COMMON APPLICATION FORM For Resident Indians and NRIs/Fils



(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

	ARN-107355 /E145228		
Ref. Instruction No. 9 ARN Declaration - Upfront commission shall be paid directly by	by the investor to the AMFI registered Distributors based on the inv	vestors assessment of various factors including the service	rendered by the distributor.
EXISTING UNIT HOLDER INFORMATION	Please fill in your Folio No. & Name and then proceed to Section 7) App	plicable details and mode of holding will be as per the existing F	olio No.
Folio No.			
UNIT HOLDER INFORMATION (Refer Instruction No	o. 2,3,4) Fresh / New Investors fill in all the blocks. (2 to 10)		
NAME OF FIRST / SOLE APPLICANT Mr. Ms. Ws.			Date of Birth D D M M Y Y
FIRST APPLICANT PAN No.		☐ Proof Encl	osed? Y/N
STATUS (Please tick from following)			
☐ Resident Individual ☐ FIIs ☐ N	NRI - NRO 🔲 HUF 🔲 Club / Society	☐ PIO ☐ Body Corporate ☐ Mino	r Government Body
☐ Trust ☐ NRI - NRE ☐ Ban	k & FI Sole Proprietor Partners	ship Firm Others	(Please Specify)
OCCUPATION (Please tick from following)			
☐ Professional ☐ Housewife ☐ I	Business ☐ Service ☐ Retired ☐ S	Student Others (Please Specify)	
MODE OF HOLDING [Ple ase tick (~)]			
☐ Joint ☐ Single ☐	Anyone or Survivor (Default option is Anyone or survivor)		
MAILING ADDRESS OF FIRST / SOLE APPLICA	NT (PO.Box Address is not sufficient. Please provide full address.) (Indian Address in case of NRIs/FIIs)	
CITY	STATE		PIN CODE
Overseas Address (For NRIs/FIIs) (For NRI/FII ap			FINCODE
		CI	TY
STATE	COUNTRY		PIN CODE
ISD CODE	MOBILE		Please ensure that you your phone number an address correctly. Here's Keep an eye on your life.
	portfolio through our website - www.birlasunlife.com) Yes	No [Please tick (✓)]	We will send you
ONLINE ACCESS** (this enables you to access your investment)			
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E-MAIL (Refer Instruction No. 10)			updates on your inve arly Bird advantage: You'll be the first
	p. 10) via E-mail instead of Physical mode		updates on your inve arly Bird advantage: You'll be the first to new products • Go green: Stay free of pap
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**	K ACCOUNT DETAILS (Please note tha	k as per aesi neguatons	it is mandatory for investors to provide	their bank account de	ams) reder much	ICTOR NO. 3		
10000000	e of the Bank							
170000	ch Address							
	On the Control of the	CURRENT IN	RE □NRO □FCNR □OT	HERS			(plus specify)	
Acco	ount No.						MICR CODI	E number next to your Cheque Number. Please attach an ex
IFSC C	CODE							e oraclearphotocopy of acheque
Pin	Code	City						
INVE	STMENT DETAILS [Please tick (~)] (Refer Instruction No. 15)						
	ate cheque / demand draft must be issu		nt, drawn in favour of respectiv	e scheme name. I	Please write	appropriate sche	me name as well as	the Plan / Option / Sub Option.
S.	*Cheque / DD Favouring	Diss / Onting	Sweep to	Amount	DD	Net Amount		Payment Details
No.	Scheme Name (refer Instruction 5)	Plan / Option	(applicable only for Dividend option)	Invested (Rs.)	Charges	Paid (Rs.)	Cheque / DD No.	Bank and Branch and Account Num
1.			Scheme Name Plan / Option					
2.			Scharne Name					
۷.			Plan / Option					
3.			Scheme Name Plan / Option	<u> </u>		<u> </u>		
4.			Scheme Name				100	
	oe of Account : Saving / Current / NRE / N	INO/FCNR/NRSR)	*All purchases are subject to n	ealization of cheor	ie/DD			
33.70	no nontre secon n w	200 8 50	AC TOTAL TOTAL		7.			
	EMPTION / DIVIDEND REMITTAN							
		o. 1) in case of multiple i	nominees - more than 1 up to 3 - fill	a separate nomination	n form available	e in this booklet or or	our website (www.birla	sunite.com)
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2. 3. 4.

REQUEST FOR ONLINE ACCOUNT ACCESS



Birla Sun Life Asset Management Company Limited Customer Service Group One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound	841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013	
	ount over the internet. I/We give below the Ten Digit Folio Number und	Jer which I/we hold the investments
Ten Digit Folio Number	Ten Digit Folio Number	
Ten Digit Folio Number	Ten Digit Folio Number	
Ten Digit Folio Number	Ten Digit Folio Number	
I/We have read and understood the terms and conditions, and agree Thanking you,	to abide by the same.	
Yours faithfully, First Account Holder	Second Account Holder	Third Account Holder

FORM FOR NOMINATION / CANCELLATION OF NOMINATION (to be filled by individual(s) applying singly or jointly)

Kindly sign as per the mode of holding. If mode of holding is "Joint" all unitholders should sign (Refer instruction No. 2 (v) on page No. 7)



Birla Sun Life Mutuai Fund, One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013

do hereby nominate the person more particularly described hereunder/and/cancel the nomination (*) made by me/us on the

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.

(* strike out which is not applicable)

Name and Address of Nominee

To be furnished in case Nominee is a Minor (strike out if not applicable)

Name & Address of the Nominee (s)	Nominee's relationship with the unitholder	Date of Birth (in case nominee is minor)	Percentage (%)* of Allocation (*should not be in decimals)	Name & Address of the Guardian (in case nominee is minor)	Signature of Guardian (in case nominee is minor)
1.					
2.					
3.					

Unit holder (s): Witness (es) - could be the same for all unit holders: Name & Address Signature 3. 3.

- TERMS & CONDITIONS

 Unit holder can nominate (in the manner prescribed under the SEBI Regulations), maximum upto 3 person(s) in whom the Units held by him/her shall vest in the event of his/her death. It shall be mandatory to indicate clearly the percentage of allocation/ share in favour of each of the nominees against their name and such allocation / share should be in whole numbers without any decimals making a total of 100 percent. In the event of the Unithoiders not indicating the percentage of allocation / share for each of the nominees, the AMCs, by invoking default option shall settle the claim equally amongstall the nominees.

 The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly in favour of one or more persons. Non-individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. If the units are relead jointly, all joint hotders will sign the nomination for form.

 A minor can be nominated and in that event, the name and address of the guardian of the minor nominee shall be provided by the unit holder. The Applicant is a divised that, in case of Single Holding, the Guardian to a Minor Nominee should be a person other than the Applicant.

 Nomination can also be in favour of the Central Government. State Covernment. In the address of the guardian to a Minor Nominee should be a person other than the Applicant.

- than the Appricant.

 Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of these offices or a religious or charitable trust.

 Nomination can also be in favour of the Central Government, a local authority, any person designated by virtue of these offices or a religious or charitable trust.

 Nomination in respect of the units stands rescinded upon the transfer of units.

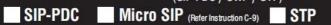
 Transfer of units in favour of a Nominee shall be valid discharge by the Asset Management Company against the legal heix.

- viii) The cancellation of nomination can be made only by those individuals who hold units on their own behalf singly or jointly and who made the original nomination.

 ix) On cancellation of the nomination, the nomination shall stand rescinded and the Asset Management Company shall not be under any obligation to transfer the units in favour of the Nominee.

SPECIAL PRODUCTS APPLICATION FORM

(SIP-PDC / SWP / STP)







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AME OF THE GUARDIAN ^	Mr.	Ms. M/s														
(in case of First / Sole Applicant is	a Minor)	CONT	ACT PE	RSON -			n case of	non-indiv	dual Inve	stors)						
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Third Applicant									ß Y							
Guardian							D D	M	A Y	YYY				i i		
Ref. Instruction No. B-6 & C-9	^ For	Micro SIF	only													
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SIP APPLICATION FORM

(to be filled & submitted with Common Application Form)





(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM) SIP THROUGH NECS / AUTO DEBIT FACILITY Registration Cum Mandate Form for NECS (Debit Clearing) (Please attach cancelled cheque copy) Date D D ARN-107355 /E-145228 Requestfor Registration of SIP Ref. Instruction No. D-21 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. Renewal of SIP Change in Bank Details Existing Investor Folio No. New Application No. Additional Micro SIP in same folio 1. APPLICANT INFORMATION (MANDATORY) NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. NAME OF THE SECOND APPLICANT Mr. Ms. Ms. Ms. NAME OF THE THIRD APPLICANT Mr. Ms. M/s. NAME OF THE GUARDIAN ^ Mr Ms M/s. (in case of First / Sole Applicant is a Minor) / CONTACT PERSON – DESIGNATION (in case of non-individual Investors) Document Type ^ Photo Id/ Address Pro PAN* (Mandatory) Document No. ^
(Mandatory for Micro SIP, not for additional Micro SIP in same folio) Sole / First Applicant Second Applicant Third Applicant Guardian Ref. Instruction No. D-20 ^ For Micro SIP only 2. SYSTEMATIC INVESTMENT PLAN (SIP) SCHEME PLAN OPTION SWEEP TO (Ref. Instruction D-22) PLAN / OPTION First Installment has to be through Cheque / DD. 1st SIP Cheque / DD No. 1st Cheque Dated Drawn on Bank Amount (Rs.) (in figures) [Please tick (/)] Default End Date (Ref. Instruction D-11) SIP End Date Frequency MONTHLY (max 4 SIP dates in a months) QUARTERLY (Only one date) Each SIP Amount (Rs.) Ref. Instruction No. D-24 3. NECS DEBIT BANK ACCOUNT DETAILS (MANDATORY) Name of 1st Applicant as in Bank Records Name of Bank Branch Pin Code Account No. Account Type [Please tick (✓)] ☐ SAVINGS ☐ CURRENT ☐ OTHERS_ (please specify) MICR CODE We hereby authorise Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NECS Debit Clearing for collection of SIP payments. We understand that the information provided by merkis may be shared with third parties for facilitating transaction processing for the auth debit process or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are cornect and complete and express my/our willingness to make payments referred above through participation in NECS. If the transaction is delayed or not effected at all for reasons or longities or incornect information, I/We will not hold SEJ. Add.PMF 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 overlead.

The ARN holder has disclosed to meius 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 Micro SP only: I have by declare that I do not have any existing Micro SP's 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 Rs. 50.000 in a year.

I we am / are aware and und astrand that it, at the time of availing the Micro SPP I when before SPP is when the Micro SPP I when the Micro (To be signed by All Applicants if mode of operation is Joint in SIP Application Form) Authorisation of the Bank Account Holder: This is to inform that IWe have registered for RBI's National Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Birla Sun Life Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this NECS mandate Form to get it verified & executed. Mandate verification charges if any, may be charged to my/our account Bank Account Number Name & Signature(s) (As in Bank Records) (To be signed by All Applicants if mode of operation is Joint) (As in Bank Records) Signature verified & Debit mandate received Yes No Authorisation of Branch Manager & Date ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SIP THROUGH NECS 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 Collection Centre Birla Sun Life BSLAMC Stamp & Signature

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Received from Mr. / Ms.