

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.

Dist ARN-7671 No.	Sub Broker Name / No.	Collection Centre
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TE06857

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.

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 and then proceed to Section 5 (Applicable details and Mode of holding will be as per the 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)

Mobile No.	Existing Folio 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 Complied	Date of Birth**							
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

** Mandatory in case the First / Sole Applicant is 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 Instruction No. 2(ii))
ISD CODE TEL: OFF. S T D TEL: RESI S T D

STATUS (Please tick (✓))
<input type="checkbox"/> Resident Individual <input type="checkbox"/> FIIs <input type="checkbox"/> NRI - NRO <input type="checkbox"/> HUF <input type="checkbox"/> Club / Society <input type="checkbox"/> PIO <input type="checkbox"/> Body Corporate <input type="checkbox"/> Minor <input type="checkbox"/> Government Body
<input type="checkbox"/> Trust <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Bank & FI <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Others (Please Specify)

OCCUPATION (Please tick (✓))
<input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Others (Please Specify)

MODE OF HOLDING (Please tick (✓)) (Please Refer Instruction No. 2(v))
<input type="checkbox"/> Joint <input type="checkbox"/> Single <input type="checkbox"/> 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
Overseas Address (For NRIs/FIIs) (For NRI / FII application in addition to mailing address above)
STATE COUNTRY CITY PIN CODE

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

I/We wish to receive the following document(s) via E-mail instead of Physical mode <input type="checkbox"/> Account Statement <input type="checkbox"/> Annual Report <input type="checkbox"/> Other Statutory Information
ONLINE ACCESS** (this enables you to access your investment portfolio through our website - www.birlasunlife.com) <input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick (✓))

3. Documents Submitted (Please tick (✓)) (Refer Instruction No. 2 (iv))

<input type="checkbox"/> Board / Committee Resolution / Authority Letter <input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Trust Deed <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Bye-laws <input type="checkbox"/> Overseas Auditor's certificate
<input type="checkbox"/> List of Authorised Signatories with names, designations & specimen signature <input type="checkbox"/> Third Party Declaration (Refer Instruction no. 5)

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.

TE06857

Collection Centre /
BSLAMC Stamp & Signature

Received from Mr. / Ms. _____ Date : ____/____/____

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

4. 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)

First Account Holders Name (as appearing in Bank Records) _____

Name of the Bank _____

Branch Address _____

Pin Code _____ City _____

Account Type (Please tick (✓) || SAVINGS CURRENT NRE NRO FCNR OTHERS (please specify) _____

Account No. _____ MICR CODE _____

IFSC CODE _____ (This is an 11 Digit no. available in Cheque copy) 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

5. INVESTMENT DETAILS (Please tick (✓) ||) (Refer Instruction No. 5 & 14)

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 (₹)	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					
2.	BSL		Scheme Name Plan / Option					
3.	BSL		Scheme Name Plan / Option					
4.	BSL		Scheme Name Plan / Option					

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

6. 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. 3(B)

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

CDSL: Depository Participant Name: _____ Beneficiary A/c No. _____

7. REDEMPTION / DIVIDEND REMITTANCE (Please attach a copy of cancelled cheque Refer Instruction No.8 & 13)

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 4.

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.

8. 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.
- I/We hereby DO NOT wish to nominate (ONLY sign in the box alongside, if you do not wish to nominate)

➔ _____
Signature of First / Sole Applicant

Nominee Name : _____ Address : _____

Relationship : _____ Date of Birth(In Case of Minor) ____/____/____

Guardian/parent Name (in case of minor): _____ Witness Name: _____

Signature of Nominee or Parent / Guardian

Signature of the Witness

Address _____

I have attached the nomination details separately with this application form (Please tick if applicable)

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

To,
The Trustee,
Birla Sun Life Mutual Fund

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.

Date: DD MM YY YY

First Applicant / Authorised Signatory

Second Applicant

Third Applicant

S. No.	Scheme Name	Plan / Option	Sweep to (applicable only for Dividend option)	Net Amount Paid (₹)	Payment Details	
					Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.	BSL		Scheme Name Plan / Option			
2.	BSL		Scheme Name Plan / Option			
3.	BSL		Scheme Name Plan / Option			
4.	BSL		Scheme Name Plan / Option			