COMMON APPLICATION FORM

Birla Sun Life
Mutual Fund

	0.	Sub Broker	r Name / Al	RN No.		ę		er Code	;		En	nploye	e Uniq	lue ID.	NO.	(EUIN)	Appl	ication No.
ARN-93373													E02	2588	8				
UIN is mandatory for "Execution Only" tran we hereby confirm that the EUIN box has bee -appropriateness, if any, provided by the empl	n intentionally	y left blank my me/us a	s this transactio son of the distrib	n is execi utor/sub l	uted witho broker.	ut any interaction	n or advice by	the emplo	oyee/relat	ionship r	nanager/	'sales per	son of the	e above c	distribu	tor/sub b	roker o	or notwit	thstanding the adv
First Applicant / Auth	norised Sig	gnatory				Second Ap	oplicant								Third	Applica	ant		
TRANSACTION CHARGES I a case the subscription (lumpsum) me mutual fund investor) will be der															nvest	or) or ₹	100/-	- (for ii	nvestor other
me mutual fund investor) will be dee																			
Existing Folio No.																			
FIRST / SOLE APPLICANT INFO	ORMATIO	N (mandatory) (Re	fer Instruction	No. 2,3,4) Fresh/	Vew Investors fi	ll in all the bl	ocks. (1 to	10) In ca	ase of in	vestmer	ıt "On bel	nalf of Mi	nor", Ple	ease R	efer Instr	ruction	no. 2(ii))
AME OF FIRST / SOLE APPLICA	NT Mr.	Ms. M/s.																	
AN / PEKRN (Mandatory)								Date of I	Birth**			M	M	Y				Y	KYC
ADHAR Card Number																			
AME OF THE SECOND APPLICAN	NT Mr.	Ms. M/s.																	
AN / PEKRN (Mandatory)								Date of I	Birth**			M	M	Y				Y	KYC
ADHAR Card Number																			
AME OF THE THIRD APPLICANT	Mr.	Ms. M/s.																	
AN / PEKRN (Mandatory)								Date of I	Birth**			M	M	Y				Y	KYC
ADHAR Card Number																			
AME OF THE GUARDIAN (In ca	se First /	Sole Applicant i	is minor) /	CONTA	CT PE	RSON - DES	IGNATIO	N / PoA	HOLD	ER (In	case	of Non	-indivi	idual I	nves	tors)			
Mr. Ms. M/s.																			
AN / PEKRN (Mandatory)								Date of I	Birth**			M	Μ	Y				Y	KYC
ADHAR Card Number																			
		ction No. 2(ii))																	
RELATIONSHIP OF GUARDIAN	(Refer Instru																		
RELATIONSHIP OF GUARDIAN	(Refer Instru	TEL: OFF.		T		•													
	(Refer Instru	1		T		•													
		TEL: OFF.		T									** [Vlandat	tory ir	n case	the Fi	irst / S	Sole Applicant
ISD CODE	Minor**	TEL: OFF. TEL: RESI	S S	T		•							** 1	Mandat	tory ir	1 case	the Fi	irst / S	Sole Applicant
ISD CODE Proof of the Relationship with I TAX STATUS [Please tick (<)] (App	Minor**	TEL: OFF. TEL: RESI	licant)	T T F			P	0	Bod	ly Corp	oorate		** !] Minc		-	n case Govern			
ISD CODE Proof of the Relationship with I TAX STATUS IPlease tick (<)) (App	Minor** licable for Fils E [TEL: OFF. TEL: RESI r First / Sole App NRI - NRO Bank & FI	HU		D Clu		nership Fi	m		QFI] Minc	or ers		Govern	ment		

 I Please tick (√)]
 ENCLOSED
 □
 PAN/PEKRN Proof
 □
 KYC Complied
 NECS Form
 □
 Yes
 □
 No

									1/14		like to re	aictor fo	r my/oui	SMS Tr	ansact a	nd/ or O	nline A
SMS Transact	Online Access	Nobile No.	+91						I/ V	e would		gister 10	,		unouoru		
Email Id																	
Default Communication	mode is E-mail only	, if you wis	sh to recei	ive followir	ng docur	ment(s) via p	ohysical mode: (Please tick (🗸)		it Statem	ent 🗌	Annual	Report		Other St	atutory I	nform
Facebook Id							Twitte	r Id									
BANK ACCOUNT DET	AILS (Please note th	hat as per S	SEBI Regu	lations it is	s mandat	ory for inves	stors to provide t	heir bank acc	ount details)	Refer Inst	ruction N	o. 3(A)					
Name of the Bank																	
Branch Address																	
Pin Code				City													
Account No.																	
Account Type (Please tick (✓ 11 SAVINGS	CURREN	T 🗌 NRE	E NRO	FCN	R 🗌 OTHE	RS (please specify)										
11 Digit IFSC Code							9 Digit MICR C	ode									
eperate cheque/ demand ease write appropriate s S. *Cheque / Di No. Scheme Name (r	cheme name as we		lan/Optior	n/Sub Optic	on Sweep	·	Amount Invested (₹)	Charges	Net Amou Paid (₹)	nt Chequ	ue/DD No./	UTR No.		c and Bra	inch and	Account	Numl
	6161 IIISU UGUUII 3)			approable	only for Di		investeu (7)	onaryes		(in ca	IGG UT IVEFT	.,					
				S													
1. BSL																	
							-										
YC DETAILS (Man	datory)	/ FCNR / N	RSR) *AI		Plan / Opi s are subj		ation of funds	Refer to Instru	uction No. 5 (v	i)							
Type of Account : Saving , (YC DETAILS (Man DCCUPATION IPlease tick (FIRST APPLICANT	datory)			II purchases	s are subj	ject to realiza	nment Service	Busines	s 🗌 Prof	essional	-			Retired		ousewife	
(YC DETAILS (Man DCCUPATION IPlease tick (datory) ✓ 11		Pub	II purchases	s are subj	ject to realiza		Busines	s 🗌 Prof	essional	-				□ Ho	ousewife	
(YC DETAILS (Man DCCUPATION IPlease tick (FIRST APPLICANT	datory) ✓ 11 □ Private Secto	r Service	Pub Fore	ll purchases lic Sector ex Dealer	s are subj Service	ject to realiza	nment Service 5 nment Service	Busines Busines	ss 🗌 Prof	essional essional	🗌 Agi	(pl riculturis	ease sp st 🗌	ecify) Retired		pusewife	
(YC DETAILS (Man DCCUPATION IPlease tick (datory) ✓ 11 □ Private Secto □ Student	r Service	Pub Fore Pub	ll purchases lic Sector ex Dealer	s are subj Service	ject to realiza	nment Service	Busines Busines	ss 🗌 Prof	essional essional	🗌 Agi	(pl riculturis	ease sp st 🗌	ecify) Retired			
(YC DETAILS (Man DCCUPATION IPlease tick (FIRST APPLICANT SECOND APPLICANT	datory) ✓ II □ Private Secto □ Student □ Private Secto	r Service r Service	Pub Fore Pub Fore Fore	lic Sector ex Dealer lic Sector ex Dealer	s are subj Service Service	iect to realiza Govern Others Govern Others	nment Service 3 nment Service 5 nment Service	Busines Busines Busines	ss 🗌 Prof ss 🗌 Prof ss 🗌 Prof	essional essional essional	Agı	(pl riculturis (pl riculturis	ease sp et 🔲 ease sp et 🗌	ecify) Retired ecify) Retired		ousewife	
YC DETAILS (Man DCCUPATION IPlease tick (FIRST APPLICANT SECOND APPLICANT	datory) ✓ N □ Private Secto □ Student □ Private Secto □ Student	r Service r Service	Pub Fore Pub Fore Pub Pub	lic Sector ex Dealer lic Sector ex Dealer	s are subj Service Service	iect to realiza Govern Others Govern Others	nment Service 5 nment Service 5	Busines Busines Busines	ss 🗌 Prof ss 🗌 Prof ss 🗌 Prof	essional essional essional	Agı	(pl riculturis (pl riculturis	ease sp et 🔲 ease sp et 🗌	ecify) Retired ecify) Retired		ousewife	
YC DETAILS (Man DCCUPATION IPlease tick (FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT	datory) ✓ II □ Private Secto □ Student □ Private Secto □ Student □ Private Secto □ Student	r Service r Service	Pub Fore Pub Fore Pub Pub	ll purchases lic Sector ex Dealer lic Sector ex Dealer lic Sector	s are subj Service Service	iect to realiza Govern Others Govern Others	nment Service 3 nment Service 5 nment Service	Busines Busines Busines	ss 🗌 Prof ss 🗌 Prof ss 🗌 Prof	essional essional essional	Agı	(pl riculturis (pl riculturis	ease sp et 🔲 ease sp et 🗌	ecify) Retired ecify) Retired		ousewife	
YC DETAILS (Man DCCUPATION IPlease tick (FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT SROSS ANNUAL INCOM	datory) ✓ II □ Private Secto □ Student □ Private Secto □ Student □ Private Secto □ Student	r Service r Service r Service	 Pub Fore Pub Fore Pub Fore Fore 	ll purchases lic Sector ex Dealer lic Sector lic Sector ex Dealer ex Dealer	s are subj Service Service Service	ject to realiza Govern Others Govern Others Govern Others	nment Service S nment Service S nment Service S	Busines Busines Busines	ss Prof	essional essional essional	Agı	(pl riculturis (pl riculturis	ease sp et 🔲 ease sp et 🗌	ecify) Retired ecify) Retired		ousewife	
(YC DETAILS (Man DCCUPATION IPlease tick (FIRST APPLICANT	datory) ✓ II Private Secto Student E [Please tick (✓)]	r Service r Service r Service	Pub Fore Pub Fore Pub Fore Fore acs	ll purchases lic Sector i ex Dealer lic Sector ex Dealer lic Sector ex Dealer 5-10 Lacs	s are subj Service Service Service	 ject to realiza Govern Others Govern Others Others Others 	nment Service a nment Service a nment Service a a b c	Busines Busines Busines I Busines I L Busines I L Busines	ss Prof ss Prof ss Prof ss Prof	essional essional essional	Agı	(pl riculturis (pl riculturis (pl	ease sp ease sp ease sp ease sp	ecify) Retired ecify) Retired ecify)		ousewife	
YC DETAILS (Man DCCUPATION IPlease tick (FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT SROSS ANNUAL INCOM	datory) JI Private Secto Student Private Secto Student Private Secto Student Private Secto Student Private Secto Btudent IPrivate Secto Btudent IPrivate Secto Btuden	r Service r Service r Service	Pub Fore Pub Fore Pub Fore Nore Nore Nore Nore Nore Nore Nore N	II purchases lic Sector i ex Dealer lic Sector i ex Dealer lic Sector ex Dealer 5-10 Lacs viduals Rs	Service Service Service Service Service	iect to realiza Govern Others Govern Others Others Others	nment Service s nment Service s nment Service s nment Service s 25 Lacs -	Busines Busines Busines 1 Crore	ss Prof ss Prof ss Prof > 1 Crore as on	essional essional essional	Agr	(pl riculturis riculturis (pl M	ease sp ease sp it ease sp	ecify) Retired ecify) Retired ecify) Y Y	Ho I Ho I I I I I I I I I I I I I I I I	busewife busewife der than	1 yea
YC DETAILS (Man DCCUPATION IPlease tick (FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT SROSS ANNUAL INCOM FIRST APPLICANT SECOND APPLICANT	datory) / II Private Secto Student Private Secto Net worth (Mand	r Service r Service r Service 1-5 L atory for N	Pub Fore Pub Fore Pub Fore acs acs	II purchases lic Sector ex Dealer lic Sector ex Dealer 5-10 Lacs 5-10 Lacs	Service Servic	 ject to realiza Govern Others Govern Others Others Others Others D-25 Lacs D-25 Lacs 	nment Service s nment Service s nment Service s	Busines Busines Busines I Crore I Crore	is Prof is Prof is Prof is Prof is Prof is Prof is a son is 1 Crore	essional essional essional OR Net W	Agr	(pl riculturis (pl riculturis (pl	ease sp ease sp ease sp ease sp	ecify) Retired ecify) Retired ecify)	Ho I Ho I I I I I I I I I I I I I I I I	ousewife ousewife der than	1 yez
YC DETAILS (Man DCCUPATION IPlease tick (FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT GROSS ANNUAL INCOM FIRST APPLICANT	datory) / II Private Secto Student Private Secto Net worth (Mand Below 1 Lac	r Service r Service r Service 1-5 L atory for N	Pub Fore Pub Fore Pub Fore acs acs acs	II purchases lic Sector ex Dealer lic Sector ex Dealer sources become 5-10 Lacs 5-10 Lacs 5-10 Lacs	s are subj Service Service Service Service	iect to realiza Govern Others Others Others Others Others Others Others Others Others Others Others Others	nment Service s nment Service s nment Service s	Busines Busines Busines C I Crore C I Crore C I Crore C C C C C C C C C C C C C C C C C C C	ss	essional essional essional OR Net W	Agr	(pl riculturis (pl riculturis (pl	ease sp ease sp ease sp ease sp	ecify) Retired ecify) Retired ecify)	Ho I Ho I I I I I I I I I I I I I I I I	ousewife ousewife der than	1 yea
YC DETAILS (Man DCCUPATION IPlease tick (FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT SROSS ANNUAL INCOM FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT	datory) / II Private Secto Student Private Secto Net worth (Mand Below 1 Lac Below 1 Lac Below 1 Lac	r Service r Service r Service 1-5 L atory for N	Pub Fore Pub Fore Pub Fore Racs Racs For Nor Is the c	II purchases lic Sector i ex Dealer lic Sector i ex Dealer lic Sector i ex Dealer 5-10 Lacs 5-10 Lacs 5-10 Lacs 5-10 Lacs 5-10 Lacs	Service Service Service Service Service Service Service Service Service Listed C	ject to realiza Govern Others Other	nment Service s nment Service s mment Service s 25 Lacs - 25 Lacs - 25 Lacs - 25 Lacs - panies, Trust,	Busines Busines Busines Busines Carbonardon Busines Carbonardon C	ss Prof ss Prof ss Prof ss Prof > 1 Crore as on > 1 Crore > 1 Crore	essional essional essional OR Net W OR Net W	Agr	(pl riculturis (pl riculturis (pl M	ease sp ease sp it ease sp ease sp	ecify) Retired ecify) Retired ecify)	Ho	usewife	1 yea
YYC DETAILS (Man DCCUPATION IPlease tick (FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT GROSS ANNUAL INCOM FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT	datory) Ill Private Secto Student E [Please tick (✓)] Below 1 Lac Net worth (Mand Below 1 Lac Sect Person	r Service r Service r Service 1 -5 L atory for N 1 -5 L	Pub Fore Pub Fore Pub Fore Nore Content Fore Content Fore Content Fore Content Fore Content Fore Content Fore Fore Content Fore Fore Fore Fore Fore Fore Fore Fore	II purchases lic Sector ex Dealer lic Sector ex Dealer lic Sector ex Dealer 5-10 Lacs viduals Rs 5-10 Lacs 5-10 Lacs n-Individu oompany a olease atta	Service Service Service Service Service Service Service Service Service Listed C ch man	iect to realiza Govern Others	nment Service s nment Service s nment Service s 25 Lacs 25 Lacs 25 Lacs 25 Lacs 3 > 25 Lacs 3 > 25 Lacs 4 > 25 Lacs 4 > 25 Lacs 5 > 25	Busines Busines Busines Busines Carbonardon Busines Carbonardon C	ss Prof ss Prof ss Prof ss Prof > 1 Crore as on > 1 Crore > 1 Crore	essional essional essional OR Net W OR Net W	Agr	(pl riculturis (pl riculturis (pl M	ease sp ease sp it ease sp ease sp	ecify) Retired ecify) Retired ecify)		usewife Jer than	1 yea
YC DETAILS (Man DCCUPATION IPlease tick (FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT SROSS ANNUAL INCOM FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT THIRD APPLICANT	datory) Ill Private Secto Student E [Please tick (✓)] Below 1 Lac Net worth (Mand Below 1 Lac Sect Person	r Service r Service r Service 1 -5 L atory for N 1 -5 L	Pub Fore Pub Fore Pub Fore Pub Fore Pub Fore Fore Racs For Nor Is the c (If No, p Foreign	II purchases lic Sector ex Dealer lic Sector ex Dealer lic Sector ex Dealer 5-10 Lacs 5-10 Lacs 5-10 Lacs n-Individu ompany a olease atta	Service Servic	ject to realiza Govern Others Other	nment Service S nment Service S nment Service S D > 25 Lacs D > 25 Lacs D > 25 Lacs D > 25 Lacs S Subsidiary of Li Declaration) Services	Busines Busines Busines Busines Carbonardon Busines Carbonardon C	ss Prof ss Prof ss Prof ss Prof > 1 Crore as on > 1 Crore > 1 Crore	essional essional essional OR Net W OR Net W	Agr	(pl riculturis (pl riculturis (pl M	ease sp ease sp it ease sp ease sp	ecify) Retired ecify) Retired ecify)		usewife usewife der than Yes Yes	1 yea

S.	Scheme Name	Plan / Option	Net Amount Paid (₹)	P	ayment Details
No				Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.	BSL				

 \rightarrow

_ _ _

NSDL: Depository Participant Nam	e:	DPID No.: I N	Beneficiar	Beneficiary A/c No.										
CDSL: Depository Participant Nam	e:	Beneficiary A/c No.												
Enclosed: 🗆 Client Master 🛛 Tr	ansaction/ Statement Copy/ DIS Copy													
NOMINATION DETAILS (Mandatory)	(Refer Instruction No. 7)													
□ I/We wish to nominate □ I/We D	O NOT wish to nominate and sign here		1st Applican	t Signature (Mandatory)										
N	ominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature										
Nominee 1			100%											
To register multiple nominee please fi	Il separate Multiple nomination Form.			1										
ATCA & CRS INFORMATION (Please	e tick (🗸)] For Individuals & HUF (Mandator	/) Non Individual investors should manda	torily fill seperate	e FATCA detail form										
If Yes, please provide the following	try of Birth / Citizenship / Nationality / Tax Ri information [mandatory]	esidency other than India? 🛛 Yes	🗌 No											
If Yes, please provide the following Please indicate all countries in whic	information [mandatory] h you are resident for tax purposes and the a	associated Tax Reference Numbers below.		Third Annlicant										
If Yes, please provide the following Please indicate all countries in whic Category	information [mandatory]			Third Applicant										
If Yes, please provide the following Please indicate all countries in whic	information [mandatory] h you are resident for tax purposes and the a	associated Tax Reference Numbers below.		Third Applicant										
If Yes, please provide the following Please indicate all countries in whic Category Name of Applicant	information [mandatory] h you are resident for tax purposes and the a	associated Tax Reference Numbers below.		Third Applicant										
If Yes, please provide the following Please indicate all countries in whic Category Name of Applicant Place/ City of Birth	information [mandatory] h you are resident for tax purposes and the a	associated Tax Reference Numbers below.		Third Applicant										
If Yes, please provide the following Please indicate all countries in whice Category Name of Applicant Place/ City of Birth Country of Birth	information [mandatory] h you are resident for tax purposes and the a	associated Tax Reference Numbers below.		Third Applicant										
If Yes, please provide the following Please indicate all countries in whice Category Name of Applicant Place/ City of Birth Country of Birth Country of Tax Residency#	information [mandatory] h you are resident for tax purposes and the a	associated Tax Reference Numbers below.		Third Applicant										
If Yes, please provide the following Please indicate all countries in whic Category Name of Applicant Place/ City of Birth Country of Birth Country of Tax Residency# Tax Payer Ref. ID No^ Identification Type	information [mandatory] h you are resident for tax purposes and the a	associated Tax Reference Numbers below.		Third Applicant										
If Yes, please provide the following Please indicate all countries in whice Category Name of Applicant Place/ City of Birth Country of Birth Country of Tax Residency# Tax Payer Ref. ID No^ Identification Type [TIN or other, please specify]	information [mandatory] h you are resident for tax purposes and the a	associated Tax Reference Numbers below.		Third Applicant										

Country of Tax Residency 3		
Tax Payer Ref. ID No. 3		
Identification Type [TIN or other, please specify]		

#To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.

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

[TIN or other, please specify]

To,

The Trustee, Birla Sup Life Mutuel F

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 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 Birla Sun Life Mutual 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, if the case may arise so, hereby agree to indemnify BSLAMC / BSLMF 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.

**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.

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)

Date

			RO SIP) / CENTUF	11 318				M	utual Fund
and with the second sec	ARN-93373							E	025888
	JIN is mandatory for "Execution Only" tran ve hereby confirm that the FLIIN how has he	nsactions. Ref. Instruction No. G-3 een intentionally left blank my medus	s as this transaction is execute	ed without any interact	ion or advice by the emplo	vee/relationshin manager/sale	s person of the a	bove distributor/sub br	oker or notwithstanding the
Network In Registration (SP) Registration (SP) Registration (SP) Registration (SP) TWORKSETCHARGE CARACTERS FOR APPLICATIONS NOT THE INFORMATION CONTROL (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (Main Information of 10) Registration (M	-appropriateness, if any, provided by the emp	oloyee/relationship manager/sales per	rson of the distributor/sub broke	er.		,			
The Action Counters FOR APPLICATING REQUITED TRUCING SCREED BIAL WHICH COUNTED AND AND AND AND AND AND AND AND AND AN									
The second and second	Request for Registration of S	SIP Registration of CS	IP Renewal of SI	P Change i	n Bank Details	Additional Micro SIP in	same folio	Date D D	M M Y Y Y
Nome Detail di Anali Gri Frest Solle APPLICATT Mr. Ma. Na Anali Gri Frest Solle APPLICATT Mr. Ma. Na Anali Gri Frest Applicatt Mr. Ma. Na Anali Gri Frest Applicatt Mr. Ma. Na Gor, Frest Applicatt Mr. Ma. Na Scond Applicatt Dial of VIV VIV Scond Applicatt Dial of VIV VIV Mr. Market Or History Mr. Ma. Na Dial of VIV VIV Scond Applicatt Dial of VIV VIV Mr. Market Or History Mr. Ma. Na Dial of VIV VIV Mr. Market Or History Mr. Market Na Dial of VIV VIV Mr. Market Or History Mr. Market Na Dial of VIV VIV Mr. Market Or History Mr. Market Na Dial of VIV VIV Mr. Market Or History Mr. Market Na Dial of VIV VIV Mr. Market Or History Mr. Market Na Dial of VIV VIV Mr. Market Or History Mr. Market Na Dial of VIV VIV Mr. Market Or History Mr. Market Na Dial of VIV VIV Mr. Market Mr. Market Na Dial of VIV VIV Mr. Market Mr. Market Na Dial of VIV VIV Mr. Market Mr. Market Na Dial of VIV VIV Mr. Market Mr. Market	case of subscriptions through SIPs, t e transaction charges. In such cases sued against the balance of the install			vestor) or ₹100/- (f ents but only where		rst time mutual fund inve mount per SIP installmer			
AME OF FRST / SQLE APPLICANT Mr.	FIRST / SOLE APPLICANT INFO	RMATION (MANDATORY)							
AND CF THE SECOND APPLICAT M. M. MS M. G. THE HIRD APPLICAT M. MS M. G. THE HIRD APPLICAT M. MS M. G. THE HIRD APPLICAT M. MS M. MS M. G. THE HIRD APPLICAT M. MS M.			Email Id						
Applicant Determinity Description Percent With Description Percent With Perce									
Sele / Fest Againant Sele / Fe			KYC	Date	e of birth**	Document Typ	e [#]	Doi Doi	cument No.#
Second Applicant Image: Second Applicant Image: Second Applicant Image: Second Applicant Intel Applicant Image: Second Applicant Image: Second Applicant Image: Second Applicant Intel Applicant Image: Second Applicant Image: Second Applicant Image: Second Applicant Intel Applicant Image: Second Applicant Image: Second Applicant Image: Second Applicant Intel Applicant Image: Second Applicant Image: Second Applicant Image: Second Applicant Intel Applicant Image: Second Applicant Image: Second Applicant Image: Second Applicant Intel Applicant Image: Second Applicant Image: Second Applicant Image: Second Applicant Intel Applicant Image: Second Applicant Image: Second Applicant Image: Second Applicant Intel Applicant Image: Second Applicant Image: Second Applicant Image: Second Applicant Intel Applicant Image: Second Applicant Image: Second Applicant Image: Second Applicant Image: Second Applicant Intel Applicant Image: Second Applicant Intel Applicant Image: Second Applicant						(Prioto Id/ Address F	(Ma	andatory for MICro SIP, NO	n ior auurdonal micro SIP in san
http://www.internet.com/intern									
SaudiarVPOA Holde Set restruction to .6.2 ***or Ware 90 Proy *** Marchine to restroke Applicant to Marce Meet Performed LABADIAN (in case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (in case of Non-individual Investors) A. Mo. MAR LADTONISTING OF GUARDIAN (in case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (in case of Non-individual Investors) A. Mo. MAR LADTONISTING OF GUARDIAN (in case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (in case of Non-individual Investors) A. Mo. MAR LADTONISTING OF GUARDIAN (in case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (in case of Non-individual Investors) A. Mo. MAR LADTONISTING OF GUARDIAN (in case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (in case of Non-individual Investors) A. Some finance of the restructure in the set of the one neetine of data on thread of eposterio in the set of the person in the set									
Het isterbesch No. 6.2									
ME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION / PeA HOLDER (In case of Non-Individual Investors)					ΊΙΥΥΥΥΥ				
Changed DI Favaring Basken Rame infering transmission <	NVESTMENT DETAILS (PLE	EASE REFER INSTRUCTIONS D & F-1 F					e write appropria	ate scheme name as	well as the Plan/Option/St
1. BSL Uper / Galesti (Type of Accurnt: Saving / Current / NRE / IRD / FOR / NRST) * All purchases are subject to relatation of funds ~ Refer to instruction No. 5 (c) Pases tick (*/) any ONE of the below avour Installment amount OR enter the amount of your choice. In case of multiple entries, the highest amount will be chosen. ach installment Amount (8) ₹ 20,000 / ₹ 10,000 / ₹ 0,000 / ₹ 0,000 / Amount DEBIT MANDATE - NACH/ECS/DIRECT DEBIT/ONE TIME MANDATE (Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled choque/che Direct UMRN Date Date <td< th=""><th>S. *Cheque / DD Favouring</th><th>Plan / Ontion</th><th>Sweep to (Refer G</th><th>G-4) Amo</th><th>unt^DD</th><th>Net Amount Cheque/</th><th>DD No./UTR No.</th><th></th><th>· · ·</th></td<>	S. *Cheque / DD Favouring	Plan / Ontion	Sweep to (Refer G	G-4) Amo	unt^DD	Net Amount Cheque/	DD No./UTR No.		· · ·
(P)pe of Account: Saving / Current / NE / MO / FORF / NESI ^ All purchases are subject to realization of funds. ^ Andre to instruction No. 5 (v) "Please tack (<) any ONE of the below as your installment amount OR enter the amount of your choice. In case of multiple entries, the highest amount will be chosen. ach installment Amount (?) < 20,000/- < 10,000/- < 6,000/- Amount ach installment Amount (?) < 20,000/- < 10,000/- < 6,000/- Amount ach installment Amount (?) < 20,000/- < 10,000/- < 6,000/- Amount ach installment Amount (?) < 20,000/- < 10,000/- < 6,000/- Amount ach installment Amount (?) Dele Dele Office use only Utility Code Office use only Utility Code ank /Lo No : Image is the association of the below as when presented Dele ITYPE = Fixed Amount (2) Maximum Amount of Rupees	1. BSL								
acht installment Amount (1) 1 0,000/- 1 0,000/- 1 0,000/- Amount DEBIT MANDATE - NACH/ECS/DIRECT DEBIT/ONE TIME MANDATE [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled chequelotie DEBIT MANDATE - NACH/ECS/DIRECT DEBIT/ONE TIME MANDATE [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled chequelotie UMRN UMRN Date 0 0 M V V CREATE Sponsor Bank Code Officer use only Utility Code Officer use only CREATE CARNEE Sponsor Bank Code Officer use only Utility Code Officer use only CREATE CARNEE Birla Sun Life MUTUAL FUND to debit (lick/) SB / CA / CC / SB-NRE / SB-NRO / Officer use only ank Arc No : Image Signature Image Signature Image Signature Image Signature REQUENCY EVearly ZAs & when presented DEBIT TYPE = Fixed-Amount Z Maximum Am teleference 2 Appin No: Image Signature Image Signature Image Signature From Image Signature Image Signatu	(Type of Account - Soving / Current /					I			
Contents Content Contents Content Content Content Contents Content Content Content Content Content	(Type of Account . Saving / current /	INNE/INNU/FUNN/INNON/ A	Il purchases are subject to	o realization of fund	s ^Refer to Instruction	n No. 5 (vi)			
Litek/) UMRN	Please tick (\checkmark) any ONE of the be	elow as your Installment am	ount OR enter the amou	unt of your choice	. In case of multiple	entries, the highest am	ount will be c	hosen.	
Lick√) UMRN	Please tick (\checkmark) any ONE of the be	elow as your Installment am	ount OR enter the amou	unt of your choice	. In case of multiple	entries, the highest am	ount will be c	hosen.	~
tick/) UMRN UMRN Office use only Utility Code Office use only MODIFY We hereby authorize: BIRLA SUN LIFE MUTUAL FUND to debit (tick/) SB / CA / CC / SB - NRO / Office use only with A/c No.: We hereby authorize: BIRLA SUN LIFE MUTUAL FUND to debit (tick/) SB / CA / CC / SB - NRO / Office use only with Bark A/c No.: Bark Name & Branch IFSC OR MICR with Bark Name & Branch IFSC OR MICR Iffice use only with Bark Name & Branch IFSC OR MICR Iffice use only with Bark Name & Branch IFSC OR MICR Iffice use only with Bark Name & Branch IFSC OR MICR Iffice use only with Bark Name & Branch IFSC OR MICR Iffice use only with Bark Name & Branch IFSC Iffice use only Maximum Am teaference 1 Folio No: Mobile Iffice use only Maximum Am teaference 2 Appin No: Email: Iffice use only Maximum Am teaference 2 Appin No: Iffice use only Maximum Am Iffice u	Please tick (✓) any ONE of the be ach Installment Amount (₹) — – 头< —— —— —	elow as your Installment am ₹ 20,000/- ₹ 1	ount OR enter the amou 10,000/ ₹	unt of your choice ₹ 6,000/-	. In case of multiple ₹ 3,000/-	entries, the highest am Amount			
Wide hereby authorize: BIRLA SUN LIFE MUTUAL FUND to debit (tick/) SB / CA / CC / SB-NRE / SB-NRO / Ot ank A/c No.:	Please tick (✓) any ONE of the be ach Installment Amount (₹) — ———————————————————————————————————	elow as your Installment am ₹ 20,000/- ₹ 1	ount OR enter the amou 10,000/ ₹	unt of your choice ₹ 6,000/-	. In case of multiple ₹ 3,000/-	entries, the highest am Amount		s] Please attach a	cancelled cheque/cheq
Q CANCEL I/We hereby authorize: BIRLA SUN LIFE MUTUAL FUND to debit (tick~) SB / CA / CC / SB-NRE / SB-NRO / Of ank A/c No.:	Please tick (✓) any ONE of the be ach Installment Amount (₹) - →<	elow as your Installment am ₹ 20,000/ ₹ 1 ECS/DIRECT DEBIT/O	ount OR enter the amou 10,000/ ₹	unt of your choice ₹ 6,000/-	. In case of multiple ₹ 3,000/-	entries, the highest am Amount		s] Please attach a	— → →
With ank: Bank Name & Branch IFSC OR MICR In amount of Rupees Image: Ima	Please tick (✓) any ONE of the beach installment Amount (₹) - → - → DEBIT MANDATE - NACH/ tick✓) 2 CREATE Sponsor Bank	elow as your Installment am ₹ 20,000/ ₹ 1 ECS/DIRECT DEBIT/O UMRN Code	NE TIME MANDAT	unt of your choice ₹ 6,000/-	. In case of multiple ₹ 3,000/ 	Amount Am	P Registrations	5] Please attach a Date D D	M M Y Y Y
ank: Bank Name & Branch In soc On Month n amount of Rupees Image: Stand of Rupees <td< td=""><td>Please tick (✓) any ONE of the beat ach Installment Amount (₹) → — DEBIT MANDATE - NACH/ tick✓) Sponsor Bank ④ CREATE Sponsor Bank ④ MODIFY LM0 horaby</td><td>elow as your Installment am ₹ 20,000/ ₹ 1 ECS/DIRECT DEBIT/O UMRN Code</td><td>ount OR enter the amou 10,000/- NE TIME MANDAT Office use only</td><td>unt of your choice ₹ 6,000/ E [Applicable for </td><td>. In case of multiple ₹ 3,000/ </td><td>Amount Amount Am</td><td>P Registrations</td><td>5] Please attach a Date D D</td><td>M M Y Y Y</td></td<>	Please tick (✓) any ONE of the beat ach Installment Amount (₹) → — DEBIT MANDATE - NACH/ tick✓) Sponsor Bank ④ CREATE Sponsor Bank ④ MODIFY LM0 horaby	elow as your Installment am ₹ 20,000/ ₹ 1 ECS/DIRECT DEBIT/O UMRN Code	ount OR enter the amou 10,000/- NE TIME MANDAT Office use only	unt of your choice ₹ 6,000/ E [Applicable for 	. In case of multiple ₹ 3,000/ 	Amount Am	P Registrations	5] Please attach a Date D D	M M Y Y Y
n amount of Rupees REQUENCY ☐ Yearly	Please tick (✓) any ONE of the beach installment Amount (₹) ach Installment Amount (₹) DEBIT MANDATE - NACH / tick ✓) <u>CREATE</u> <u>MODIFY</u> <u>CANCEL</u> Inversion Inversion We hereby ank A/c No.:	elow as your Installment am ₹ 20,000/ ₹ 1 ECS/DIRECT DEBIT/O UMRN Code	ount OR enter the amou 10,000/- NE TIME MANDAT Office use only	unt of your choice ₹ 6,000/ E [Applicable for 	. In case of multiple ₹ 3,000/ 	Amount Am	P Registrations	5] Please attach a Date D D	M M Y Y Y
eference 1 Folio No: Mobile eference 2 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 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 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 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 I agree for the debit of mandate processing charges by the bank whom I am authorizing bits agree for the debit of mandate processing the general schedule of charges of bank. Provide agrees I agree for the debit of mandate processing charges by the bank whom I am authorizing Bits agree for the debit for Debit Mandate (We hereby declare that the particulars of the general schedule of the provide agree or the parts of the dubt for Debit Mandate. This is to confirm that the declaration has been carefully read, understood & made by meyus. I am authorized the dubt for Debit Mandate. Noe the careful agree that the particulars of the part of the dubt of outpart agree the dubt for Debit Mandate. Noe the careful agree that the particulars of the part of the part of the dubt of agree bank the part of the dubt of the part of t	Please tick (✓) any ONE of the beach installment Amount (₹) ach Installment Amount (₹) DEBIT MANDATE - NACH / tick ✓) CREATE MODIFY CANCEL VWe hereby ank A/c No.:	elow as your Installment am ₹ 20,000/-	OUNT OR enter the amou I0,000/- NE TIME MANDAT Office use only UN LIFE MUTUAL	unt of your choice € 6,000/- □ E [Applicable for FUND	. In case of multiple	Amount Am	P Registrations	a) Please attach a a b) Date	M M Y Y Y
tereference 2 Appln No: Lagree 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. The perform 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. The perform 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. The perform 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. The perform The debit of mandate processing charges by the bank whom I am authorizing to debit my account. The sis to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Birla Sun Life Mutual Fund to the bank where I have authorized the debit for Debit Mandater. The is is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Birla Sun Life Mutual Fund to the bank where I have authorized the my account. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Birla Sun Life Mutual Fund to the bank where I have authorized to reace// amend this mandate are core borned to many departments referred adverted patient on MACH/ESC Diffect Debit Standing Instructions account. The deals in application of MAY This is to confirm that the declaration has been carefully read, understood and made by me/us. Authorizetion to Bank records (mandatory) The site of the debit for any deals in application of MAY This is to confirm that the declaration has been carefully read, understood and made by me/us. Birla Sun Life Mutual Fund carrying this mandate form to get the verified and executed. We authorize the bank to debit my account of any charges towards mandate verification, registration, transactions, returns, etc. as applicable. Application No. Birla Sun Life As	Please tick (✓) any ONE of the beach installment Amount (₹) ach Installment Amount (₹) BEBIT MANDATE - NACH/ tick ✓) CREATE \$ MODIFY \$ CANCEL ank A/c No.: Vith ank:	elow as your Installment am ₹ 20,000/-	OUNT OR enter the amou I0,000/- NE TIME MANDAT Office use only UN LIFE MUTUAL	unt of your choice € 6,000/- □ E [Applicable for FUND	. In case of multiple	Amount Am	P Registrations	S] Please attach a a Date D D D D D D D D D D D D D D D D D D D	M M Y Y Y
Image: Instruction Image: Instruction Image: I	Please tick (✓) any ONE of the be ach Installment Amount (₹) → → → → → → → DEBIT MANDATE - NACH/ tick ✓) ☐ CREATE ↓ MODIFY ↓ MODIFY ↓ CANCEL ↓ /We hereby ank A/c No.:	elow as your Installment am ₹ 20,000/-	OUNT OR enter the amou I0,000/- NE TIME MANDAT Office use only UN LIFE MUTUAL	unt of your choice € 6,000/- □ E [Applicable for FUND	. In case of multiple	Amount Am	P Registrations	S] Please attach a Date D D Diffice use only A / CC / SB-NF	M M Y Y Y
PERIOD Image: Sign and Sign a	Please tick (✓) any ONE of the beach installment Amount (₹) ach Installment Amount (₹) DEBIT MANDATE - NACH / CREATE Sponsor Bank MODIFY VWe hereby CANCEL I/We hereby ank A/c No.: //Ith n amount of Rupees REQUENCY ZARATE Yearly	elow as your Installment am ₹ 20,000/-	OUNT OR enter the amou I0,000/- NE TIME MANDAT Office use only UN LIFE MUTUAL	unt of your choice € 6,000/- □ E [Applicable for FUND	. In case of multiple	Purchases as well as SII	P Registrations	S] Please attach a Date D D Diffice use only A / CC / SB-NF	M M Y Y Y
From Image:	Please tick (✓) any ONE of the beach Installment Amount (₹) ach Installment Amount (₹) DEBIT MANDATE - NACH / tick ✓) CREATE MODIFY CANCEL //We hereby ank A/c No.: //ith ank // CANCEL n amount of Rupees REQUENCY ⊟Yearly Yearly I Folio No:	elow as your Installment am ₹ 20,000/-	OUNT OR enter the amou I0,000/- NE TIME MANDAT Office use only UN LIFE MUTUAL	unt of your choice € 6,000/- □ E [Applicable for FUND	. In case of multiple	Purchases as well as SII	P Registrations	S] Please attach a Date D D Diffice use only A / CC / SB-NF	M M Y Y Y
0 3 1 1 2 0 9 9 0 Until Cancelled Name as in bank records (mandatory) Name as in bank records (mandatory) Name as in bank records (mandatory) This is to confirm that the declaration has been carefully read, understood & made by melus. I am authorizing Birla Sun Life Mutual Fund to debit my account. I have understood that I am authorized to cancel/ amend this participation in NACH/CS/Direct Debits Standing Instructions. We hereby confirm adherence to the terms of the matching instructions stally and and as amender from time to the edit of the Debit Mandate. We need the lable for any delay in certaing the scheme collection accounts by the rowiders which may result in a delay in application of NAV This is to confirm that the declaration in NACH/CS/Direct Debit. Standing Instructions. We hereby confirm adherence to the terms of NACH/CS/Direct Debits Standing Instructions. The Mutual Fund or the butal Fund in the Mutual Fund in a delay in application of NAV This is to confirm that the declaration in NACH/CS/Direct Debits Standing Instructions. The Mutual Fund in Stan Life Mutual Fund in a delay in application of NAV This is to confirm that the declaration has been carefully read, understood and made by melus. Authorisation to Bank This is to inform that MVW have engitted to CS/NAV This is to confirm that the declaration instructions. Stall Mutual Fund instructions. The Mutual Fund in Structions The Mutual Fund in Structions. The Mutual Fund in Structions The Mutual Fund in Structions The Mutual Fund in Structions. The Mutual Fund in Structions The Mutual Fund in Structions The Mutual Fund in Structions. The Mutual Fund in Structions The Mutual Fund in Structions The Mutual Fund in Structions The Mutual Fund cariny instructions facliny and than my/our paymen	Please tick (✓) any ONE of the beach installment Amount (₹) ach Installment Amount (₹) DEBIT MANDATE - NACH / tick ✓) CREATE Sponsor Bank MODIFY I/We hereby CANCEL I/We hereby ank A/c No.: I/We hereby n amount of Rupees REQUENCY ⇒ Yearly Z A teference 1 Folio No: I/We hereby arker for the debit I/We hereby I/We hereby	elow as your Installment am ₹ 20,000/-	NE TIME MANDAT	unt of your choice	. In case of multiple ₹ 3,000/-	Amount Amount Amount Purchases as well as SII to debit (tickate) to debit (tickate) DEBIT DEBIT Mobile	P Registrations	S] Please attach a Date D D Diffice use only A / CC / SB-NF	M M Y Y Y
Name as in bank records (mandatory) This is to confirm that the declaration has been carefully read, understood & made by metus. I am authorizing Birla Sun Life Mutual Fund to debit my account. • I have understood that I am authorized to canceld where the particular given on this mandate are concomponent and a comment request to Birla Sun Life Mutual Fund or the bank where I have authorized to be the debit. FO bet Mandater I We hereby confirm adherence to the terms of the Active CS (Direct Debit Standing Instructions. We hereby confirm adherence to the terms of MACH'ECS (Direct Debit Standing Instructions. The Authorized I and as a mended from time to the add rom has been carefully read, understood and made by metus. Authorization to Bank This is to inform that I/We have registered for ECS / Nacc 1 Debit Mandater I and authorized to manded from time to the enderstood in a made by metus. Authorization to Bank This is to inform that I/We have registered of ECS / Nacc 1 Debit Mandater I and authorized to manded from time e collection accounts by the rowiders which may regult in a delay in application of NAV. This is to confirm that the declaration has been carefully read, understood and made by metus. Authorization to Bank This is to inform that I/We have registered of ECS / Nacc 1 Debit Mandater I and authorized to manded from time e represent of Debit Mandater I and authorize the exclused of Debit Mandater I and authorized to manded from the event the represent of Bank Counce I and the mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable. Application No.	Please tick (✓) any ONE of the be ach Installment Amount (₹) → → → → → → → → → → → → → → → → → → →	elow as your Installment am ₹ 20,000/-	Dount OR enter the amou IO,000/- NE TIME MANDAT Office use only UN LIFE MUTUAL Contemport Contemport Contemport Contemport Contemport Contemport Contemport Contemport Conte	Int of your choice	. In case of multiple	Amount Amount Amount Purchases as well as SII Code to debit (tick) DEBIT DEBIT Mobile Purchases schedule of ch	P Registrations	S] Please attach a Date □ □ Diffice use only A / CC / SB-NF	M M Y Y Y
This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Birla Sun Life Mutual Fund to debit my account. • I have understood that I am authorized to cancel/ amend this management are properly communicating the carcellatory amendment request to Birla Sun Life Mutual Fund to debit my account. • I have understood that I am authorized to cancel/ amend this management are provided within the particulars given on this management are provided within the particulars given on this management are provided within the particulars given on this management are provided within the particulars given on the particular given on the partine given on the particular given on the particular given on the par	Please tick (✓) any ONE of the be ach Installment Amount (₹) DEBIT MANDATE - NACH/ (tick✓) CREATE \$ MODIFY CANCEL Sponsor Bank MODIFY CANCEL I/We hereby Sank A/c No.: Ne hereby Sank A/c No.: REQUENCY → Yearly REQUENCY → Yearly Reference 1 Folio No: Reference 2 AppIn No: I agree for the debit PERIOD From DD MM Y	elow as your Installment am ₹ 20,000/-	Dount OR enter the amou IO,000/- NE TIME MANDAT Office use only UN LIFE MUTUAL Contemport Contemport Contemport Contemport Contemport Contemport Contemport Contemport Conte	Int of your choice	. In case of multiple	Amount Amount Amount Purchases as well as SII Code to debit (tick) DEBIT DEBIT Mobile Purchases schedule of ch	P Registrations	S] Please attach a Date □ □ Diffice use only A / CC / SB-NF	M M Y Y Y
WLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NACH/ NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM Application No. MLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NACH/ NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM Application No. Birla Sun Life Birla Sun Life Asset Management Company Limited Collection Centre / BSLAMC Stamp & Signature	Please tick (✓) any ONE of the be ach Installment Amount (₹) DEBIT MANDATE - NACH/ (tick✓) CREATE \$ MODIFY CANCEL Sponsor Bank \$ MODIFY CANCEL I/We hereby Sank A/c No.: Ne hereby Sank A/c No.: REQUENCY → Yearly REQUENCY → Yearly Reference 1 Folio No: Reference 2 AppIn No: I agree for the debit PERIOD From D D M M Y to 3 1 1 2 2	elow as your Installment am ₹ 20,000/-	ount OR enter the amou IO,000/- NE TIME MANDAT Office use only UN LIFE MUTUAL Inch ges by the bank whom I	Int of your choice	. In case of multiple	Amount Amount Purchases as well as SII Code to debit (tick) to debit (tick) DEBIT DEBIT Mobile Der latest schedule of ch	P Registrations Registrations C P Registrations	s) Please attach a Date D D Office use only A / CC / SB-NF ICR ICR ₹ 	M M Y Y Y RE / SB-NRO / Oth
Birla Sun Life One India Bulls Centre , Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013 Collection Centre / BSLAMC Stamp & Signature	Please tick (✓) any ONE of the be ach Installment Amount (₹) DEBIT MANDATE - NACH/ (tick✓) CREATE X MODIFY X CANCEL Sponsor Bank X MODIFY X CANCEL With ank A/c No.: With ank A/c No.: Reference 1 Folio No: Reference 2 AppIn No: I agree for the debit PERIOD From D M M Y to 3 1 1 2 2 or Until Cancelled	elow as your Installment am ₹ 20,000/-	ount OR enter the amou IO,000/- 3 NE TIME MANDAT Office use only UN LIFE MUTUAL Control office ges by the bank whom I as in bank records (mini-	Int of your choice	. In case of multiple	Amount Amount Amount Purchases as well as SII Code To debit (tick) To debit (tick) DEBIT DEBIT Mobile Purchases schedule of ch	P Registrations	S] Please attach a Date □ □ Diffice use only A / CC / SB-NF ICR □ ICR □	M M Y Y Y
Birla Sun Life One India Bulls Centre , Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013 Collection Centre / BSLAMC Stamp & Signature	Please tick (✓) any ONE of the be ach Installment Amount (₹) → DEBIT MANDATE - NACH/ (tick ✓) □ BEIT MANDATE - NACH/ CREATE Sponsor Bank A MODIFY Sponsor Bank A MODIFY UWe hereby Sank A/c No.: Vith ank: n amount of Rupees REQUENCY → Yearly ☑A Reference 1 Folio No: Reference 2 AppIn No: I agree for the debit PERIOD From □ □ M M Y to 3 1 1 2 2 or	elow as your Installment am ₹ 20,000/-	as in bank records (main that made by mejus. I a secured. I/We authorize 1	Int of your choice ★ 6,000/- ★ 6,000/- ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	. In case of multiple	Amount Amount Amount Purchases as well as SII Code to debit (tick- to debit (tick- DEBIT Mobile DEBIT Krecords (mandatory debit my account. • I hav r Deb Mandate: W/Wo here structions. Wwo here structions (two here) to chaile for my/our above men bwards mandate verificatio	P Registrations Registrations C P Registrations C P Registrations C P Registrations C P Registration P	S] Please attach a Date D D ffice use only C C C S B-NF C C C C S C C C C C C C C C C C C C C	M M Y Y Y RE / SB-NRO / Oth RE / SB-NRO / Oth A model of the second o
Mutual Fund Toll Free : 1-800-270-7000/ 1-800-22-7000 sms 'GAIN' to 567679 Email: connect@birlasunlife.com	Please tick (✓) any ONE of the be ach Installment Amount (₹) → DEBIT MANDATE - NACH/ (tick ✓) □ BEIT MANDATE - NACH/ CREATE Sponsor Bank A MODIFY Sponsor Bank A MODIFY UWe hereby Sank A/c No.: Vith ank: n amount of Rupees REQUENCY → Yearly ☑A Reference 1 Folio No: Reference 2 AppIn No: I agree for the debit PERIOD From □ □ M M Y to 3 1 1 2 2 or	elow as your Installment am ₹ 20,000/-	ATIC INVESTMENT THF	Int of your choice ★ 6,000/- ★ 6,000/- ★ (Applicable for ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	. In case of multiple	Purchases as well as SII Purchases as well as	P Registrations P Registrations C P Registrations C P Registrations C P Registrations C P Registration C P Regist	S] Please attach a Date D D ffice use only C C C S B-NF C C C C S C C C C C C C C C C C C C C	M M Y Y Y RE / SB-NRO / Oth RE / SB-NRO / Oth A model of the second o

_Date : ____/___/____

2. INVESTMENT DETAILS (PLEASE REFER INSTRUCTIONS D & F-1 FOR INFORMA	TION ON ELIGIBLE SCHEMES. ONLY ONE SCHEM	IE PER APPLICATION FORM)		Contd
First Installment through Cheque / DD. (MANDATORY FOR CSIP) 1st Che	que/DD No.		1st Cheque DatedDD/M/	Y Y Y Y
Drawn on Bank			Amount (₹) (in figures)	
Branch		City		
For PDC Cheques dates From: D D / M M /	YYYYY To DD			
Cheque No. From:	То			
Investment Start Date D D M M Y Y Y Y Investm	ent Dates 1st 7th	10th 15th	20th 28th	
Frequency Monthly (max 4 debit dates) (Only one date for CSIP and	Step Up SIP) Weekly	(P	lease mention any day from Monday to Friday) (Default d	ay is Wednesday)
(Fast Forward SIP is only available for Monthly Frequenc	.,			
flovibility to discontinue your SIP at ANVTIME Call us at	nd Date (31st December 2099)	^ SELECT YOUR		
1800-270-7000/1800-22-7000 or email us at 111 you instruct	Birla Sun Life Mutual Fund to disco	, L	OR Enter SIP End Date D D M M	
connect@birlasunlife.com to know how. CSIP Tenure (Ins ^ For Regular SIP - "Default end date is December 31, 2099. In case the 'End Da'	urance cover would be as per 1st install	, ,		cy: Monthly Only.
STEP-UP SIP (OPTIONAL - and available only for SIP/CSIP In				
	- , ,	,		Veerlu 🗖
Amount (Default of ₹ 500/-) ₹ 500/- ₹ 1,000/- An	iount (In multiples of ₹ 500/-)	SIEP-	UP SIP Frequency (Default Yearly) Half Yearly	Yearly
FOR CENTURY SIP (Please read detailed Terms & Conditions for av	ailing CSIP) Mandatory			
Date of Birth D D M M Y Y Y GENDER	MALE FEMALE			
NOMINATION DETAILS (Refer Instruction No. F-14) Nomination as s	tated below, shall be considere	d and prevail over nor	nination details provided in Common Application	ı Form.
I/We do hereby nominate the undermentioned Nominee to receive the uni		the event of my/our deat	n. I/We also understand that all payments and settleme	nts made to such
Nominee (upon such documentation) shall be a valid discharge by the AN Nominee Name :	IC / Mutual Fund / Trustees.		Date Of Birth (in case of minor):	r
Relationship : Guardian / Parent Name (n case of minor):			
Address :			Signature of Nominee or Parent / Guar	dian
5. DEMAT ACCOUNT DETAILS (OPTIONAL) Please ensure that the sec	uence of names as mentioned in the applica	ation form matches with that of	the A/c. held with the depository participant.) Refer Instruction No	. E (27)
NSDL: Depository Participant Name:	DPID No.: I	Ν	Beneficiary A/c No.	
CDSL: Depository Participant Name:	Ве	eneficiary A/c No.		
DECLARATION(S) & SIGNATURE(S)				
I/We hereby authorise Birla Sun Life Mutual Fund and their authorised service pro	vider to debit the above bank account by	NACH/ ECS/ NECS/ RECS/ A	uto Debit /PDC Clearing for collection of SIP payments. I/We u	nderstand that the
information provided by me/us may be shared with third parties for facilitating tran declare that the particulars given above are correct and complete and express my/	saction processing through NACH/ ECS/ I ur willingness to make payments referred	ALCS/ RECS/ Auto Debit /PDC above through participation in	Clearing or for compliance with any legal or regulatory requiren NACH/ECS/NECS/RECS/Auto Debit/PDC Clearing. If the trar	ents. I/We hereby saction is delayed
or hot enected at an lor reasons of incomplete or incorrect mornation, ywe will immediately. I/We undertake to keep sufficient funds in the funding account on the c	ate of execution of standing instruction. I/	We have read and agreed to the	eterms and conditions mentioned overleaf. The ARN holder has (lisclosed to me/us
For Century SIP: I/We hereby opt for Birla Sun Life Century SIP and agree and confi have any existing Micro SIPs which together with the current application in rolling 1	rm to have read, understood and accepted	the Terms and Conditions of (Tenings which the Scheme's being recommended to me/us. Century SIP and Insurance Cover. For Micro SIP only: I hereby d	eclare that I do not
I/We hereby authorise Birla Sun Life Mutual Fund and their authorised service pro information provided by me/us may be shared with third parties for facilitating tran declare that the particulars given above are correct and complete and express my/ or not effected at all for reasons of incomplete or incorrect information, I/We will immediately. I/We undertake to keep sufficient funds in the funding account on the c all the commissions (in the form of trail commission or any other mode), payable to For Century SIP : I/We hereby opt for Birla Sun Life Century SIP and agree and confi have any existing Micro SIPS which together with the current application in rolling 1 that if, at the time of availing the Micro SIP / we hold a valid Permanent Account NL me / us to MF/AMC. Accordingly I/ we understand and agree that I / we shall be resp	mber (PAN) issued by the Income Tax Dep onsible for the consequences of non-subn	partment of India, a KYC ackno nission of the same, if any. (ref	wledgment letter issued by CDSL Ventures Limited would have er Instruction no: E-23)	to be submitted by
	Name of Second Unit Holde			
Separate of First Unit Holder (As in Bank Records) First Applicant	Second Ap	plicant	Third Applicant	
о 	(To be signed by All Applicants if	mode of operation is Joint)		
				<u></u>

H. INSTRUCTIONS FOR DEBIT MANDATE FORM NACH/ECS/DIRECT DEBIT

- Investors who have already submitted an NACH/ECS/NECS/RECS/AUTO DEBIT form or already registered for NACH/ECS/NECS/RECS/AUTO DEBIT facility should not submit NACH/ECS/NECS/RECS/AUTO DEBIT form again as NACH/ECS/NECS/RECS/AUTO DEBIT registration is a one-time process only for each bank account.
- Investors, who have not registered for NACH/ECS/NECS/AUTO DEBIT facility, may fill the NACH/ECS/NECS/AUTO DEBIT form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of NACH/ECS/NECS/RECS/AUTO DEBIT Facility, SIP registration through NACH/ECS/NECS/ RECS/AUTO DEBIT facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Birla Sun Life Mutual Fund.

Acknowledgement		ISC Stamp
Investor Name:	Folio No/Application No.	
□ DEBIT MANDATE FORM □ SIP FORM		
Website : www.birlasunlife.com E-mail : cor	nnect@birlasunlife.com Contact Centre : 1-800-270-70	00/ 1-800-22-7000

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NACH/ NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM

Scheme Name	Plan	_Option	Request for
Sweep To:- Scheme Name	Plan	Option	Registration of SIP
Amount (₹)			Change in Bank Details
			Additional Micro SIP in same folio



FATCA & CRS **Annexure for Individual Accounts**

(Including Sole Proprietor) (Refer to instructions) (Please consult your professional tax advisor for further guidance on your tax residency, if required)

Applicant / Guardian																																		
Name																													Τ		Τ			
Gender	M	F	0							PAN			Τ									Occup	ation 1	jype			S	Servi	се	Bu	isin	iess	Oth	iers
Father's Name																													Τ		Τ			
Cust ID / Folio No.													T															T	T		T			<u> </u>
Address of tax res	iden	ce wo	ould l	be ta	ken a	s av	ailab	le in	KRA	data	base	In ca	asi	e of an	y ch	hange	plea	se	approa	ch KF	A &	notify	the ch	ang	es					•	_			
Type of address gi	ven	at KR	A						\checkmark	R	eside	ntial	or	Busine	SS				Resid	dentia	l	1		Bus	ines	S	~	r	_	Reg	jiste	ered O	ffice	
Permissible docun	nents	s are) f	Passp	oort	0	lectio	on ID	Card	() pan	Ca	rd (Gov	t. I	ID Card		rivin	ng Lice	nse ()UI	DAI (Car	d ()	NRE	GA	Job C	arc		Others	;
Date of Birth										Place	of B	irth																						
Country of Birth																																		
Nationality																																		
Are you a tax resid	lent (of an <u>i</u>	у сои	intry	other	tha	n Ind	ia?							Ŋ	Yes	\checkmark		Ν	lo	\checkmark													
			lf y	/es, p	olease	e ind	licate	e all	coun	tries i	n wh	ich y	ou	are re	side	ent for	tax p	our	rposes a	nd th	e as	sociat	ed Tax	ID N	luml	bers	s belo	W.			Γ			
		Cou	ntry*	ŧ									Та	ax Ider	tifi	catior	Nun	nb	er%						(T					n Type se sp		ify)		
																															_			
[#] To also include U [%] In case Tax Identi																nt ^s																		
							,		<u> </u>					C	erti	ifica	tion												_					
I / We have information & CRS Term	pro	vide	d by	/ me	/us	on t	his l	For	n is	true	, CO	rrect	t, a	and co	•		-												-]
																						ę	Signa	tur	es									
																						Γ	<u> </u>											
																						L			Ap	pl	ican	t / C	iua	ardia	n			
Date	d	d	m	m	У	y	у	У			Р	lace	;																					
											F/	ATC.	Δ.	& CB	s t	Ferm	<u>گ</u>	Ca	onditio	nc														
													_						onantio												_			
Details under F require Indian f documentation compliance, w withholding fro Should there be Please note tha	inar fro e m m th e an <u>y</u> t yo	ncial m al ay a ne ac y cha u m	inst l ou lso l ccou ange ay re	tituti r acc be ro int o e in a ecei	ons cour equii r any any ii ve m	suc t ho ed pr foi ore	ch as olde to p ocee rmat tha	s th rs. rov eds tior n o	e Ba In re ide in re pro ne r	ank t leva infor elatic vide eque	o se nt c mat on th d by est fo	ek a ases ion t eret you or inf	da 3, i to 0. 1, p	ditiona inforn any ir olease rmatio	al p nat nsti e en on i	erso ion v itutio nsure if you	nal, /ill h ns s you 1 hav	ta av suo i a /e	ix and l ve to be ch as v idvise i multip	bene e rep withf us pr lle re	efici oort nold rom	ial ow ed to ding a optly, i onshi	ner ir tax a gents .e., w ps w	nfor uthe for ithi th (rma oriti r the n 30 (Inse	tio ies e p 0 d ert	n and / apj urpo ays. : Fl's i	d ce coin se c narr	erta itec of e ne)	in ce d age ensur or its	erti enc ring s g	ficati ies. ٦ g app roup	ons a owa ropri	and rds iate
Therefore, it is i	mp	orta	nttn	aty	oure	spo	ומחמ	10 0	urr	eque	SI, E	ven	IT (youb	elle	eve y	JUN	av	<i>ie</i> airea	iay s	upp	plied	any p	evi	ous	siyi	requ	este	all	ntorn	118	uon.		