## COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs/FPIs



(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.) Employee Unique ID. No. (EUIN) Distributor Name / ARN No. Sub Broker Name / ARN No. Sub Broker Code Application No. E048533 ARN-35547 EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

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 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 & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.) 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) NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. PAN / PEKRN (Mandatory) ☐ KYC Date of Birth\* **AADHAR Card Number** NAME OF THE SECOND APPLICANT Mr Ms M/s ☐ KYC PAN / PEKRN (Mandatory) Date of Birth\* **AADHAR Card Number** NAME OF THE THIRD APPLICANT Mr. Ms. M/s. PAN / PEKRN (Mandatory) Date of Birth\*\* ☐ KYC **AADHAR Card Number** 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. PAN / PEKRN (Mandatory) ☐ KYC Date of Birth\* **AADHAR Card Number** RELATIONSHIP OF GUARDIAN (Refer Instruction No. 2(ii)) ISD CODE TEL: OFF TEL: RESI \*\* Mandatory in case the First / Sole Applicant is Minor Proof of the Relationship with Minor\*\* TAX STATUS [Please tick ( / )] (Applicable for First / Sole Applicant) Resident Individual ☐ NRI - NRO HUF Club / Society ☐ PIO Body Corporate Minor Government Body FIIs Sole Proprietor Trust NRI - NRE Bank & FI Partnership Firm QFI Others Single MODE OF HOLDING [Please tick ( 🗸 )] (Please Refer Instruction No. 2(v)) ☐ Joint 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 ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) **COMMON APPLICATION FORM** Application No. Birla Sun Life Asset Management Company Limited Collection Centre / One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013 Birla Sun Life BSLAMC Stamp & Signature Mutual Fund Toll Free : 1-800-270-7000/ 1-800-22-7000 | sms 'GAIN' to 567679 | Email: connect@birlasunlife.com Received from Mr. / Ms. Date: [Please tick ( / )] ENCLOSED PAN/PEKRN Proof KYC Complied NECS Form Yes No

Email Id												
Default Communication	mode is E-mail (	only, if you w	ish to recei	ve follow	ring doc	ument(s) via į	physical mode: ¡	Please tick ( 🗸 ))	☐ Account S	Statement  Annua	I Report	Other Statutory I
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5. DEMAT	ACCOUNT DETAILS (OPTIO	ONAL) (Please ensure that the	sequence of names as me	entioned in the application form matche	s with tha	t of the A/c. held wit	th the deposi	tory participa	ant.) Refer	Instructi	ion No.	3(B)
NSDL:	Depository Participant Na	me:		DPID No.: I N		Beneficia	ry A/c No.					
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Enclos	ed:  Client Master	Transaction/ Statement Co	ppy/ DIS Copy									_
6. NOMINA	ATION DETAILS (Mandatory	<b>y)</b> (Refer Instruction No. 7)										
☐ I/We	wish to nominate   I/We	DO NOT wish to nominate ar	ıd sign here			1st Applican	nt Signature	(Mandatory	)			
		Nominee Name and Address	:	Guardian Name (in case of M	inor)	Allocation %	N	Nominee/ G	uardian S	Signatur	e	_
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	gister multiple nominee please											
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If Yes	, please provide the followin	g information [mandatory]	•	_								
Pleas	e indicate all countries in wh	nich you are resident for tax	c purposes and the as:	sociated Tax Reference Numbers	below.							
Cate	egory	First Applicant (in	cluding Minor)	Second Applicant/	Guardiaı	n		Third Ap	plicant			
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#To	also include USA, where th	ne individual is a citizen/	green card holder of	USA. ^In case Tax Identificati	ion Num	ber is not availa	ble, kindly	provide i	ts functi	onal ed	uivale	nt
8. DECLAR	RATION(S) & SIGNATURE(S)	(Refer Instruction No. 1)										
Having recondition contrave governm For Non-Mutual fit case may For NRIs External. I/We com **! have confirm obound by consequing The ARN Scheme FATCA 8	n Life Mutual Fund ead and understood the contents, rules and regulations governition of any Act, Rules, Regulatent of India from time to time. In Individual Investors: I/We herebund and the application is being yarise so, hereby agree to indentonly: I/We confirm that I am/w. Non-Resident Ordinary /FCNR afirm that details provided by me, voluntarily subscribed to the onof having read, understood and y the same. I further undertake ences thereof. holder has disclosed to me/us a is being recommended to me/us a texts.	ing the scheme. I/We hereby ditions, Notifications or Directio We have understood the details by confirm that the object claus made within the limits for the snifty BSLAMC / BSLMF in case e are Non Residents of Indian account. (Refer Inst. No. 6) / us are true and correct.  -line access for transacting the agree to abide the terms and to discharge the obligations cull the commissions (in the forn standards).	eclare that the amount im ns of the provisions of the so of the scheme & I/we ha the of the constitution doct ame. I/We are complying of any dispute regarding Nationality/Origin and the ough the internet facility conditions for availing of ast on me and shall not a on of trail commission or a uirements of this Form (n	e Information Document of the Scher vested in the scheme is through legitine Income Tax Act, Anti Money Laund ve not received nor have been induce ument of the entity (viz. MOA / AOA / Tig with all requirements / conditions of the eligibility, validity and authorizational live have remitted funds from about the provided by Birla Sun Life Asset Man of the internet facility more particular at any time deny or repudiate the onny other mode), payable to him for the ead along with FATCA & CRS Instructic CRS Terms and Conditions and herebothers.	mate sour dering Lav d by any r rust Deed the entity on of the e oad throu agement y mentior line trans e different	rces only and does rws, Anti Corruption ws, Anti Corruption beta er gifts, direct , etc.), allows us to while applying for t entity and/or the app gh approved banki Company Ltd. (Invened on the website actions effected by competing Scheme hereby confirm that	not involve ar Laws or an't tly or indirec apply for invi- the investme olicants who ng channels astment Man www.birlass r me and I sh es of various t the informa	nd is not des y other applitly in makin estment in t ents and I/W have applie or from fun aager of Birl unlife.com a nall be solely	gree to at signed for- licable lav g this inve his schem e, includir d on beha ids in my/ a Sun Life and hereb y liable for ids from a	bide by the purp was enact estment. The end Birlang the enalf of the enalf of the ename and the enam	ose of ti ted by ti la Sun Li ntity, if ti entity. -Reside Fund) at take to costs at	the the life the ent life nd the
	Signature of First Applicant / A	uthorised Signatory	Si	gnature of Second Applicant			Signature	of Third Appl	icant			

## MULTI SCHEME SIP/CSIP FACILITY APPLICATION FORM



	SIP (WITH N	(IICRO SIP)										lutual Fund	
INVESTMENT THROUGH NACH/A		-l!- N 0 AD	M M -	Offic	ial Assau	tonos	Daint Ct	9 C	lan	`		CTIONS BEFORE FILLIN	
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ARN-35547											E0485	33	
EUIN is mandatory for "Execution Only" transactions. Ref. Inst l/we hereby confirm that the EUIN box has been intentionally let in-appropriateness, if any, provided by the employee/relationship i	t blank my me/us as this	s transaction is executed the distributor/sub broker.	without any interact	on or advic	e by the emp	loyee/re	lationship ma	ınager/sales	person of	the above dis	tributor/sub b	proker or notwithstand	ing the advic
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First Applicant / Authorised Signat	onv		Second A	nnlicant						Th	ird Applica	nt	
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Request for Registration of SIP Registration		_	ge in Bank Details			o SIP ir	same folio	отм	/I Registr	ation Date	ט ט	MMY	YY
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FIRST / SOLE APPLICANT INFORMATION (M/ Name of First / Sole applicant   Mr. Ms. N													
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<b>Declaration:</b> This is to confirm that the dec	laration has been	carefully read, un	derstood & m	ade by r	me/us. I a	m aut	horizing E	Birla Sun	Life M	utual Fund	I to debit	my account ba	sed on th
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OWLEDGEMENT SLIP (To be filled in by the Investor	)	SYSTEMATIC INVE	STMENT THRO	UGH NAC	CH/ AUTO	DEBIT	FACILITY.	APPLICAT	TION FO	RM _		Application No.	
	IA SUN LII Idia Bulls Centre . Tow	e Asset M	_			-	•				(	Collection Centre /	



 $\label{total formula} \mbox{Toll Free}: 1-800-270-7000/\ 1-800-22-7000 \ \ | \ \ \mbox{sms `GAIN' to 567679} \ \ | \ \ \mbox{Email: connect@birlasunlife.com}$ 

Received from Mr. / Ms. \_ Date :\_ BSLAMC Stamp & Signature

Date of Birth D D M M	Y Y Y GENDER	MALE FEMALE	
NOMINATION DETAILS (Refer Ins			
	nentioned Nominee to receive the units n) shall be a valid discharge by the AMC		/ We also understand that all payments and settlements made to  Date Of Birth (in case of minor): / /
	0 - 5 - (5 - 18		Date of birth (in case of million).
Relationship :Address :	Guardian / Parent Name (in d	case of minor):	Signature of Nominee or Parent / Guardian
single/sole nominee detail, if availab considered for the purpose of insura	ole in the Common Application Form (Ca	nomination details provided in Common Application form or n AF) or in the registered folio would be considered as a nominee at provided. (For complete details refer to terms & conditions –	for insurance. Multiple nominees if available in CAF or folio wo
DECLARATION(S) & SIGNA	TURE(S)		
that the information provided by n requirements. I/We hereby declare PDC Clearing. If the transaction is responsible. I/We will also inform, have read and agreed to the terms different competing Schemes of va For Century SIP: I/We hereby opt from Micro SIP only: I hereby declared to the terms of the ter	ne/us may be shared with third partie: that the particulars given above are coldelayed or not effected at all for reaso about any changes in my bank accoun and conditions mentioned overleaf. The brious Mutual Funds from amongst whice or Birla Sun Life Century SIP and agree:	vice provider to debit the above bank account by NACH/ Auto Is for facilitating transaction processing through NACH/ Auto Is for facilitating transaction processing through NACH/ Auto Is orrect and complete and express my/our willingness to make points of incomplete or incorrect information, I/We will not hold But immediately. I/We undertake to keep sufficient funds in the full ARN holder has disclosed to me/us all the commissions (in the chithe Scheme is being recommended to me/us.  and confirm to have read, understood and accepted the Terms acro SIPs which together with the current application in rolling 1: C-19).	Debit /PDC Clearing or for compliance with any legal or regul ayments referred above through participation in NACH/ Auto I SLAMC/MF or their appointed service providers or represents ding account on the date of execution of standing instruction. form of trail commission or any other mode), payable to him found Conditions of Century SIP and Insurance Cover.
Name of Firs	st Unit Holder	Name of Second Unit Holder	Name of Third Unit Holder
Signature (s)  First A	pplicant	Second Applicant	Third Applicant
		(To be signed by All Applicants if mode of operation is Joint)	
— — — — —			
	INSTRUC	CTIONS FOR ONE TIME MANDATE FORM	
Investors who have already sub DEBIT registration is a one-time Investors, who have not registe Mobile Number and Email Id: U mandate form differs from the thereafter, sent to the updated n Unit holder(s) need to provide a bank account verification letter verification. Investors are deemed to have re Document, Statement of Additifund. Date and the validity of the mann Please mention the amount in filease fill all the required details The UMRN, the Sponsor Bank C	INSTRUCE  Demitted an NACH/AUTO DEBIT form of a process only for each bank accountered for NACH/AUTO DEBIT facility, monit holder(s) should mandatorily proones as already existing in the folion mobile number and email id. along with the mandate form an origin for registration of the mandate failing ead and understood the terms and conal Information, Key Information Modate should be mentioned in DD/MM igures and words.  So in the Debit Mandate Form for NACH Code and the Utility Code are meant for the process of	or already registered for NACH/AUTO DEBIT facility should t. However, if such investors wish to add a new bank accountary fill the NACH/AUTO DEBIT form and submit duly signed wide their mobile number and email id on the mandate form o, the details provided on the mandate will be updated in the inial cancelled cheque (or a copy) with name and accounting which registration may not be accepted. The Unit holder onditions of NACH/AUTO DEBIT Facility, SIP registration the lemorandum, Instructions and Addenda issued from time to accept the investors.	not submit NACH/AUTO DEBIT form again as NACH/AUTO at towards OTM facility may fill the form. with their name mentioned.  Nere the mobile number and email id mentioned on the felio. All future communication whatsoever would be number pre-printed of the bank account to be registered of (s) cheque/ bank account details are subject to third party rough NACH/AUTO DEBIT facility, the Scheme Information of the respective Scheme(s) of Birla Sun Life Mutuals in the bank account.
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Additional Micro SIP in same folio
OTM Registration

Amount (₹) \_