# Aditya Birla Sun Life Mutual Fund



## Common Application Form For Resident Indians and NRIs/FPIs

Do you still want to fill this form? While save paper by doing quick digital transac	you can tion	ABSL	MF Par	tner	App			ABS	L MF	Part	ner	orta	l A		ABSL	. MF	Inve	stor	Арр	200		ABS	L MF	Web	site	
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[Please Tick (✔)] Enclosed ☐ PAN													3.0	. —						_						

Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund)
Regn. No.: 109. Regd Office: One World Center, Tower 1, 17th Floor, Jupiter Mills,
Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.

Contact Us: 1800-270-7000

adityabirlacapital.com



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S.					Payment Details
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1.	ABSL				

PAYMENT DETAIL	LS						,											
		Cheque Date		Cheque	No.		Amour	nt										
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Drawn on Bank and Branch																		
Use existing One Time	Mandate (To	be filled in case	of more than one	OTM registration	) (In case of minor, man	date should be register	ed in the sa	ame of mi	inor or in	the nam	ne of	f Joint a	acco	unt of	Minor	r with t	he guardia	n only)
Bank Name						A	/c No.											
heque should be submitted,	crossed "Acco	unt Payee only	and drawn favoring	ng "Aditya Birla S	un Life Mutual Fund".	<u> </u>												
KYC DETAILS (Mandato	ory)																	
OCCUPATION [Please to	ick ( <b>√</b> )]																	
FIRST APPLICANT	☐ Private	Sector Serv	ice 🗌 Public	Sector Service	Government Se	rvice Business	Pr	ofession	ial _	] Agricu	ultur	ist		Retir	ed		ousewife	
FIRST AFFEICANT	Stude	nt	Forex [	Dealer														
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THIRD APPLICANT	☐ Below	1 Lac   1	-5 Lacs	10 Lacs	10-25 Lacs	Lacs - 1 Crore	> 1 Cror	e OR Ne	t Worth									-
For Individuals	I am	I am	Not	For No	n-Individual Investo	rs (Companies, Tro	ıst, Partr	nership	etc.)									
	Politically Exposed Person		to Applicabl lly d	Applicable Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: Yes (If No, please attach mandatory UBO Declaration)													6	
Sole/First Applicant				n Exchange / Money	-											Yes		
Second Applicant					g / Gambling / Lotte	ery / Casino Servic	es										Yes	
Third Applicant				Money	Lending / Pawning												Yes	5
DEMAT ACCOUNT DETAIL the A/c. held with the depos				units will be con	npulsorily given in Demat 1	form only) (Please ensi	ure that the	sequenc	e of nam	nes as m	entic	oned in	the	applica	ation	form n	atches wi	th that o
NSDL: Depository Pa	rticipant Na	ıme:			DPID No.:	IN			Ben	neficiar	у А	/c No						
CDSL: Depository Pa	rticipant Na	mo.				Beneficiary A/c	No.						Ī					
Enclosed: Client Ma			/ Statement C															
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NOMINATION DETAILS (	Mandatory)	(Refer Instructi	on No. 7)															
Nomination Details	Mandat	ory section f	or Individuals (S	Single or Joint	)	I/We wis	h to nom	inate				I/We o	do n	ot wis	sh to	nom	nate\$\$	
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<sup>s</sup> I/We hereby confirm thand further are aware thand further are aware thand in the value of assets held in	at in case of	death of all t																
		* unitholder			Signature of the	-4						ature						

The below information is required Address Type: Residential or E	for all applicant(s)/ guardia				
					address appearing in Folio)
Is the applicant(s)/ guardian's Cou If Yes, please provide the following		Nationality / Tax I	Residency other than India? Yes	☐ No	
		purposes and the a	associated Tax Reference Numbers below.		
Category	First Applicant (includ	' '	Second Applicant/ Guardian		Third Applicant
Name of Applicant	Thot Applicant (metad	mg millory	Second Applicanty Gadraian		
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 i	ndividual is a citizen/green	card holder of USA	A. ^In case Tax Identification Number is not	available, kin	ndly provide its functional equivalent.
ECLARATION(S) & SIGNATURE(S) (Re	efer Instruction No. 1)				
Го,					
io, The Trustee,					Date D D M M Y Y Y
Aditya Birla Sun Life Trustee Private Limi	itad				
In this scheme of Aditya Birla Sun Lapplying for the investments and I/and authorization of the entity and/or NRIs only: I/We confirm that I ain my/our Non-Resident External/N/We confirm that details provided bit I have voluntarily subscribed to the Mutual Fund) and confirm of having www.adityabirlasunlifemf.com and I bransactions effected by me and I sharp and I sharp with the Schell / We acknowledge that the RIA haw IF against any regulatory action, dan formation."	ife AMC Limited and the app. We, including the entity, if or the applicants who have applicants who have applicants who have applicants of lon-Resident Ordinary/FCNR by me/us are true and correct the on-line access for transating read, understood and anall be solely liable for all the conne/us all the commissions are is being recommended to sent a sentered into an agreement amage or liability that they me a understood the information	plication is being method case may arise pplied on behalf of the findian Nationality. Raccount. (Refer Instant)  acting through the agree to abide the agree to abide the add by the same. I furness and conseque (in the form of trait to me/us.  with the AMC / MF hay suffer, incur or be no requirements of	nade within the limits for the same. I/We are a so, hereby agree to indemnify ABSLAMC / the entity.  If the en	complying was ABSLMF in a ABSLMF in a from abroad in Life AMC Life internet factors on me and to him for the ode. I / We held a rarising from Instructions)	rust Deed, etc.), allows us to apply for investry that all requirements / conditions of the entity of case of any dispute regarding the eligibility, value through approved banking channels or from firmited (Investment Manager of Aditya Birla Suncility more particularly mentioned on the well ad shall not at any time deny or repudiate the on the different competing Schemes of various Mareby indemnify, defend and hold harmless the All sharing, disclosing and transferring of the aforemand hereby confirm that the information provand Conditions and hereby accept the same. (Fig. 1)
Signature of First Applicant /	Authorised Signatory	Sig	gnature of Second Applicant		Signature of Third Applicant
				1	
			CONFIRMATION CLAUSE		
ommunication including but not l eir Authorized Agents or Third Pa We agree that all personal or tran	imited to email, telephone orty Service Providers in ord orsactional related informat	e, sms, etc. and ful der to provide infol tion collected/pro	rther authorise the disclosure of the infor rmation and updates to me on various fina wided by me can be shared/transferred ar	mation cont ancial and inv nd disclosed	ded by me to contact me through any chanr ained herein to its affiliates/group compani westment products and offering of other serv with the above mentioned parties including at the website of the Company.
				<del></del> -	
			VALUE ADD	<del>×</del> -	
We am/are interested in knowing			VALUE ADD		

 $2. \quad \text{Aditya Birla Sun Life AMC Limited and its group companies \& associates to conduct a background check either by their employees or through any third party vendor. } \\ \square \text{Yes} \quad \square \text{No}$ 

# **Mutual Funds**

or

☐ Until Cancelled

#### Aditya Birla Sun Life Mutual Fund



PROTECTING INVESTING FINANCING ADVISING

## SIP Facility Application Form

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.) Employee Unique ID. No. (EUIN) Distributor Name & ARN/ RIA No. Sub Broker Name & ARN/ RIA No. Sub Broker Code E092536 ARN - 92245 EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. C-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. Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction C-7) 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. Application No. Existing Investor Folio No. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. INVESTMENT DETAILS (Refer Instruction B) (\*MANDATORY) SCHEME NAME ΔRSI PLAN Regular OPTION (any date between 1-28) OR Weekly SIP Frequency Monthly (Please mention any day between Monday to Friday) □10 years 31/12/99 □ 5 years ☐ 15 years Others Tenure To: SIP Installment Amount **Step Up Amount:** □ 500/- □ 1000/- □ Other (In multiple of 500/-) Step Up (OPTIONAL - and available only for SIP Investments through NACH) Step Up Frequency: Half Yearly ☐ Yearly \*Step Up Max Amount: First Installment Cheque Date (In case of Minor, payment should be from the Minor account or from a joint account of Minor with guardian only.) Use existing One Time Mandate (To be filled in case of more than one OTM registration. In case of minor, mandate should be registered in the name of the minor or in the name of the joint account of minor with the guardian only.) DECLARATION(S) & SIGNATURE(S) I/We hereby authorise Aditya Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit 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 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 may/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold ABSLAMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We understate 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.

11/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."

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: B-16). Signature(s) (To be signed by All Applicants if mode of operation is Joint) 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. Date (tick√) ☑ CREATE Sponsor Bank Code Utility Code ■ MODIFY to debit (tick√) □SB □CA  $\Box$ CC ☐SB-NRE □SB-NRO □ Other I/We hereby authorize: ADITYA BIRLA SUN LIFE MUTUAL FUND ▼ CANCEL Bank A/c No · With **IFSC** OR MICR Bank: an amount of Rupees **FREQUENCY** ── Monthly □ Quarterly □ Half Yearly □ Yearly As & when presented DEBIT TYPE ☐ Fixed Amount ☑ Maximum Amount PAN No: Mobile Reference 1 Reference 2 Folio No/ 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 to

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 cancellation/amendment request to Aditya Birla Sun Life Mutual Fund or the bank where I have authorised the debit.

Name as in bank records (mandatory)

Name as in bank records (mandatory)

Name as in bank records (mandatory)