**MUTUAL FUNDS** 

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## Aditya Birla Sun Life Mutual Fund

# ADITYA BIRLA CAPITAL

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

Γ	For Individuals				For Non-Individua	l Investor	s (Companies, Trus	t, Partnersh	ip etc.)				
		l am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable	(If No, please attac	ch manda	npany or Subsidiary tory UBO Declaration		ompany or (	Controlled by a Li	sted Company:	Yes	<u></u> N₀
Γ	Sole/First Applicant				Foreign Exchange	-	-					Yes	No
ſ	Second Applicant				Gaming / Gamblin	ng / Lotte	ry / Casino Services					Yes	No
	Third Applicant				Money Lending / R	Pawning						Yes	□No
5.	DEMAT ACCOUNT DETAIL	.S (OPTIONAL)	(Please ensure th	nat the sequence o	of names as mentioned in t	he applicati	on form matches with th	at of the A/c. h	eld with the de	epository participant.	) Refer Instruction I	No. 3(B)	
	NSDL: Depository Pa	rticipant Nam	e:		C	PID No.:	I N		Benef	ficiary A/c No.			
	CDSL: Depository Pa	rticipant Nam	e:				Beneficiary A/c N	o.					
	Enclosed: Client Ma	aster T	ransaction/ St	atement Copy,	/ DIS Copy								
6.	NOMINATION DETAILS (M	Mandatory) (Re	efer Instruction No	o. 7)									
[	I/We wish to nomina	ate 🗌 I/We	DO NOT wish	to nominate a	nd sign here				1st Ap	oplicant Signatur	e (Mandatory)		
[		Nominee N	Name and Add	ress	Applicant's Rela with the Nom		Guardian Name	e (in case of	Minor)	Allocation %	Nominee/ Gu	ardian Sig	gnature
	Nominee 1												
	Nominee 2												
	Nominee 3												
_	To register multiple no	ominee please	e fill separate N	Aultiple nomina	ation Form.								
7.	The below informatio Address Type: Re Is the applicant(s)/ g If Yes, please provide Please indicate all co	esidential or E uardian's Cou the following	Business   F ntry of Birth / information [I	Residential Citizenship / M mandatory]	Nationality / Tax Resid	dency oth	er than India?	Yes [	n/existing a	address appearin;	g in Folio)		
	Category		First A	pplicant (incl	uding Minor)		Second Applicant	:/ Guardian			Third Applican	t	
	Name of Applicant												
	Place/ City of Birth												
	Country of Birth												
	Country of Tax Resid	dency#											
	Tax Payer Ref. ID No	^											
	Identification Type [TIN or other, please	e specify]											
	Country of Tax Resid	dency 2											
	Tax Payer Ref. ID No	. 2											
	Identification Type [TIN or other, please	e specify]											
	Country of Tax Resid	dency 3											
	Tax Payer Ref. ID No	. 3											
	Identification Type [TIN or other, please	e specify]											
	#To also include USA	A, where the i	ndividual is a c	itizen/green c	ard holder of USA Air	n case Tax	Identification Num	per is not av	ailable kind	dly provide its fur	nctional equivale	ent	

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# Date D D M M Y Y Y Y

## To,

## The Trustee,

#### Aditya Birla Sun Life AMC Ltd.

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

For Non-Individual Investors: I/We hereby confirm that the object clause of the constitution document of the entity (viz. MOA / AOA / Trust Deed, etc.), allows us to apply for investment in this scheme of Aditya Birla Sun Life AMC Ltd. and the application is being made within the limits for the same. I/We are complying with all requirements / conditions of the entity while applying for the investments and I/We, including the entity, if the case may arise so, hereby agree to indemnify ABSLAMC / ABSLMF in case of any dispute regarding the eligibility, validity and authorization of the entity and/or the applicants who have applied on behalf of the entity.

For NRIs only: I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External/Non-Resident Ordinary/FCNR account. (Refer Inst. No. 6)

I/We confirm that details provided by me/us are true and correct.\*\*

I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Aditya Birla Sun Life AMC Ltd. (Investment Manager of Aditya Birla Sun Life Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.adityabirlacapital.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

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

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

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

FATCA & CRS Declaration: I/ We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/ us on this Form is true, correct, and complete. I/ We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer Inst. No. 14)

Signature of First Applicant / Authorised Signatory	Signature of Second Applicant	Signature of Third Applicant

#### CONFIRMATION CLAUSE

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

≫(—

#### VALUE ADD

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

17 we hereby provide my consent to :-

- 1. Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct check on my/our credit information with any of the credit bureau.
- 2. Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct a background check either by their employees or through any third party vendor. 🗌 Yes 🗌 No

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund

05/17 -

SIP

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

Investment through NACH/AUTO DEBIT (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.) Sub Broker Name & ARN/ RIA No. Distributor Name & ARN/ RIA No. Employee Unique ID. No. (EUIN) Sub Broker Code ARN-183038 ARN -Е EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. D-3 Low hereby confirm that the EUIN box has been intentionally left blank my me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. First Applicant / Authorised Signatory Second Applicant Third Applicant Registration of SIP Registration of CSIP Renewal of SIP Change in Bank Details Additional Micro SIP in same folio Date D D M M Y Y Y Y Request for Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction 1 (viii)) In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. Existing Investor Folio No. Application No. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) Mr. Ms. M/s. NAME OF FIRST / SOLE APPLICANT INVESTMENT DETAILS (Refer Instruction C5 & C8) SIP/CSIP Installment Frequency SIP Date SR. No. Scheme Name Plan/ Option 1<sup>th</sup> Investment Amount Amount Monthly 7\* 1 1. ABSL (max 4 debit dates) (Only one date for CSIP/Step UP SIP) (Fast Forward SIP is only available for Monthly Frequency) (CSIP frequency-Monthly only) 10 15 20 28 2. ABSL (\*Default Date) **NR** Weekly 3. ABSL (Please mention any day from Monday to Friday) (Default day is Wednesday) Y Y Y Cheque number: Cheque Date: **Cheque Amount:** Drawn on Bank and Branch: Default end date is December 31, 2099. In case the 'End Date' is not mentioned by the investor in the Form, the same would be considered as 31st December, 2099 by default' ^For Regular SIF  $\rightarrow$ ⊁ 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 UMRN (tick√) CREATE Sponsor Bank Code Utility Code Office use only 🗷 MODIFY ADITYA BIRLA SUN LIFE MUTUAL FUND to debit (tick√) SB / CA / CC / SB-NRE / SB-NRO / Other I/We hereby authorize: CANCEL Bank A/c No.: With IFSC OR MICR Bank Name & Branch Bank: ₹ an amount of Rupees Quarterly Half Yearly Quarterly FREOUENCY Monthly As & when presented DEBIT TYPE Fixed Amount Maximum Amount Reference 1 Folio No: Mobile Reference 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 From 1. Sign ..... 2 0 9 9 to 3 2 or Until Cancelled Name as in bank records (mandatory) Name as in bank records (mandatory) Name as in bank records (mandatory) Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Aditya Birla Sun Life Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Aditya Birla Sun Life Mutual Fund or the bank where I have authorised the debit.  $\rightarrow$ SYSTEMATIC INVESTMENT THROUGH NACH/ AUTO DEBIT FACILITY APPLICATION FORM Acknowledgement Slip (To be filled in by the Investor) Collection Centre / Application No. ABSLAMC Stamp & Signature Received from Mr. / Ms. Date : Contact Us: Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund) (Formerly known as Birla Sun Life Asset Management Company Limited) Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound,

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

1800-270-7000 adityabirlacapital.com ADITYA BIRLA

INVESTMENT DETAILS (Refer Instruction C5 & C8) (Contd)										
ccup/cup start Pate Do Way V V V For CSIP End Date: 60 years - Your Current Age years = years OR Till Further Instruction (Refer Instruction E5)										
CSIP/SIP Start Date: D D M M Y Y Y Y For SIP End Date: 5 years 10 years 15 years 31/12/99 Others D D M M Y Y Y Y (Please specify)										
STEP-UP SIP (OPTIONAL - and available only for SIP/CSIP Investments through NACH) (Refer Instruction C-21)										
Amount (Default of ₹ 500/-)										
FOR CENTURY SIP (Please read detailed Terms & Conditions for availing CSIP)										
Date of Birth*         D         D         M         Y         Y         Y         GENDER*         Image: MALE         FEMALE										
NOMINATION DETAILS (Refer Instruction No. E-14)										
I/We do hereby nominate the undermentioned Nominee to receive Insurance Coverage benefit 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 : Signature of Nominee or Parent / Guardian										
Note: Nomination as stated above, shall be considered to avail Insurance coverage benefit In case Nominee details are not provided the single/multiple nominee detail, if available in the Common Application Form (CAF) or in the registered folio would be considered as a nominee for insurance. For the purpose of insurance coverage, nominee would remain same across all CSIP schemes registered in the folio. (For complete details refer to terms & conditions – Century SIP point 14). Aditya Birla Sun Life AMC Limited would intimate the above nomination to Aditya Birla Sun Life Insurance for the purpose of insurance cover.										
DECLARATION(S) & SIGNATURE(S)										
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 my/our willingness to make payments referred above through participation in NACH/ Auto Debit. (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 undertake 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. "I / We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information." For Century SIP: I/We hereby opt for Aditya Birla Sun Life Century SIP and agree and confirm to have read, understood and accepted the Terms and Conditions of Century SIP and Insurance Cover. For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which tog										
Image: Second Unit Holder         Name of Second Unit Holder         Name of Third Unit Holder										
Name of First Unit Holder         Name of Second Unit Holder         Name of Third Unit Holder           First Applicant         Second Applicant         Third Applicant										
(To be signed by All Applicants if mode of operation is Joint)										

### INSTRUCTIONS FOR ONE TIME MANDATE FORM

- Investors who have already submitted an NACH/AUTO DEBIT form or already registered for NACH/AUTO DEBIT facility should not submit NACH/AUTO DEBIT form again as NACH/AUTO DEBIT registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for NACH/AUTO DEBIT facility, may fill the NACH/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/AUTO DEBIT Facility, SIP registration through NACH/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 Aditya Birla Sun Life Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format
- Please mention the amount in figures and words.
- Please fill all the required details in the Debit Mandate Form for NACH/Auto Debit. The sole/first holder must be one of the holders in the bank account.
- The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
- The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.

Acknowledgement		ISC Stamp
Investor Name:	Folio No/Application No	
□ DEBIT MANDATE FORM □ SIP FORM		

Website : www.birlasunlife.com | E-mail : connect@birlasunlife.com | Contact Centre : 1-800-270-7000/ 1-800-22-7000

0				
Acknowledgement Slip (To be fil	lled in by the Investor)	SYSTEMATIC INVESTMENT THRO	UGH NACH/ AUTO DEBIT FACILITY APPLICATION	FORM
Cale area Marra	Disa	Onting	Request for	
Scheme Name	Plan	Option	Registration of SIP	
Scheme Name	Plan	Option	Registration of CSIP	
		·	Renewal of SIP	
Amount (₹)			Reliewal of Sir	
			Change in Bank Details	
			Additional Micro SIP in same folio	