

# COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs/FPIs



**Birla Sun Life**  
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.)

| Distributor Name / ARN No. | Sub Broker Name / ARN No. | Sub Broker Code | Employee Unique ID. No. (EJIN) | Application No. |
|----------------------------|---------------------------|-----------------|--------------------------------|-----------------|
| <b>58603 - VRIDHI</b>      |                           |                 | <b>E026768</b>                 |                 |

EJIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9  
I/we hereby confirm that the EJIN box has been intentionally left blank my me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

|  |                  |                 |
|--|------------------|-----------------|
| First Applicant / Authorised Signatory | Second Applicant | Third Applicant |
|--|------------------|-----------------|

### TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction 1 (viii))

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

### EXISTING UNITHOLDER please fill in your Folio No., Name & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.)

Existing Folio No.

### 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (1 to 10) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii)

**NAME OF FIRST / SOLE APPLICANT** Mr. Ms. M/s.

**PAN / PEKRN (Mandatory)**  **Date of Birth\*\***           KYC

**AADHAR Card Number**

**NAME OF THE SECOND APPLICANT** Mr. Ms. M/s.

**PAN / PEKRN (Mandatory)**  **Date of Birth\*\***           KYC

**AADHAR Card Number**

**NAME OF THE THIRD APPLICANT** Mr. Ms. M/s.

**PAN / PEKRN (Mandatory)**  **Date of Birth\*\***           KYC

**AADHAR Card Number**

### NAME OF THE GUARDIAN (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.

**PAN / PEKRN (Mandatory)**  **Date of Birth\*\***           KYC

**AADHAR Card Number**

### RELATIONSHIP OF GUARDIAN (Refer Instruction No. 2(ii))

**ISD CODE**  **TEL: OFF.**

**TEL: RESI**

### Proof of the Relationship with Minor\*\* \*\* Mandatory in case the First / Sole Applicant is Minor

### TAX STATUS (Please tick (✓)) (Applicable for First / Sole Applicant)

Resident Individual  
  Fils  
  NRI - NRO  
  HUF  
  Club / Society  
  PIO  
  Body Corporate  
  Minor  
  Government Body  
 Trust  
  NRI - NRE  
  Bank & FI  
  Sole Proprietor  
  Partnership Firm  
  QFI  
  Others \_\_\_\_\_ (Please Specify)

### MODE OF HOLDING (Please tick (✓)) (Please Refer Instruction No. 2(v))

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

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

CITY

STATE

PIN CODE

### 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 567679 | Email: connect@birlasunlife.com

**Application No.**

Collection Centre /  
BSLAMC Stamp & Signature

Received from Mr. / Ms.  Date :  /  /

(Please tick (✓)) **ENCLOSED**  
  PAN/PEKRN Proof  
  KYC Complied  
  NECS Form  
  Yes  
  No

**2. GO GREEN** [Please tick (✓)] (Refer Instruction No. 10)

SMS Transact  Online Access **Mobile No.** +91 \_\_\_\_\_ / We would like to register for my/our SMS Transact and/ or Online Access

**Email Id** \_\_\_\_\_

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: [Please tick (✓)]  Account Statement  Annual Report  Other Statutory Information

**Facebook Id** \_\_\_\_\_

**Twitter Id** \_\_\_\_\_

**3. 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(A)

Name of the Bank \_\_\_\_\_

Branch Address \_\_\_\_\_

Pin Code \_\_\_\_\_

City \_\_\_\_\_

Account No. \_\_\_\_\_

Account Type [Please tick (✓)]  SAVINGS  CURRENT  NRE  NRO  FCNR  OTHERS (please specify) \_\_\_\_\_

11 Digit IFSC Code \_\_\_\_\_

9 Digit MICR Code \_\_\_\_\_

**4. INVESTMENT DETAILS** [Please tick (✓)] (Refer Instruction No. 5, 9 & 14) (If this section is left blank, only folio will be created)

Separate cheque/ demand draft must be issued for each investment drawn in favour of respective scheme name and the instrument should be crossed "A/c Payee Only".

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 (₹) | ^DD Charges | Net Amount Paid (₹) | Cheque/DD No./UTR No. (in case of NEFT/RTGS) | Bank and Branch and Account Number |
|--------|--|---------------|--|---------------------|-------------|---------------------|--|------------------------------------|
| 1.     | BSL  |               | Scheme Name                                    |                     |             |                     |  |                                    |
|        |  |               | Plan / Option                                  |                     |             |                     |  |                                    |

# (Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) \*All purchases are subject to realization of funds ^Refer to Instruction No. 5 (vi)

**KYC DETAILS (Mandatory)**

**OCCUPATION** [Please tick (✓)]

**FIRST APPLICANT**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Others ..... (please specify)

**SECOND APPLICANT**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Others ..... (please specify)

**THIRD APPLICANT**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Others ..... (please specify)

**GROSS ANNUAL INCOME** [Please tick (✓)]

**FIRST APPLICANT**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore

Net worth (Mandatory for Non - Individuals Rs. \_\_\_\_\_ as on DDMMYYYY [Not older than 1 year]

**SECOND APPLICANT**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore OR Net Worth \_\_\_\_\_

**THIRD APPLICANT**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore OR Net Worth \_\_\_\_\_

**For Individuals**

I am Politically Exposed Person  
 I am Related to Politically Exposed Person  
 Not Applicable

**For Non-Individual Investors (Companies, Trust, Partnership etc.)**

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company:  Yes  No (If No, please attach mandatory UBO Declaration)  
 Foreign Exchange / Money Charger Services  Yes  No  
 Gaming / Gambling / Lottery / Casino Services  Yes  No  
 Money Lending / Pawning  Yes  No



| S. No. | Scheme Name | Plan / Option | Net Amount Paid (₹) | Payment Details                              |                 |
|--------|-------------|---------------|---------------------|--|-----------------|
|        |             |               |                     | Cheque/DD No./UTR No. (in case of NEFT/RTGS) | Bank and Branch |
| 1.     | BSL         |               |                     |  |                 |



# SPECIAL PRODUCTS APPLICATION FORM

(STP / SWP)

STP

SWP



**Birla Sun Life**  
Mutual Fund

|   |  |   |   |
|---|--|---|---|
| <b>Investment Advisor's Name &amp; ARN</b><br>ARN-58603 | <b>Sub-Broker's Name &amp; ARN No.</b> | <b>Official Acceptance Point Stamp &amp; Sign</b> | <b>Employee Unique ID. No. (EUN)</b><br>E026768 |
|---|--|---|---|

EUN is mandatory for "Execution Only" transactions. Ref. Instruction No. B-7  
I/we hereby confirm that the EUN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

|  |                  |                 |
|--|------------------|-----------------|
| First Applicant / Authorised Signatory | Second Applicant | Third Applicant |
|--|------------------|-----------------|

Request for  Fresh Registration  Renewal

Application / Folio No. \_\_\_\_\_ Date DD MM YYYY

## 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. \_\_\_\_\_  
 NAME OF THE SECOND APPLICANT Mr. Ms. M/s. \_\_\_\_\_  
 NAME OF THE THIRD APPLICANT Mr. Ms. M/s. \_\_\_\_\_

| Applicant              | PAN* (Mandatory) | KYC Mandatory            | Date of birth** |
|------------------------|------------------|--------------------------|-----------------|
| Sole / First Applicant |                  | <input type="checkbox"/> | DD MM YYYY      |
| Second Applicant       |                  | <input type="checkbox"/> | DD MM YYYY      |
| Third Applicant        |                  | <input type="checkbox"/> | DD MM YYYY      |
| Guardian               |                  | <input type="checkbox"/> | DD MM YYYY      |

\*Ref. Instruction No. B-6 \*\*Mandatory in case the First / Sole applicant is a Minor

**NAME OF THE GUARDIAN (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)**  
 Mr. Ms. M/s. \_\_\_\_\_  
**RELATIONSHIP OF GUARDIAN** (Refer to Instruction No. B.10) \_\_\_\_\_

## 2. SYSTEMATIC WITHDRAWAL PLAN (SWP)

| SCHEME  | PLAN  | OPTION |
|---|---|--------|
| Withdrawal Option <input checked="" type="checkbox"/> Please tick (✓) <input type="checkbox"/> FIXED or <input type="checkbox"/> APPRECIATION WITHDRAWAL (Only on the 1st of every month)   | Amount (₹) (in figures)   |        |
| Total Amount of SWP (₹) (in figures)  | Fixed Withdrawal Frequency <input checked="" type="checkbox"/> Please tick (✓) <input type="checkbox"/> MONTHLY (minimum 6 months) or <input type="checkbox"/> QUARTERLY (minimum 4 quarters) |        |
| Dates (Only one date) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 28th | Withdrawal Period From DD MM YYYY To DD MM YYYY   |        |

## 3. SYSTEMATIC TRANSFER PLAN (STP) (Refer to Instruction No. D)

| FROM SCHEME (SOURCE)  | PLAN   | OPTION  |
|---|--|---|
| TO SCHEME (TARGET)  | PLAN   | OPTION  |
| Amount per Transfer (₹)   | Frequency <input checked="" type="checkbox"/> Please tick (✓) <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY (max 4 STP dates in a months) <input type="checkbox"/> QUARTERLY (Only one date) |   |
| Dates <input checked="" type="checkbox"/> Please tick (✓) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 28th | Transfer Period From DD MM YYYY To DD MM YYYY  |   |
| Total Amount of Transfer (₹)  | No. of Transfers   | For Daily STP minimum No. of transfers is 20<br>For Daily STP refer instruction D-9 iii |

For Weekly STP dates are (1,7,14,21 and 28th) of each month respectively. Refer instruction D6 for more information

## 4. DECLARATION AND SIGNATURES

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the scheme(s), I/We hereby apply to the Trustee of Birla Sun Life Mutual Fund for units of scheme(s) of Birla Sun Life Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the scheme (s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the scheme(s).  
 I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time.  
**For NRIs/FLs 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 Account/FCNR account/NRO/NRSR Account.  
 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.

|  |                                       |                                     |
|--|---------------------------------------|-------------------------------------|
| Signature(s)<br>Sole / Unit Holder / First Applicant | Second Unit Holder / Second Applicant | Third Unit Holder / Third Applicant |
|--|---------------------------------------|-------------------------------------|

(To be signed by All Applicants if mode of operation is Joint)

## ACKNOWLEDGEMENT SLIP (To be filled in by the investor) SPECIAL PRODUCTS APPLICATION FORM Application No.

**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 567679 | Email: connect@birlasunlife.com

Collection Centre / BSLAMC Stamp & Signature

Received from Mr. / Ms. \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

# SYSTEMATIC INVESTMENT APPLICATION FORM

SIP (WITH MICRO SIP) / CENTURY SIP



## INVESTMENT THROUGH NACH/ECS/NECS/RECS/AUTO DEBIT/PDC.

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. PLEASE ENSURE COMPLETION OF SECTION 4 IN CASE OF CENTURY SIP)

|  |                             |  |   |
|--|-----------------------------|--|---|
| Investment Advisor's Name & ARN<br><b>58603 - VRIDHI</b> | Sub-Broker's Name & ARN No. | Official Acceptance Point Stamp & Sign | Employee Unique ID. No. (EUIN)<br>E026768 |
|--|-----------------------------|--|---|

EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. G-3  
I/we hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

|  |                  |                 |
|--|------------------|-----------------|
| First Applicant / Authorised Signatory   | Second Applicant | Third Applicant |
| Request for <input type="checkbox"/> Registration of SIP <input type="checkbox"/> Registration of CSIP <input type="checkbox"/> Renewal of SIP <input type="checkbox"/> Change in Bank Details <input type="checkbox"/> Additional Micro SIP in same folio | Date             | D D M M Y Y Y Y |

**TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction G (9))**  
In case of subscriptions through SIPs, transaction charge of ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted and paid to your distributor if opted to receive the transaction charges. In such cases the transaction charge shall be recovered in 3-4 installments but only where total commitment (i.e. amount per SIP installment x No. of installments) amounts to ₹ 10,000/- or more. Units will be issued against the balance of the installment amounts invested.

Existing Investor Folio No. Application No. (New Folio will be Generated for CSIP)

### 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Mobile No. Email Id

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s.  
NAME OF THE SECOND APPLICANT Mr. Ms. M/s.  
NAME OF THE THIRD APPLICANT Mr. Ms. M/s.

| Applicant              | PAN* (Mandatory) | KYC Mandatory            | Date of birth** | Document Type* (Photo Id/ Address Proof) | Document No.* (Mandatory for Micro SIP, not for additional Micro SIP in same folio) |
|------------------------|------------------|--------------------------|-----------------|--|---|
| Sole / First Applicant |                  | <input type="checkbox"/> | D D M M Y Y Y Y |  |   |
| Second Applicant       |                  | <input type="checkbox"/> | D D M M Y Y Y Y |  |   |
| Third Applicant        |                  | <input type="checkbox"/> | D D M M Y Y Y Y |  |   |
| Guardian/POA Holder    |                  | <input type="checkbox"/> | D D M M Y Y Y Y |  |   |

Ref. Instruction No. G-2 \*For Micro SIP Only \*\* Mandatory in case the First/Sole Applicant is Minor

NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)  
Mr. Ms. M/s.

RELATIONSHIP OF GUARDIAN (Refer to Instruction No. E.24)

### 2. INVESTMENT DETAILS (PLEASE REFER INSTRUCTIONS D & F-1 FOR INFORMATION ON ELIGIBLE SCHEMES. ONLY ONE SCHEME PER APPLICATION FORM)

Separate cheque/ demand draft must be issued for each investment drawn in favour of respective scheme name and the instrument should be crossed "A/c Payee Only". 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 (Refer G-4) (applicable only for Dividend option) | Amount Invested (₹) | ^DD Charges | Net Amount Paid (₹) | Cheque/DD No./UTR No. (in case of NEFT/RTGS) | Bank and Branch and Account Number |
|--------|--|---------------|--|---------------------|-------------|---------------------|--|------------------------------------|
| 1.     | BSL  |               | Scheme Name<br>Plan / Option                               |                     |             |                     |  |                                    |

# (Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) \*All purchases are subject to realization of funds ^Refer to Instruction No. 5 (vi)

(Please tick (✓) any ONE of the below as your Installment amount OR enter the amount of your choice. In case of multiple entries, the highest amount will be chosen.)

Each Installment Amount (₹) ₹ 20,000/-  ₹ 10,000/-  ₹ 6,000/-  ₹ 3,000/-  Amount

### 3. DEBIT MANDATE - NACH/ECS/DIRECT DEBIT/ONE TIME MANDATE [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.

Date D D M M Y Y Y Y

(tick✓) UMRN

CREATE  MODIFY  CANCEL

Sponsor Bank Code Office use only Utility Code Office use only

I/We hereby authorize: **BIRLA SUN LIFE MUTUAL FUND** to debit (tick✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC OR MICR

an amount of Rupees ₹

FREQUENCY  Yearly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 Folio No: Mobile

Reference 2 AppIn No: Email:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

PERIOD From D D M M Y Y Y Y to 3 1 1 2 2 0 9 9 or  Until Cancelled

1. Sign ..... 2. Sign ..... Sign .....

Name as in bank records (mandatory) Name as in bank records (mandatory) Name as in bank records (mandatory)

\*This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Birla Sun Life Mutual Fund to debit my account. I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/ amendment request to Birla Sun Life Mutual Fund or the bank where I have authorised the debit. For Debit Mandate: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of NACH/ECS/NECS/AUTQ Debit Facility offered by Birla Sun Life Mutual Fund and as amended from time to time and of NACH/ECS (Debits)/Direct Debits/Standing Instructions. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV. This is to confirm that the declaration has been carefully read, understood and made by me/us. Authorization to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in Birla Sun Life Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of Birla Sun Life Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc. as applicable.

### ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NACH/ NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM Application No.

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 567679 | Email: connect@birlasunlife.com

Collection Centre / BSLAMC Stamp & Signature

Received from Mr. / Ms. Date : / /

|   |                     |  |  |  |                     |                              |  |
|---|---------------------|--|--|--|---------------------|------------------------------|--|
| First Installment through Cheque / DD. (MANDATORY FOR CSIP)   |                     | 1st Cheque / DD No.  |  | 1st Cheque Dated   |                     | D D / M M / Y Y Y Y          |  |
| Drawn on Bank   |                     | Amount (₹) (in figures)  |  |  |                     |                              |  |
| Branch  |                     | City   |  |  |                     |                              |  |
| For PDC   | Cheques dates From: | D D / M M / Y Y Y Y  |  | To   | D D / M M / Y Y Y Y |                              |  |
|   | Cheque No. From:    | To   |  |  |                     |                              |  |
| Investment Start Date   |                     | D D M M Y Y Y Y  |  | Investment Dates 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 28th <input type="checkbox"/> |                     |                              |  |
| Frequency <input type="checkbox"/> Monthly (max 4 debit dates) (Only one date for CSIP and Step Up SIP) <input type="checkbox"/> Weekly _____ (Please mention any day from Monday to Friday) (Default day is Wednesday) |                     | (Fast Forward SIP is only available for Monthly Frequency)                                       |  |  |                     |                              |  |
| At Birla Sun Life Mutual Fund, we provide YOU the flexibility to discontinue your SIP at ANYTIME. Call us at 1800-270-7000/1800-22-7000 or email us at connect@birlasunlife.com to know how.                            |                     | <input type="checkbox"/> Default End Date (31st December 2099)                                   |  | ^ SELECT YOUR SIP PERIOD   |                     | Refer Instruction E-11 & F-5 |  |
|   |                     | Till you instruct Birla Sun Life Mutual Fund to discontinue your SIP <input type="checkbox"/> OR |  | Enter SIP End Date   |                     | D D M M Y Y Y Y              |  |
|   |                     | CSIP Tenure (Insurance cover would be as per 1st installment): 55 years - Your Current Age       |  | _____ years = _____ years  |                     | Frequency: Monthly Only.     |  |

^ For Regular SIP - "Default end date is December 31, 2099. In case the 'End Date' is not mentioned by the investor in the Form, the same would be considered as 31st December, 2099 by default". For CSIP - refer instruction F5

STEP-UP SIP (OPTIONAL - and available only for SIP/CSIP Investments through NECS) (Refer Instruction E-25)

Amount (Default of ₹ 500/-) ₹ 500/-  ₹ 1,000/-  Amount (In multiples of ₹ 500/-) \_\_\_\_\_ STEP-UP SIP Frequency (Default Yearly) Half Yearly  Yearly

4. FOR CENTURY SIP (Please read detailed Terms & Conditions for availing CSIP) Mandatory

Date of Birth D D M M Y Y Y Y GENDER  MALE  FEMALE

**NOMINATION DETAILS** (Refer Instruction No. F-14) **Nomination as stated below, shall be considered and prevail over nomination details provided in Common Application Form.**

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 : \_\_\_\_\_ Date Of Birth (in case of minor): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship : \_\_\_\_\_ Guardian / Parent Name (in case of minor): \_\_\_\_\_

Address : \_\_\_\_\_

Signature of Nominee or Parent / Guardian

5. DEMAT ACCOUNT DETAILS (OPTIONAL) (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. E (27)

NSDL: Depository Participant Name: \_\_\_\_\_ DPID No.: I N \_\_\_\_\_ Beneficiary A/c No. \_\_\_\_\_

CDSL: Depository Participant Name: \_\_\_\_\_ Beneficiary A/c No. \_\_\_\_\_

6. DECLARATION(S) & SIGNATURE(S)

I/We hereby authorise Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NACH/ ECS/ NECS/ RECS/ Auto Debit/ PDC Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ ECS/ NECS/ RECS/ Auto Debit/ PDC Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ ECS/ NECS/ RECS/ Auto Debit/ PDC Clearing. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold BSLAMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. 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.

**For Century SIP:** I/We hereby opt for Birla Sun Life Century SIP and agree and confirm to have read, understood and accepted the Terms and Conditions of Century SIP and Insurance Cover. **For Micro SIP only:** I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year. I / we am / are aware and understand that if, at the time of availing the Micro SIP, I / we hold a valid Permanent Account Number (PAN) issued by the Income Tax Department of India, a KYC acknowledgment letter issued by CDSL Ventures Limited would have to be submitted by me / us to MF/AMC. Accordingly I / we understand and agree that I / we shall be responsible for the consequences of non-submission of the same, if any. (refer Instruction no: E-23)

|              |  |   |  |
|--------------|--|---|--|
| Signature(s) | Name of First Unit Holder (As in Bank Records) | Name of Second Unit Holder (As in Bank Records) | Name of Third Unit Holder (As in Bank Records) |
|              | First Applicant                                | Second Applicant                                | Third Applicant                                |

(To be signed by All Applicants if mode of operation is Joint)

H. INSTRUCTIONS FOR DEBIT MANDATE FORM NACH/ECS/DIRECT DEBIT

- Investors who have already submitted an NACH/ECS/NECS/RECS/AUTO DEBIT form or already registered for NACH/ECS/NECS/RECS/AUTO DEBIT facility should not submit NACH/ECS/NECS/RECS/AUTO DEBIT form again as NACH/ECS/NECS/RECS/AUTO DEBIT registration is a one-time process only for each bank account.
- Investors, who have not registered for NACH/ECS/NECS/RECS/AUTO DEBIT facility, may fill the NACH/ECS/NECS/RECS/AUTO DEBIT form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of NACH/ECS/NECS/RECS/AUTO DEBIT Facility, SIP registration through NACH/ ECS/ NECS/ RECS/AUTO DEBIT facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Birla Sun Life Mutual Fund.

|   |                                |           |
|---|--------------------------------|-----------|
| <b>Acknowledgement</b>  |                                | ISC Stamp |
| Investor Name: _____  | Folio No/Application No. _____ |           |
| <input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM |                                |           |

Website : www.birlasunlife.com | E-mail : connect@birlasunlife.com | Contact Centre : 1-800-270-7000/ 1-800-22-7000

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NACH/ NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Sweep To:- Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Amount (₹) \_\_\_\_\_

- Request for**
- Renewal of SIP
  - Registration of SIP
  - Registration of CSIP
  - Change in Bank Details
  - Additional Micro SIP in same folio





**Birla Sun Life**  
Mutual Fund

# FATCA & CRS

## Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

### Applicant / Guardian

|  |   |                         |                                     |                |                                     |          |                                     |                   |  |  |  |  |  |  |  |  |  |                 |         |          |        |  |  |  |  |  |  |  |
|--|---|-------------------------|-------------------------------------|----------------|-------------------------------------|----------|-------------------------------------|-------------------|--|--|--|--|--|--|--|--|--|-----------------|---------|----------|--------|--|--|--|--|--|--|--|
| Name   |   |                         |                                     |                |                                     |          |                                     |                   |  |  |  |  |  |  |  |  |  |                 |         |          |        |  |  |  |  |  |  |  |
| Gender   | M   | F                       | O                                   |                | PAN                                 |          |                                     |                   |  |  |  |  |  |  |  |  |  | Occupation Type | Service | Business | Others |  |  |  |  |  |  |  |
| Father's Name  |   |                         |                                     |                |                                     |          |                                     |                   |  |  |  |  |  |  |  |  |  |                 |         |          |        |  |  |  |  |  |  |  |
| Cust ID / Folio No.  |   |                         |                                     |                |                                     |          |                                     |                   |  |  |  |  |  |  |  |  |  |                 |         |          |        |  |  |  |  |  |  |  |
| Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes |   |                         |                                     |                |                                     |          |                                     |                   |  |  |  |  |  |  |  |  |  |                 |         |          |        |  |  |  |  |  |  |  |
| Type of address given at KRA   | <input checked="" type="checkbox"/>   | Residential or Business | <input checked="" type="checkbox"/> | Residential    | <input checked="" type="checkbox"/> | Business | <input checked="" type="checkbox"/> | Registered Office |  |  |  |  |  |  |  |  |  |                 |         |          |        |  |  |  |  |  |  |  |
| Permissible documents are  | <input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others |                         |                                     |                |                                     |          |                                     |                   |  |  |  |  |  |  |  |  |  |                 |         |          |        |  |  |  |  |  |  |  |
| Date of Birth  |   |                         |                                     | Place of Birth |                                     |          |                                     |                   |  |  |  |  |  |  |  |  |  |                 |         |          |        |  |  |  |  |  |  |  |
| Country of Birth   |   |                         |                                     |                |                                     |          |                                     |                   |  |  |  |  |  |  |  |  |  |                 |         |          |        |  |  |  |  |  |  |  |
| Nationality  |   |                         |                                     |                |                                     |          |                                     |                   |  |  |  |  |  |  |  |  |  |                 |         |          |        |  |  |  |  |  |  |  |
| Are you a tax resident of any country other than India?  |   |                         |                                     | Yes            | <input checked="" type="checkbox"/> | No       | <input checked="" type="checkbox"/> |                   |  |  |  |  |  |  |  |  |  |                 |         |          |        |  |  |  |  |  |  |  |

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

| Country <sup>#</sup> | Tax Identification Number <sup>*</sup> | Identification Type<br>(TIN or Other, please specify) |
|----------------------|--|---|
|                      |  |   |
|                      |  |   |
|                      |  |   |
|                      |  |   |

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>\*</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent <sup>§</sup>

### Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

**Signatures**

**Applicant / Guardian**

**Date**

**Place**

### FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Incometax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.