

# COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs



**Birla Sun Life**  
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Application No.

ARN-107355 /E145228

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  FIIs  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/FIIs)

CITY STATE PIN CODE

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

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, Ephinstone Road, Mumbai 400 013

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

Received from Mr. / Ms.

Date : / /

[Please tick (✓)] ENCLOSED  PAN Proof  KYC Complied  ECS Facility  Yes  No

Application No.

Collection Centre /  
BSLAMC Stamp & Signature

**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 \_\_\_\_\_  
 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 cheques

**7. INVESTMENT DETAILS** [Please tick (✓)] (Refer Instruction No. 19)

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	
							Cheque / DD No.	Bank and Branch and Account Number
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  
 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.

Cheque Payment

If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed 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: DD MM YY YY  
 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 Non-Individual Investors:** I/We hereby confirm that the object clause of the constitution document of the entity (viz MOA / AOA / Trust Deed, etc.), allows us to apply for investment in this scheme of Birla Sun Life Mutual fund and the application is being made within the limits for the same. I/We are complying with all requirements / conditions of the entity while applying for the investments and I/We, including the entity, if the case may arise so, hereby agree to indemnify BSLAMC / BSLMF in case of any dispute regarding the eligibility, validity and authorization of the entity and/or the applicants who have applied on behalf of the entity.  
**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	
			Scheme Name	Plan / Option		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			

# REQUEST FOR ONLINE ACCOUNT ACCESS

(For Existing Investors)



**Birla Sun Life**  
Mutual Fund

To

**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

I/We request you to provide me/us the facility to access my/our account over the internet. I/We give below the Ten Digit Folio Number under which I/we hold the investments

Ten Digit Folio Number	<input type="text"/>	Ten Digit Folio Number	<input type="text"/>
Ten Digit Folio Number	<input type="text"/>	Ten Digit Folio Number	<input type="text"/>
Ten Digit Folio Number	<input type="text"/>	Ten Digit Folio Number	<input type="text"/>

I/We have read and understood the terms and conditions, and agree to abide by the same.

Thanking you,

Yours faithfully,

First Account Holder	Second Account Holder	Third Account Holder
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**Note:**  
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)

# FORM FOR NOMINATION / CANCELLATION OF NOMINATION

(to be filled by individual(s) applying singly or jointly)



**Birla Sun Life**  
Mutual Fund

To,

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

I/We \_\_\_\_\_ and \_\_\_\_\_ 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 <small>(in case nominee is minor)</small>	Percentage (%)* of Allocation <small>(*should not be in decimals)</small>	Name & Address of the Guardian <small>(in case nominee is minor)</small>	Signature of Guardian <small>(in case nominee is minor)</small>
1.					
2.					
3.					

**Unit holder (s):**

Name	Signature
1.	
2.	
3.	

**Witness (es) - could be the same for all unit holders:**

Name & Address	Signature
1.	
2.	
3.	

**TERMS & CONDITIONS**

- i) 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 Unitholders not indicating the percentage of allocation / share for each of the nominees, the AMCs, by invoking default option shall settle the claim equally amongst all the nominees.
- ii) 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 held jointly, all joint holders will sign the nomination form.
- iii) 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 advised that, in case of Single Holding, the Guardian to a Minor Nominee should be a person other than the Applicant.
- iv) 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.
- v) The Nominee shall not be a trust, society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a Nominee subject to the exchange controls in force, from time to time.
- vi) Nomination in respect of the units stands rescinded upon the transfer of units.
- vii) Transfer of units in favour of a Nominee shall be valid discharge by the Asset Management Company against the legal heir.
- 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)

SIP-PDC  Micro SIP (Refer Instruction C-9)  STP  SWP



**Birla Sun Life**  
Mutual Fund

ARN-107355 /E-145228

Sub-Broker's Name & ARN

Stamp & Sign

Official Acceptance Point

Ref. Instruction No. B-7

ARN Declaration - Upront 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.

Application / Folio No.

Date

Request for

- Fresh Registration  
 Renewal  
 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. M/s.

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)

Applicant	PAN* (Mandatory)	KYC Complied	Date of birth	Document Type ^ Photo ID/ Address Proof	Document No. ^ (Mandatory for Micro SIP; not for additional Micro SP in same folio)
Sole / First Applicant		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Second Applicant		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Third Applicant		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Guardian		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

\*Ref. Instruction No. B-6 & C-9

^ For Micro SIP only

## 2. SYSTEMATIC INVESTMENT PLAN (SIP) - POST DATED CHEQUES (PDC)

SCHEME	PLAN	OPTION
SWEEP TO (Ref. Instruction C-8)	SCHEME	PLAN / OPTION
Investment Amount (Rs.) (in figures)	Investment Period (in months) From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Commencement Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Dates [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	
Drawn on Bank <input type="text"/>	Branch <input type="text"/>	
Cheque Dates From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cheque Nos. From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Type [Please tick (✓)] <input type="checkbox"/> SAVNGS <input type="checkbox"/> CURRENT <input type="checkbox"/> OTHERS (please specify) <input type="text"/>	Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY (max 4 SIP dates in a months) <input type="checkbox"/> QUARTERLY (Only one date)	
Account Number <input type="text"/>		

## 3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME	PLAN	OPTION
Withdrawal Option [Please tick (✓)] <input type="checkbox"/> FIXED or <input type="checkbox"/> APPRECIATION WITHDRAWAL (Only on the 1st of every month)	Amount (Rs.) (in figures) <input type="text"/>	
Total Amount of SWP (Rs.) (in figures) <input type="text"/>	Fixed Withdrawal Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY (minimum 8 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 4. SYSTEMATIC TRANSFER PLAN (STP)

[Please tick (✓)] <input type="checkbox"/> SYSTEMATIC TRANSFER PLAN (STP)		
FROM SCHEME	PLAN	OPTION
TO SCHEME	PLAN	OPTION
Amount per Transfer (Rs.) <input type="text"/>	Transfer Period From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Dates [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	Frequency [Please tick (✓)] <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY (max 4 STP dates in a months) <input type="checkbox"/> QUARTERLY (Only one date)	
Total Amount of Transfer (Rs.) <input type="text"/>	No. of Transfers <input type="text"/>	

## 5. 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/FCIs 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/NRNR 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.

**For Micro SIP only:** I/We 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 Rs. 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 C-9)

Signature(s)

Sole / Unit Holder / First Applicant

Second Unit Holder / Second Applicant

Second 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 56161 | Email: connect@birlasunlife.com

Collection Centre /  
BSLAMC Stamp & Signature

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

# SIP APPLICATION FORM

(to be filled & submitted with Common Application Form)

SIP

Micro SIP (Refer Instruction D-25)



**Birla Sun Life**  
Mutual Fund

(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)

ARN-107355 /E-145228	Sub-Broker's Name & ARN	Stamp & Sign	Date	D D M M Y Y Y Y
Ref. Instruction No. D-21		Official Acceptance Point		
ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.				
Existing Investor Folio No.	New Application No.			

- Request for**
- Registration of SIP
  - Renewal of SIP
  - Change in Bank Details
  - 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. M/s.
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)

Applicant	PAN* (Mandatory)	KYC Completed	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		<input type="checkbox"/>	D D M M Y Y Y Y		

Ref. Instruction No. D-20 ^ For Micro SIP only

### 2. SYSTEMATIC INVESTMENT PLAN (SIP)

SCHEME	PLAN	OPTION
SWEEP TO (Ref. Instruction D-22)	SCHEME	PLAN / OPTION
First Installment has to be through Cheque / DD. 1st SIP Cheque / DD No.	1st Cheque Dated	D D / M M / Y Y Y Y
Drawn on Bank	Amount (Rs.) (in figures)	
SIP Start Date	[Please tick (✓)] <input type="checkbox"/> Default End Date (Ref. Instruction D-11)	<input type="checkbox"/> SIP End Date
SIP Date [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	Frequency	<input type="checkbox"/> MONTHLY (max 4 SIP dates in a months) <input type="checkbox"/> 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
City	Pin Code
Account Type [Please tick (✓)] <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> OTHERS (please specify)	MICR CODE

I/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. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing for the auto debit process 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 NECS. 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 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 Rs. 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. D-25)

Signature(s)	Sole / Unit Holder / First Applicant	Second Unit Holder / Second Applicant	Third Unit Holder / Third Applicant
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(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 I/We 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 of First Account Holder	Name of Second Account Holder
First Account Holder	Second Account Holder
Name of Third Account Holder	Third Account Holder

(To be signed by All Applicants if mode of operation is Joint) (As in Bank Records)

Signature verified & Debit mandate received <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorisation of Branch Manager & Date
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### 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

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

Collection Centre / BSLAMC Stamp & Signature

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