



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

<input type="checkbox"/> SMS Transact	<input type="checkbox"/> Online Access	<b>Mobile No.</b>	+91					I/ We would like to register for my/our SMS Transact and/ or Online Access
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Email Id
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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
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**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)

[illegible][illegible][illegible][illegible]

Account Type **Please tick (✓) !!** ☐ SAVINGS ☐ CURRENT ☐ NRE ☐ NRO ☐ FCNR ☐ OTHERS (please specify)

[illegible]

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

Seperate 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

[illegible]

# (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 (✓))

<b>FIRST APPLICANT</b>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife
	<input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others ..... (please specify)

<b>SECOND APPLICANT</b>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife
	<input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others ..... (please specify)

<b>THIRD APPLICANT</b>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife
	<input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> 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  [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 \_\_\_\_\_

<b>THIRD APPLICANT</b>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____

For Individuals	For Non-Individual Investors (Companies, Trust, Partnership etc.)
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<input type="checkbox"/> I am Politically Exposed Person	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> I am Related to Politically Exposed Person	Foreign Exchange / Money Charger Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Not Applicable	Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Money Lending / Pawning	<input type="checkbox"/> Yes	<input type="checkbox"/> 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				

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. 3(B)

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

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

Enclosed: ☐ Client Master ☐ Transaction/ Statement Copy/ DIS Copy

6. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 7)

☐ I/We wish to nominate ☐ I/We DO NOT wish to nominate and sign here ..... 1st Applicant Signature (Mandatory)

	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1			100%	

To register multiple nominee please fill separate Multiple nomination Form.

7. FATCA & CRS INFORMATION [Please tick (✓)] For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separte FATCA detail form

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Name of Applicant			
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.

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

To,  
The Trustee,  
Birla Sun Life Mutual Fund

Date DDMMYY

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.

**FATCA & CRS Declaration:** I/ We have understood the information requirements of this Form (read along with 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 and hereby accept the same. (Refer Inst. No. 14)

Signature of First Applicant / Authorised Signatory

Signature of Second Applicant

Signature of Third Applicant

## SIP (WITH MICRO SIP)

## (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN No.	Official Acceptance Point Stamp & Sign	Employee Unique ID. No. (EUIN)
ARN-35547			E048533

I/we hereby confirm that the EUIN 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
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Request for ☐ Registration of SIP ☐ Registration of CSIP ☐ Renewal of SIP ☐ Change in Bank Details ☐ Additional Micro SIP in same folio ☐ OTM Registration Date D D M M Y Y Y Y

**TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY** (Refer Instruction D (8))

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.

[illegible]

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

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

## 2. INVESTMENT DETAILS (Refer Instruction C5 & C8)

SR. No.	Scheme Name	Plan/ Option	1 <sup>st</sup> Investment Amount	SIP/CSIP Installment Amount	Frequency	SIP Date
1.	BSL				Monthly <input type="checkbox"/> (max 4 debit dates) (Only one date for CSIP/Step UP SIP) (Fast Forward SIP is only available for Monthly Frequency) (CSIP frequency-Monthly only)	<div>             1 <input type="checkbox"/>             7* <input type="checkbox"/> </div> <div>             10 <input type="checkbox"/>             15 <input type="checkbox"/> </div> <div>             20 <input type="checkbox"/>             28 <input type="checkbox"/> </div> (*Default Date)
2.	BSL				OR	
3.	BSL				Weekly <input type="checkbox"/> _____ (Please mention any day from Monday to Friday) (Default day is Wednesday)	
Cheque Date: DDMMYYYY		Cheque number:	Cheque Amount:		Drawn on Bank and Branch:	

^ 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".

CSIP/SIP Start Date:	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	For CSIP End Date:	60 years - Your Current Age	<div> <div></div> <div></div> </div>	years =	<div> <div></div> <div></div> </div>	years	OR	<input type="checkbox"/>	Till Further Instruction (Refer Instruction E5)
		For SIP End Date:	<input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 31/12/99 <input type="checkbox"/> Others	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	(Please specify)					

☐ STEP-UP SIP (OPTIONAL - and available only for SIP/CSIP Investments through NACH) (Refer Instruction C-21)

Amount (Default of ₹ 500/-)	<input type="text" value="₹ 500/-"/>	<input type="text" value="₹ 1,000/-"/>	Amount (In multiples of ₹ 500/-)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
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STEP-UP SIP Frequency (Default Yearly)    Half Yearly     Yearly

<input type="checkbox"/> Use existing One Time Mandate			
Bank name		A/c No	

(To be filled in case of more than one OTM registration)

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

(tick✓) <input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL		UMRN																Date					
																		DDMMYY					
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		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented																DEBIT TYPE		<input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount			
Reference 1		Folio No:										Mobile											
Reference 2		Appln 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 

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to 

3	1
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1	2
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2	0	9	9
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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)

**Declaration:** 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 based on the instructions as agreed and signed by me. I have understood that I am authorised 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.

**ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)**

## SYSTEMATIC INVESTMENT THROUGH NACH/ AUTO DEBIT 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](mailto:connect@birlasunlife.com)

Collection Centre /  
BSLAMC Stamp & Signature

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

**4. FOR CENTURY SIP** (Please read detailed Terms & Conditions for availing CSIP)Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 GENDER ☐ MALE ☐ FEMALE**NOMINATION DETAILS** (Refer Instruction No. E-14)

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

**Note:** Nomination as stated above, shall be considered and prevail over nomination details provided in Common Application form or registered in the folio. In case Nominee details are not provided the single/sole nominee detail, if available in the Common Application Form (CAF) or in the registered folio would be considered as a nominee for insurance. Multiple nominees if available in CAF or folio would be considered for the purpose of insurance in case nomination details are not provided. (For complete details refer to terms & conditions – Century SIP point 14). Birla Sun Life AMC would intimate the above nomination to Birla Sun Life Insurance for the purpose of insurance cover.

**5. 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/ 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/ 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/ 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. (refer Instruction no: C-19).

Signature(s)	Name of First Unit Holder	Name of Second Unit Holder	Name of Third Unit Holder
	First Applicant	Second Applicant	Third Applicant

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

**INSTRUCTIONS FOR ONE TIME MANDATE FORM**

- Investors who have already submitted an NACH/AUTO DEBIT form or already registered for NACH/AUTO DEBIT facility should not submit NACH/AUTO DEBIT form again as NACH/AUTO DEBIT registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for NACH/AUTO DEBIT facility, may fill the NACH/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/AUTO DEBIT Facility, SIP registration through NACH/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.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format
- Please mention the amount in figures and words.
- Please fill all the required details in the Debit Mandate Form for NACH/Auto Debit. The sole/first holder must be one of the holders in the bank account.
- The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
- The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.

**Acknowledgement**

Investor Name: \_\_\_\_\_

Folio No/Application No. \_\_\_\_\_

ISC Stamp

☐ DEBIT MANDATE FORM ☐ 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/ AUTO DEBIT FACILITY APPLICATION FORM**

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

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

Amount (₹) \_\_\_\_\_

**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 |                                               |
| <input type="checkbox"/> OTM Registration                   |                                               |