## **COMMON APPLICATION FORM**

Mutual Fund

[Please tick (/)] ENCLOSED PAN Proof KYC Complied

Received from Mr. / Ms.



(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM) Application No. **TE07723** DiARN-60528 Ref. Instruction No. 9 ARN Declaration - Upfront commission shall be paid directly by the investor to the AMF1 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. KYC Complied Applicant Date of Birth\*\* PAN (Mandatory) Sole / First Applicant Second Applicant Third Applicant Guardian/POA Holder \*\* 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) RELATIONSHIP OF GUARDIAN (Refer Instruction No. 2(ii)) ISD CODE TEL: OFF. TEL: RESI STATUS [Please tick ( 🗸 )] Resident Individual ■ NRI - NRO ☐ HUF ☐ Club / Society ☐ PIO Body Corporate ■ Minor Government Body ☐ NRI - NRE ☐ Bank & FI Sole Proprietor Partnership Firm Trust Others OCCUPATION [Please tick ( 🗸 )] Professional Housewife Business Service Retired Student Others MODE OF HOLDING (Please tick ( 🗸 )) (Please Refer Instruction No. 2(v)) 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/Fils CITY STATE PIN CODE Overseas Address (For NRIs/FIIs) (For NRI / FII application in addition to mailing address above CITY STATE COUNTRY 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 Annual Report Account Statement Other Statutory Information  $\label{eq:composition} \textbf{ONLINE ACCESS}^{**} \ \ (\text{this enables you to access your investment portfolio through our website - www.birlasunlife.com})$ Yes No [Please tick ( / )] 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 ☐ Third Party Declaration (Refer Instruction no. 5) ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) **COMMON APPLICATION FORM** Application No. Birla Sun Life Asset Management Company Limited **TE07723** One India Bulls Centre , Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013 Birla Sun Life

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

NECS Form Yes No

Date :

Collection Centre / BSLAMC Stamp & Signature

BAN	K ACCOUNT DETAILS (Please note	that as per SEBI Regula	tions it is mandatory for investo	rs to provide their	bank accou	unt details) Refer	Instruction No. 3(A)	
First (as a	: Account Holders Name ppearing in Bank Records)							
Nam	e of the Bank							
Bran	nch Address							
Pin C	Code	City						
Acco	ount Type (Please tick (✓)) SAVINGS	□ CURRENT □ NR	E □NRO □FCNR □OTH	IFRS				
	ount No.			.2.10			MICR CODE	
			( This is an 11 Digit no. available i	n Ohamus assu)			This is a 9 digit n	number next to your Cheque Number. Please attach an extra b
IF5U	CODE		( This is an TT bight no. available i	ii Grieque copy)			cancelled chequ	e or a clear photocopy of a cheque
INVI	ESTMENT DETAILS   Please tick ( 🗸 )]	(Refer Instruction No. 5 & 14)						
ı.	rate cheque / demand draft must be issu	ued for each investment	, drawn in favour of respective s	cheme name. Plea	se write ap	propriate schem		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
			Scheme Name		<b>-</b>	1 202 (17		
1.	BSL		Plan / Option					
2.	BSL		Scheme Name					
			Plan / Option Scheme Name					
3.	BSL		Plan / Option					
4.	BSL		Scheme Name					
		DO (FOND (NDOD) +AU	Plan / Option	. (1 /00				
	e of Account : Saving / Current / NRE / N	,		•				
DEN	IAT ACCOUNT DETAILS (OPTION)	AL) (Please ensure that t	he sequence of names as mention	ned in the application	n form ma	tches with that of	the A/c. held with the	depository participant.) Refer Instruction No. 3
NS	DL: Depository Participant Name	e:	DF	PID No.: I N			Beneficiary A/	c No.
				D	:-:			
CDS	SL: Depository Participant Name	9:		Benet	iciary A/c	C NO.		
RFD	EMPTION / DIVIDEND REMITTAN	CF (Please attach a conv of car	ncelled cheaue Refer Instruction No. 8 & 13)					
-		(i loado atazon a copy or car	iconod choque heler med detective. et 10/		7			
	Electronic Payment				Chequ	e Payment		
	the responsibility of the Investor to ensu out at recipient/destination branch corres			nic				
MIC	R and IFSC code for Redemption/Dividend	Payout is available all pay	outs will be automatically process	ed as Electronic Pay	out-RTGS/N	NEFT/Direct Credit	/NECS.	
uo.	AINATION DETAILS (Refer Instruction N	No. 7) In case of multiple pen	ningge mare than 1 up to 2 fill a co	anarata namination form	a available in	this backlet or on a	uur uushoita (uuusu hirlaguuli	fa com)
omin	nee Name :						Address :	Signature of First / Sole Applicant
lelati	onship :		Date of	f Birth(In Case of M	inor)			
iuard	ian/parent Name (in case of minor):		Witness I	Name:				Signature of Nominee or Parent / Guardian
ddres	ss							Signature of Northinee of Parent / Guardian
	ave attached the nomination details sepa	arately with this application	on form (Please tick if applicable)					Signature of the Witness
DEC	LARATION(S) & SIGNATURE(S)	(Refer Instruction No. 1)						
To,	Frustee.							Date D D M M Y Y Y
	Sun Life Mutual Fund							
	ng read and understood the contents of the S agree to abide by the terms, conditions, rule				,			
sourc	ces only and does not involve and is not des ne Tax Act, Anti Money Laundering Laws, Ar	signed for the purpose of th	e contravention of any Act, Rules, R	Regulations, Notificati	ons or Direc	ctions of the provisi	ions of the	
the d	etails of the scheme & I/we have not receive	d nor have been induced by	any rebate or gifts, directly or indire	ctly in making this inv	estment.			First Applicant / Authorised Signatory
	lon-Individual Investors: I/We hereby confir stment in this scheme of Birla Sun Life Mutua							That Applicant / Authoriacu dignatory
of the	e entity while applying for the investments a	and I/We, including the ent	tity, if the case may arise so, hereby	y agree to indemnify				
	rding the eligibility, validity and authorizatior I <b>RIs only:</b> I/We confirm that I am/we are Non				d through a	pproved banking c	hannels or	
	funds in my/our Non-Resident External /Nor confirm that details provided by me/us are tr	-	account. (Refer Inst. No. 6)					Second Applicant
**I ha	ave voluntarily subscribed to the on-line ac	cess for transacting throu						
pa	anager of Birla Sun Life Mutual Fund) and rticularly mentioned on the website www.b	oirlasunlife.com and hereby	, undertake to be bound by the sam	e. I further undertake	to discharg	ge the obligations o		
	d shall not at any time deny or repudiate the ARN holder has disclosed to me/us all the cor				-		of various	Third Applicant
	al Funds from amongst which the Scheme is				J	pourig dollerilles	5. Fairoud	
wiutu							<b>-</b> <del>×</del>	
- -	Scheme Name	Plan / Ontion	Swee	p to		Net Amount		Payment Details
s.	Scheme Name	Plan / Option	Swee (applicable only for			Net Amount Paid (₹)	Cheque/DD No./UTR	No. Bank and Branch
S.		Plan / Option	(applicable only for	Dividend option)				No. Bank and Branch
S. lo.	BSL	Plan / Option	(applicable only for	Dividend option) Plan / Optio			Cheque/DD No./UTR	No. Bank and Branch
S. No.		Plan / Option	(applicable only for	Dividend option)			Cheque/DD No./UTR	No. Bank and Branch
S. No. 1.	BSL	Plan / Option	(applicable only for	Dividend option) Plan / Optio	n		Cheque/DD No./UTR	No. Bank and Branch