REMITTANCE Please attach a copy of cancelled cheque Refer Instruction No.8 & 14

Electronic Payment Cheque Payment

It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/destination branch corresponding to the Bank details mentioned in Section 6.

If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically process as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

9. NOMINATION DETAILS (Refer Instruction No. 7) In case of multiple nominees - more than 1 up to 3 - fill a separate nomination form available in this booklet or on our website (www.birlasunlife.com)

I/We do hereby nominate the undermentioned Nominee to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee (upon such documentation) shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Nominee Name : _____ Address : _____
 Relationship : _____ Date of Birth (In Case of Minor) ____/____/____
 Guardian/parent Name (in case of minor): _____ Witness Name: _____
 Address _____
 I have attached the nomination details separately with this application form (Please tick if applicable)

Signature of Nominee or Parent / Guardian
 Signature of the Witness

10. DECLARATION(S) & SIGNATURE(S) (Refer Instruction No. 1)

To, The Trustee, Birla Sun Life Mutual Fund

Date:

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and 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 government 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.

For NRIs only: I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account. (Refer Inst. No. 6)
 I/We confirm that details provided by me/us are true and correct.
 **I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Birla Sun Life Asset Management Company Ltd. (Investment Manager of Birla Sun Life Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.birlasunlife.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.
 The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

First Applicant / Authorised Signatory
 Second Applicant
 Third Applicant

S. No.	Scheme Name	Plan / Option	Sweep to (applicable only for Dividend option)	Net Amount Paid (Rs.)	Payment Details	
					Cheque / DD No.	Bank and Branch
1.			Scheme Name Plan / Option			
2.			Scheme Name Plan / Option			
3.			Scheme Name Plan / Option			
4.			Scheme Name Plan / Option			