

# COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs



**Birla Sun Life**  
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

**Nisreen Mamaji**

Distributor Name / ARN No.

Sub Broker Name / No.

Collection Centre

Application No.

**ARN-8490**

Ref. Instruction No. 9

ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor.

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

Folio No.

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

**NAME OF FIRST / SOLE APPLICANT**

Mr. Ms. M/s.

Date of Birth

Mandatory

**NAME OF SECOND APPLICANT**

Mr. Ms. M/s.

**NAME OF THIRD APPLICANT**

Mr. Ms. M/s.

**MODE OF HOLDING** [Please tick (✓)]

Joint

Single

Anyone or Survivor (Default option is Anyone or survivor)

**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 / FI application in addition to mailing address above)

CITY

STATE

COUNTRY

PIN CODE

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

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

**4. OCCUPATION** [Please tick (✓)]

Professional  Housewife  Business  Service  Retired  Student  Others (Please Specify) \_\_\_\_\_

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

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

**ACKNOWLEDGEMENT SLIP** (To be filled in by the Investor)

**COMMON APPLICATION FORM**



**Birla Sun Life Asset Management Company Limited**

One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013

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

Application No.

Collection Centre /  
AMC Stamp & Signature

Received from Mr. / Ms. \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**6. Documents Submitted** [Please tick (✓)] (Refer Instruction No. 2 (iv))

- Board / Committee Resolution / Authority Letter  Memorandum & Articles of Association  Trust Deed  Partnership Deed  Bye-laws  Overseas Auditor's certificate  
 List of Authorised Signatories with names, designations & specimen signature

**7. BANK ACCOUNT DETAILS** (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details) Refer Instruction No. 3

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

This is a 9 digit number next to your Cheque Number. Please attach an extra blank cancelled cheque or a clear photocopy of a cheque

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

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option.

S. No.	*Cheque / DD Favouring Scheme Name (refer Instruction 5)	Plan / Option	Sweep to (applicable only for Dividend option)	Amount Invested (Rs.)	DD Charges	Net Amount Paid (Rs.)	Payment Details		Type of Account #
							Cheque / DD No.	Bank and Branch	
1.			Scheme Name Plan / Option						
2.			Scheme Name Plan / Option						
3.			Scheme Name Plan / Option						
4.			Scheme Name Plan / Option						

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

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

DIRECT CREDIT AVAILABLE IN BANK ACCOUNT	REAL TIME GROSS SETTLEMENT (RTGS) (FOR REDEMPTIONS ONLY)
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. <b>In case Unitholders wish to receive a cheque (instead of a direct credit into their bank account), please indicate the preference below:</b> 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	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.

**ELECTRONIC CLEARING SERVICE (ECS) (FOR DIVIDENDS ONLY)**

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

**10. NOMINATION DETAILS** (Refer Instruction No. 7) In case of multiple nominees - more than 1 up to 3 - fill a separate nomination form available in this booklet or on our website (www.birlasunlife.com)

I/We do hereby nominate the undermentioned Nominee to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee (upon such documentation) shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Nominee Name : \_\_\_\_\_ Date Of Birth (in case of minor): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Relationship : \_\_\_\_\_ Guardian / Parent Name (in case of minor): \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Witness Name : \_\_\_\_\_ Address : \_\_\_\_\_

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

Signature of Nominee or Parent / Guardian \_\_\_\_\_  
 Signature of the Witness \_\_\_\_\_

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

To, **The Trustee, Birla Sun Life Mutual Fund** Date DD MM YYYY

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.  
**For NRIs only:** I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account. (Refer Inst. No. 6)  
 I/We confirm that details provided by me/us are true and correct.  
 \*\*I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Birla Sun Life Asset Management Company Ltd. (Investment Manager of Birla Sun Life Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.birlasunlife.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.  
 The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Signature  First Applicant / Authorised Signatory  Second Applicant \_\_\_\_\_ Third Applicant \_\_\_\_\_

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