

COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs



Birla Sun Life
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Distributor Name / ARN No.	Sub Broker Name / No.	Collection Centre
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Application No.

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.

1. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 8) Applicable details and mode of holding will be as per the existing Folio No.

Folio No.

2. UNIT HOLDER INFORMATION (Refer Instruction No. 2) Fresh / New Investors fill in all the blocks. (2 to 12)

NAME OF FIRST / SOLE APPLICANT

Mandatory

Mr. Ms. M/s.

Date of Birth

D	D	M	M	Y	Y	Y	Y
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NAME OF SECOND APPLICANT

Mr. Ms. M/s.

MODE OF HOLDING [Please tick (✓)]

<input type="checkbox"/> Joint	<input type="checkbox"/> Single
<input type="checkbox"/> Anyone or Survivor (Default option is Anyone or survivor)	

NAME OF THIRD APPLICANT

Mr. Ms. M/s.

NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.

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
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CONTACT DETAILS OF FIRST / SOLE APPLICANT / CONTACT PERSON - DESIGNATION (In case of Non-individual Investors)

ISD CODE	TEL: OFF.	S	T	D	MOBILE
TEL: RESI	S	T	D		
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 (✓)]					
E-MAIL (Refer Instruction No. 10)					



Important Note:

Please ensure that you enter your phone number and email address correctly. Here's why:

- **Keep an eye on your money:** We will send you regular updates on your investment status
- **Early Bird advantage:** You'll be the first to know about our new products
- **Go green:** Stay free of paperwork

Overseas Address (For NRIs/FIIs) (For NRI / FII application in addition to mailing address above)

CITY	STATE	PIN CODE
COUNTRY		PIN CODE

3. MANDATORY [Please tick (✓)] (Refer Instruction No. 2, 3 & 4) (NOT APPLICABLE FOR MICRO SIP)

APPLICANT DETAILS	PAN *Please attach proof	Know Your Client (KYC)	STATUS
FIRST APPLICANT	<input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	<input type="checkbox"/> Resident Individual <input type="checkbox"/> HUF <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Others _____
SECOND APPLICANT	<input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	<input type="checkbox"/> Fils <input type="checkbox"/> Club / Society <input type="checkbox"/> Minor <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Partnership Firm (Please Specify)
THIRD APPLICANT	<input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	<input type="checkbox"/> NRI - NRO <input type="checkbox"/> PIO <input type="checkbox"/> Government Body <input type="checkbox"/> Bank & FI
GUARDIAN / POA HOLDER	<input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	

4. OCCUPATION [Please tick (✓)]

Professional
 Housewife
 Business
 Service
 Retired
 Student
 Others (Please Specify) _____

5. COMMUNICATION [Please tick (✓)] (Refer Instruction No. 10)

I/We wish to receive the following document(s) via E-mail instead of Physical mode
 Account Statement
 Annual Report
 Other Statutory Information

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

COMMON 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 : 1800-270-7000 | sms 'GAIN' to 56161 | Email: connect@birlasunlife.com

Collection Centre /
AMC Stamp & Signature

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

[Please tick (✓)] ENCLOSED PAN Proof KYC Complied ECS Facility Yes No

6. 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

7. 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

Name of the Bank _____
 Branch Address _____
 City _____ Pin Code _____ Account No. _____
 Account Type [Please tick (✓)] SAVINGS CURRENT NRE NRO FCNR OTHERS (please specify) _____ MICR CODE _____
 IFSC CODE / RTGS CODE _____ 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

8. INVESTMENT DETAILS [Please tick (✓)] (Refer Instruction No. 16)

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 (Rs.)	DD Charges	Net Amount Paid (Rs.)	Payment Details		Type of Account #
							Cheque / DD No.	Bank and Branch	
1.			Scheme Name Plan / Option						
2.			Scheme Name Plan / Option						
3.			Scheme Name Plan / Option						
4.			Scheme Name Plan / Option						

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

9. REDEMPTION / DIVIDEND REMITTANCE Please attach a copy of cancelled cheque Refer Instruction No. 8 & 14

<p align="center">DIRECT CREDIT AVAILABLE IN BANK ACCOUNT</p> <p>Unitholders having bank account with ABN AMRO Bank, Citi Bank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, Standard Chartered Bank, Axis Bank, Kotak Mahindra Bank, Yes Bank, State Bank of India & Punjab National Bank will receive their Redemption / Dividend Payments (if any) directly into their bank account. In case Unitholders wish to receive a cheque (instead of a direct credit into their bank account), please indicate the preference below: I/We want to receive the redemption and dividend proceeds (if any) by way of a cheque. [Please tick (✓)] <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">REAL TIME GROSS SETTLEMENT (RTGS) (FOR REDEMPTIONS ONLY)</p> <p>I/We request you to activate Real Time Gross Settlement (RTGS) facility for my folio and remit the redemption proceeds through RTGS (Refer Instruction No. 14) [Please tick (✓)] <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill the IFSC Code) IFSC CODE _____ It is the responsibility of the Investor to ensure the correctness of the IFSC code of the recipient / destination branch corresponding to the Bank details mentioned in Section 7.</p>
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ELECTRONIC CLEARING SERVICE (ECS) (FOR DIVIDENDS ONLY)

I authorise Birla Sun Life Mutual Fund to credit my dividend payments through ECS [Please tick (✓)] Yes No

10. 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.

Nominee Name : _____ Date Of Birth (in case of minor): ____ / ____ / ____

Relationship : _____ Guardian / Parent Name (in case of minor): _____

Address : _____

Witness Name: _____ Address : _____

Signature of Nominee or Parent / Guardian

Signature of the Witness

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

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

To, The Trustee, Birla Sun Life Mutual Fund

Date

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 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.

Signature First Applicant / Authorised Signatory	Signature Second Applicant	Signature Third Applicant
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S. No.	Scheme Name	Plan / Option	Sweep to (applicable only for Dividend option)	Net Amount Paid (Rs.)	Payment Details	
					Cheque / DD No.	Bank and Branch
1.			Scheme Name Plan / Option			
2.			Scheme Name Plan / Option			
3.			Scheme Name Plan / Option			
4.			Scheme Name Plan / Option			