MUTUAL FUNDS Aditya Birla Sun Life Mutual Fund



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 black letters)

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Aditya Birla Sun Life AMC Limited
(Formerly known as Birla Sun Life Asset Management Company Limited)
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013
+91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: U65991MH1994PLC080811

Contact Us: 1800-270-7000

adityabirlacapital.com



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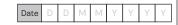
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Sole/First Applicant				Foreign Exchange	/ Money C	harger Services						Yes	
Second Applicant				Gaming / Gamblir	ng / Lotten	/ Casino Service	es					Yes	
Third Applicant				Money Lending /	Pawning							Yes	
DEMAT ACCOUNT DETAILS	(OPTIONAL)	(Please ensure th	hat the sequence o	f names as mentioned in	the applicatio	n form matches with	that of the A/c.	held with the	depository part	icipant.) Refer	Instruction I	No. 3(B)	
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NOMINATION DETAILS (M	andatory) (Re	fer Instruction No	o. 7)										
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•	DECLADATION(S) & SIGNATURE(S)	/Defer Instruction

To,

The Trustee,

Aditya Birla Sun Life AMC Ltd.



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 Aditya Birla Sun Life AMC Ltd. 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 ABSLAMC / ABSLMF 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.**

n No. 1)

I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Aditya Birla Sun Life AMC Ltd. (Investment Manager of Aditya 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.adityabir-lacapital.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.

"I / We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."

I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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	
		•	

CONFIRMATION CLAUSE

1/ we nereby give consent to the Company or its Authorized Agents and third party service providers to use information/ data provided by me to contact me through any channel o
communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies o
their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services
I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with
any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company. 🔲 Yes 🔲 No

VALUE ADD

 $I/We \ am/are \ interested \ in \ knowing \ my/our \ credit \ score \ and \ am/are \ happy \ to \ receive \ help \ in \ this \ regard.$

I / We hereby provide my consent to :-

- 1. Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct check on my/our credit information with any of the credit bureau.
- 2. Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct a background check either by their employees or through any third party vendor. Yes

MUTUAL FUNDS Aditya Birla Sun Life Mutual Fund



Multi Scheme SIP/CSIP Facility Application Form SIP (WITH MICRO SIP)

Investment through NACH/AUTO DEBIT (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.) Sub Broker Name & ARN/ RIA No. Employee Unique ID. No. (EUIN) Distributor N / RIA No. **Sub Broker Code** ARN-154960 ARN -EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. D-3 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 Registration of SIP Registration of CSIP Change in Bank Details Additional Micro SIP in same folio Date D D M M Y Y Y 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 Investor Folio No. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) Mr. Ms. M/s. NAME OF FIRST / SOLE APPLICANT INVESTMENT DETAILS (Refer Instruction C5 & C8) SIP/CSIP Installment Frequency SIP Date SR. No. Scheme Name Plan/ Option 1" Investment Amount Amount Monthly 🗌 7* 1. ABSL (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) 10 15 20 28 2. ABSL (*Default Date) Weekly 3. ABSL (Please mention any day from Monday to Friday) (Default day is Wednesday) Cheque Amount: Drawn on Bank and Branch: 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' ^For Regular SIF 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. UMRN (tick√) ☑ CREATE Sponsor Bank Code Utility Code Office use only ADITYA BIRLA SUN LIFE MUTUAL FUND to debit (tick√) SB / CA / CC / SB-NRE / SB-NRO / Other I/We hereby authorize: ▼ CANCEL Bank A/c No.: With **IFSC** OR MICE Bank Name & Branch Bank: an amount of Rupees Quarterly Half Yearly Yearly FREOUENCY ☐ Monthly As & when presented DEBIT TYPE ☐ Fixed Amount ☑ Maximum Amount Reference 1 Folio No: Mobile Reference 2 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 or 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 Aditya 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 $the \, cancel lation/amendment \, request \, to \, A dity a \, Birla \, Sun \, Life \, Mutual \, Fund \, or \, the \, bank \, where \, l \, have \, authorised \, the \, debit.$ SYSTEMATIC INVESTMENT THROUGH NACH/ AUTO DEBIT FACILITY APPLICATION FORM Acknowledgement Slip (To be filled in by the Investor) Collection Centre / Application No. ABSLAMC Stamp & Signature Received from Mr. / Ms. Date :_

Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund) (Formerly known as Birla Sun Life Asset Management Company Limited)
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound,

841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013 +91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: U65991MH1994PLC080811

Contact Us: 1800-270-7000

adityabirlacapital.com



STEPLEY SP (or note).	NVESTMENT DETAILS (Refer Instruction C5 & C8	3) (Contd)						
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Website: www.birlasunlife.com E-mail: connect@birlasunlife.com Contact Centre: 1-800-270-7000/ 1-800-22-7000 **Cknowledgement Slip (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NACH/ AUTO DEBIT FACILITY APPLICATION FORM The Name	 Investors who have already submitt form again as NACH/AUTO DEBIT towards OTM facility may fill the form Investors, who have not registered form. Mobile Number and Email Id: Unit hemail id mentioned on the mandate future communication whatsoever which the unit holder(s) need to provide along account to be registered or bank account details are sure investors are deemed to have read at the Scheme Information Document the respective Scheme(s) of Aditya Date and the validity of the mandate Please mention the amount in figure Please fill all the required details in the The UMRN, the Sponsor Bank Code at The 9 digit MICR and the 11 digit If cheque leaf. Acknowledgement 	INST ted an NACH/AUTO registration is a one m. or NACH/AUTO DEB holder(s) should mare form differs from the would be, thereafter, go with the mandate count verification l ubject to third party wand understood the election of the election	TRUCTIONS FOR ONE TIME DEBIT form or already regise-time process only for each of the process of the process only for each of the process of the pro	ME MANDATE stered for NAC h bank accoun /AUTO DEBIT f le number and en cheque (or a c mandate failir CH/AUTO DEBI rmation Memo	FORM H/AUTO DEBIT form and submit email id on the edit of the email id on the end of th	facility shoul ich investors duly signed v mandate for on the mand and accoun ation may no gistration th ions and Add	wish to add a n with their name m m. Where the m ate will be updat t number pre-pri t be accepted. T rough NACH/AU denda issued from ms in the bank accurate the second of	ew bank account sentioned. Shile number and ed in the folio. All nted of the bank he Unit holder(s) TO DEBIT facility in time to time of sount.
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