

COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs



Birla Sun Life
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

SACHIN S. PAREKH
ARN-18941

Sub-Broker Name / No.

Collection Centre

Application No.

100745367

Ref. Instruction No. 9

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

Mr. Ms. M/s.

Date of Birth

Mandatory

NAME OF SECOND APPLICANT

Mr. Ms. M/s.

MODE OF HOLDING [Please tick (✓)]

- Joint Single
 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

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

ISD CODE

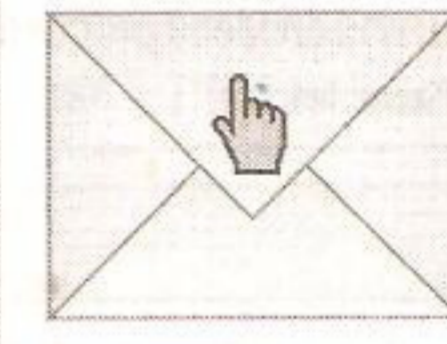
TEL: OFF.

TEL: RESI

MOBILE

ONLINE ACCESS** (this enables you to access your investment portfolio through our website - www.birlasunlife.com) Yes 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

COUNTRY

PIN CODE

3. MANDATORY [Please tick (✓)] (Refer Instruction No. 2, 3 & 4)

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"/> FIs <input type="checkbox"/> NRI - NRO
SECOND APPLICANT	<input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	<input type="checkbox"/> HUF <input type="checkbox"/> Club / Society <input type="checkbox"/> PIO
THIRD APPLICANT	<input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	<input type="checkbox"/> Body Corporate <input type="checkbox"/> Minor <input type="checkbox"/> Government Body
GUARDIAN / POA HOLDER	<input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	<input type="checkbox"/> Trust <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Bank & FI
			<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership Firm
			<input type="checkbox"/> Others _____

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



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 Tel.: 022 43568000

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

Application No.

100745367

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
 IFSC CODE / RTGS CODE _____ MICR 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>
<p>ELECTRONIC CLEARING SERVICE (ECS) (FOR DIVIDENDS ONLY)</p> <p>I authorise Birla Sun Life Mutual Fund to credit my dividend payments through ECS [Please tick (✓)] <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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.

Signature First Applicant / Authorised Signatory	_____ Second Applicant	_____ 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.						
2.						
3.						
4.						

SIP APPLICATION FORM

(to be filled & submitted with Common Application Form)



Birla Sun Life
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

SIP THROUGH ECS / AUTO DEBIT FACILITY Registration Cum Mandate Form for ECS (Debit Clearing)

SACHIN S. PAREKH
Investment Advisor's Name & ARN

Stamp & Sign

Date: / /

Sub-Broker's Name & ARN

Official Acceptance Point

Ref. Instruction No. D-22

Request for Registration of SIP
 Renewal of SIP
 Change in Bank Details

Existing Investor Folio No.

New Application No.

1. APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s.

PAN* (Mandatory for investors)

KYC Complied

NAME OF THE SECOND APPLICANT

Mr. Ms. M/s.

PAN* (Mandatory for investors)

KYC Complied

NAME OF THE THIRD APPLICANT

Mr. Ms. M/s.

PAN* (Mandatory for investors)

KYC Complied

NAME OF THE GUARDIAN (in case of First / Sole Applicant is a Minor) / **CONTACT PERSON - DESIGNATION** (in case of non-individual Investors)

Mr. Ms. M/s.

PAN* (Mandatory for investors)

KYC Complied

please provide your email ID for mailing of Account Statement

E-mail ID

Ref. Instruction No. D-21

2. SYSTEMATIC INVESTMENT PLAN (SIP)

SCHEME	PLAN	OPTION
SWEEP TO (Ref. Instruction D-23)	SCHEME	PLAN / OPTION
First Installment has to be through Cheque / DD. 1st SIP Cheque / DD No.		1st Cheque Dated
Drawn on Bank		Amount (Rs.) (in figures)
SIP Start Date	SIP End Date	SIP Date (Only one date) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 28th
Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY (max 4 SIP dates in a months) <input type="checkbox"/> QUARTERLY (Only one date)		
Each SIP Amount (Rs.)		Ref. Instruction No. D-26

3. ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY)

Name of 1st Applicant as in Bank Records

Name of Bank Branch

City Pin Code Account No.

Account Type [Please tick (✓)] SAVINGS CURRENT OTHERS _____ (please specify) MICR CODE This is a 9 digit number next to your Cheque Number.

I/We hereby authorise Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by ECS 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 for the auto debit process or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all reasons of incomplete information. I/We will not hold responsible. I/We will also inform, about any changes in my bank account immediately. I/We have read and agreed to the terms and conditions mentioned overleaf.

Signature(s)

<input checked="" type="checkbox"/> Sole / First Applicant	<input type="checkbox"/> Second Applicant	<input type="checkbox"/> Third Applicant
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(To be signed by All Applicants if mode of operation is Joint) (As in Bank Records)

Authorisation of the Bank Account Holder: This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Birla Sun Life Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate Form to get it verified & executed. Mandate verification charges if any, may be charged to my / our account

Bank Account Number

Name of First Account Holder	Name of Second Account Holder	Name of Third Account Holder
<input checked="" type="checkbox"/> First Account Holder	<input type="checkbox"/> Second Account Holder	<input type="checkbox"/> Third Account Holder

(To be signed by All Applicants if mode of operation is Joint) (As in Bank Records)

Signature verified & Debit mandate received Yes No Authorisation of Branch Manager & Date

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SIP THROUGH ECS FACILITY 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 Tel. 43568000,

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

Collection Centre / AMC Stamp & Signature

Received from Mr. / Ms. _____

Date : ____ / ____ / ____