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. 120166 185708 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 Trust NRI - NRE Bank & FI Sole Proprietor 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 PIN CODE STATE 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

mail ld													
Default Communication	node is E-mail	only, if you w	ish to recei	ive follow	ing doc	ument(s) via p	ohysical mode: [[lease tick (🗸)]	Account :	Statement Annua	I Report	Other Statutory In	
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	S.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details				
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	1.	BSL							
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5. DEMAT ACCOUNT DETAIL	S (OPTIONAL) (Please ensure that the	sequence of names as mer	ntioned in the application form matches	with that	of the A/c. held with	h the deposit	tory participa	nt.) Refer I	Instruction	on No. 3(B)		
NSDL: Depository Partic	ipant Name:		DPID No.: I N		Beneficiar	y A/c No.						
cdsl: Depository Partic	ipant Name:		Beneficiary A/c No.									
Enclosed: ☐ Client Maste	er 🗆 Transaction/ Statement C	opy/ DIS Copy										
6. NOMINATION DETAILS (M	andatory) (Refer Instruction No. 7)											
I/We wish to nominate	☐ I/We DO NOT wish to nominate an	nd sign here	n here									
	Nominee Name and Address	3	Guardian Name (in case of Min	or)	Allocation %	Allocation % Nominee/ Guardian Signature						
Nominee 1					100%							
To register multiple nomin	ee please fill separate Multiple nomin	ation Form.										
7. FATCA & CRS INFORMAT	ION [Please tick (✓)] For Individual	s & HUF (Mandatory) N	lon Individual investors should n	nandato	orily fill seperate	FATCA d	etail form					
Address Type: Resid	required for all applicant(s)/ guardiential or Business Residential ian's Country of Birth / Citizenship of Birth is country of Birth in Citizenship of Birth in Citizenship is following information [mandatory] ries in which you are resident for tax	□ Business □ Regis	lency other than India? 🔲 Yes	i	m/existing addre	ss appearii	ng in Folio)					
Category	First Applicant (in	cluding Minor)	Second Applicant/ G	uardian			Third Ap	plicant				
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Identification Type [TIN or other, please s	specify]											
	where the individual is a citizen/	green card holder of l	JSA. ^In case Tax Identificatio	n Numl	oer is not availal	ble, kindly	provide it	s functio	onal eq	uivalent		
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 ter 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 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 government of India from time to time. Whe have understood the details of the scheme & I/We have not received nor have been induced by any rebate or giffs, 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 Multual 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, in case may arises so, hereby agree to indemnify BSLAMO/ SISLIMF in case of any dispute regarding the eligibility, validity and authorization of the entity and/or										ose of the ed by the a Sun Life tity, if the entity. Resident Fund) and ake to be costs and which the		
Signature of First A	pplicant / Authorised Signatory	Sig	nature of Second Applicant			Signature	of Third Applic	cant				