

# MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



**ADITYA BIRLA  
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

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

(Please read the instructions before filling up the form. All sections to be completed in english in black / blue coloured ink and in block letters.)

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIIN)	Application No.
ARN - 136351			E137804	

EUIIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

I/we hereby confirm that the EUIIN box has been intentionally left blank by 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
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### 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 Unitholder please fill in your Folio No., Name & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.)

Existing Folio No.

### 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (1 to 8) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii)

Name of First/Sole Applicant (as per PAN/ Aadhaar Card)#

PAN / PEKRN (Mandatory)  Date of Birth\*\*

AADHAR Card Number  CKYC Number  (Prefix if any)  14 digit CKYC Number

Name of the Second Applicant (as per PAN/ Aadhaar Card)#

PAN / PEKRN (Mandatory)  Date of Birth\*\*

AADHAR Card Number  CKYC Number  (Prefix if any)  14 digit CKYC Number

Name of the Third Applicant (as per PAN/ Aadhaar Card)#

PAN / PEKRN (Mandatory)  Date of Birth\*\*

AADHAR Card Number  CKYC Number  (Prefix if any)  14 digit CKYC Number

Name of the Guardian (as per PAN/ Aadhaar Card)# (In case First / Sole Applicant is minor) / Contact Person - Designation - Poa Holder (In case of Non-individual Investors)

Mr. Ms. M/s.

PAN / PEKRN (Mandatory)  Date of Birth\*\*

AADHAR Card Number  CKYC Number  (Prefix if any)  14 digit CKYC Number

Relationship of Guardian (Refer Instruction No. 2(ii))

ISD CODE  TEL: OFF.

TEL: RESI  #The application is liable to get rejected if does not match with PAN card/ Aadhar card

Proof of the Relationship with Minor\*\*  \*\* Mandatory in case the First / Sole Applicant is Minor

**Tax Status [Please tick (✓)] (Applicable for First / Sole Applicant)**

Resident Individual  
  FII's  
  NRI - NRO  
  HUF  
  Club / Society  
  PIO  
  Body Corporate  
  Minor  
  Government Body  
 Trust  
 NRI - NRE  
 Bank and FI  
 Sole Proprietor  
 Partnership Firm  
 QFI  
 Provident Fund  
 Others \_\_\_\_\_ (Please Specify)

### Acknowledgement Slip (To be filled in by the Investor)

### Common Application Form

Application No.

Collection Centre /  
ABSLAMC Stamp & Signature

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

[Please Tick (✓)] Enclosed  PAN/PEKRN Proof  KYC Complied  NECS Form  Yes  No

**MODE OF HOLDING** [Please tick (✓)] (Please Refer Instruction No. 2(v))  Joint  Single  Anyone or Survivor (Default option is Anyone or survivor)

**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																		PINCODE	

**2. GO GREEN** [Please tick (✓)] (Refer Instruction No. 10)

SMS Transact  Online Access  Mobile No. +91 \_\_\_\_\_ I/ We would like to register for my/our SMS Transact and/ or Online Access

**Email Id** \_\_\_\_\_  
 Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: [Please tick (✓)]  Account Statement  Annual Report  Other Statutory Information

**Facebook Id** \_\_\_\_\_ **Twitter Id** \_\_\_\_\_

**3. 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(A)

Name of the Bank																				
Branch Address																				
Pin Code																				
Account No.																				
Account Type [Please tick (✓)]	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CURRENT	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> OTHERS	(Please Specify)													
11 Digit IFSC Code																				

**4. INVESTMENT DETAILS** [Please tick (✓)] (Refer Instruction No. 5, 9 & 14) (If this section is left blank, only folio will be created)

Separate cheque/ demand draft must be issued for each investment drawn in favour of respective scheme name and the instrument should be crossed "A/c Payee Only".  
 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)	Cheque Date	Amount Invested (₹)	DD Charges^	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank, Branch and Account Number# (In case different from point 3 above)
1.	ABSL		Scheme Name Plan / Option						
2.	ABSL		Scheme Name Plan / Option						
3.	ABSL		Scheme Name Plan / Option						

# (Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) \*All purchases are subject to realization of funds ^Refer to Instruction No. 5 (vi)

**KYC DETAILS (Mandatory)**

**OCCUPATION** [Please tick (✓)]

<b>FIRST APPLICANT</b>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others ..... (please specify)
<b>SECOND APPLICANT</b>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others ..... (please specify)
<b>THIRD APPLICANT</b>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others ..... (please specify)

**GROSS ANNUAL INCOME** [Please tick (✓)]

<b>FIRST APPLICANT</b>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore Net worth (Mandatory for Non - Individuals) Rs. _____ as on <span style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</span> [Not older than 1 year]
<b>SECOND APPLICANT</b>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____
<b>THIRD APPLICANT</b>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____



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

For Individuals	For Individuals
<input type="checkbox"/> I am Politically Exposed Person	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration) <input type="checkbox"/> Yes <input type="checkbox"/> No  Foreign Exchange / Money Charger Services <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am Related to Politically Exposed Person	
<input type="checkbox"/> Not Applicable	

**5. DEMAT ACCOUNT DETAILS (OPTIONAL)** (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. 3(B)

NSDL: Depository Participant Name: \_\_\_\_\_ DPID No.: 

I	N								
---	---	--	--	--	--	--	--	--	--

 Beneficiary A/c No. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CDSL: Depository Participant Name: \_\_\_\_\_ Beneficiary A/c No. 

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Enclosed:  Client Master  Transaction/ Statement Copy/ DIS Copy

**6. NOMINATION DETAILS (Mandatory)** (Refer Instruction No. 7)

I/We wish to nominate  I/We DO NOT wish to nominate and sign here ..... 1st Applicant Signature (Mandatory)

	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1				
Nominee 2				
Nominee 3				

To register multiple nominee please fill separate Multiple nomination Form.

**7. FATCA & CRS INFORMATION [Please tick (✓)] For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA detail form**

The below information is required for all applicant(s)/ guardian

Address Type:  Residential or Business  Residential  Business  Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?  Yes  No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Name of Applicant			
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No <sup>^</sup>			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

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



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

<p>To,  <b>The Trustee,</b>  <b>Aditya Birla Sun Life AMC Ltd.</b></p> <p>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 &amp; I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.</p> <p><b>For Non-Individual Investors:</b> 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.</p> <p><b>For NRIs only:</b> 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)</p> <p>I/We confirm that details provided by me/us are true and correct.**</p> <p>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.</p> <p>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.</p> <p>"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."</p> <p>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.</p> <p>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.</p> <p><b>FATCA &amp; CRS Declaration:</b> I/ We have understood the information requirements of this Form (read along with FATCA &amp; 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 &amp; CRS Terms and Conditions and hereby accept the same. (Refer Inst. No. 14)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Date</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;">M</td> <td style="padding: 2px;">M</td> <td style="padding: 2px;">Y</td> <td style="padding: 2px;">Y</td> <td style="padding: 2px;">Y</td> <td style="padding: 2px;">Y</td> </tr> </table>	Date	D	D	M	M	Y	Y	Y	Y
Date	D	D	M	M	Y	Y	Y	Y		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 5px;">Signature of First Applicant / Authorised Signatory</td> <td style="width: 33%; text-align: center; padding: 5px;">Signature of Second Applicant</td> <td style="width: 33%; text-align: center; padding: 5px;">Signature of Third Applicant</td> </tr> </table>	Signature of First Applicant / Authorised Signatory	Signature of Second Applicant	Signature of Third Applicant							
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.  Yes  No



**VALUE ADD**

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 abovementioned 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.  Yes  No

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

I / 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



## Multi Scheme SIP Facility Application Form

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIN)
ARN - 136351			E137804

SIP 12/20 V-4

EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. C-3

I/we hereby confirm that the EUIN box has been intentionally left blank by 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
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### Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction C-7)

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

Existing Investor Folio No.	Application No.	Date
		D D M M Y Y Y Y

### 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s

### 2. INVESTMENT DETAILS (Refer Instruction B)

(\*MANDATORY)

SCHEME 1 NAME	ABSL		
PLAN		OPTION	
SIP Frequency	<input type="checkbox"/> Monthly SIP Date <input type="text" value="D"/> <input type="text" value="D"/> (any date between 1-28) SIP Start date should be post January 24, 2021 OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday)		
Tenure	From: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 31/12/99 <input type="checkbox"/> Others <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
SIP Installment Amount			
Step Up (OPTIONAL - and available only for SIP Investments through NACH)	Step Up Amount: <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ Step Up Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly *Step Up Max Amount: _____		
SCHEME 2 NAME	ABSL		
PLAN		OPTION	
SIP Frequency	<input type="checkbox"/> Monthly SIP Date <input type="text" value="D"/> <input type="text" value="D"/> (any date between 1-28) SIP Start date should be post January 24, 2021 OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday)		
Tenure	From: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 31/12/99 <input type="checkbox"/> Others <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
SIP Installment Amount			
Step Up (OPTIONAL - and available only for SIP Investments through NACH)	Step Up Amount: <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ Step Up Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly *Step Up Max Amount: _____		
SCHEME 3 NAME	ABSL		
PLAN		OPTION	
SIP Frequency	<input type="checkbox"/> Monthly SIP Date <input type="text" value="D"/> <input type="text" value="D"/> (any date between 1-28) SIP Start date should be post January 24, 2021 OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday)		
Tenure	From: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 31/12/99 <input type="checkbox"/> Others <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
SIP Installment Amount			
Step Up (OPTIONAL - and available only for SIP Investments through NACH)	Step Up Amount: <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ Step Up Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly *Step Up Max Amount: _____		

**2. INVESTMENT DETAILS (Refer Instruction B)**

(\*MANDATORY)

SCHEME 4 NAME	ABSL					
PLAN		OPTION				
SIP Frequency	<input type="checkbox"/> Monthly SIP Date <input type="text" value="D"/> <input type="text" value="D"/> (any date between 1-28) SIP Start date should be post January 24, 2021 OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday)					
Tenure	From: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	To: <input type="checkbox"/> 5 years	<input type="checkbox"/> 10 years	<input type="checkbox"/> 15 years	<input type="checkbox"/> 31/12/99	<input type="checkbox"/> Others <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
SIP Installment Amount						
Step Up (OPTIONAL - and available only for SIP Investments through NACH)	Step Up Amount: <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ Step Up Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly *Step Up Max Amount: _____					
SCHEME 5 NAME	ABSL					
PLAN		OPTION				
SIP Frequency	<input type="checkbox"/> Monthly SIP Date <input type="text" value="D"/> <input type="text" value="D"/> (any date between 1-28) SIP Start date should be post January 24, 2021 OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday)					
Tenure	From: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	To: <input type="checkbox"/> 5 years	<input type="checkbox"/> 10 years	<input type="checkbox"/> 15 years	<input type="checkbox"/> 31/12/99	<input type="checkbox"/> Others <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
SIP Installment Amount						
Step Up (OPTIONAL - and available only for SIP Investments through NACH)	Step Up Amount: <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ Step Up Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly *Step Up Max Amount: _____					

**3. PAYMENT DETAILS**

First Installment	Cheque Date	Cheque No.	Amount
In case of Minor, payment should from the Minor account or from a joint account of Minor with the guardian only			
Drawn on Bank and Branch			
<input type="checkbox"/> Use existing One Time Mandate (To be filled in case of more than one OTM registration) (In case of minor, mandate should be registered in the name of minor or in the name of joint account of Minor with the guardian only)			
Bank Name	A/c No.		

**4. 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. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold ABSLAMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We 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 Micro SIP only:** I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year. (refer Instruction no: B-15).

Signature(s)	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)

**C. COMMON INSTRUCTIONS FOR SIP (Contd..)**

The account number mentioned in the Certificate should be a registered bank account or the first named unitholder should be one of the account holders to the bank account debited for issue of such instruments. Investors may also submit a copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the investor as an account holder, or a copy of the passbook/bank statement evidencing the debit for issuance of a DD, provided bank account number has to match with the details provided in the application form and name should match with the name of the first named unitholder.

- (2) A pre-funded instrument issued by the Bank against Cash shall not be accepted for investments of ₹ 50,000/- or more. This also should be accompanied by a certificate from the banker giving name, address and PAN (if available) of the person who has requested for the payment instrument. The name mentioned on the Certificate should match with the name of the first named unitholder and certificate must state such investor's bank account number and PAN as per bank record, if available.

The Certificate(s) mentioned in (1) and (2) above should be duly certified by the bank manager with his/her full signature, name, employee code, bank seal and contact number.

iii. **Payment by RTGS, NEFT, ECS, NECS, Bank transfer, etc:** A copy of the instruction to the bank stating the account number debited must accompany the purchase application. The account number mentioned on the transfer Instruction copy should be a registered bank account or the first named unitholder should be one of the account holders to the bank account.

**iv. Cash acceptance towards subscription**

In accordance with SEBI circular CIR/IMD/DF/10/2014 dated May 22, 2014, Investors who are KRA-KYC compliant and do not belong to the top 15 cities\* may avail of facility of subscribing to units of the Scheme through cash to the extent of ₹ 50,000/- per investor per financial year. However, repayments in form of redemptions, dividend, etc. with respect to investments through cash, shall be paid only through banking channel. Currently, cash shall be accepted at designated Investor Services Centers of Computer Age Management Services Pvt. Ltd (CAMS) in Guntur, Bhagalpur, Palanpur, Satara, Sangli, Bhatinda, Kota, Namakkal, Bareilly and Haldia. For detailed Address of Investor Services Centers of CAMS, refer address at the end of the document. Also, for the detailed procedures for making cash applications, Investors may enquire at the said designated ISCs for further assistance. \*Top 15 cities shall mean top 15 cities based on Association of Mutual Funds in India (AMFI) data on 'AUM by Geography - Consolidated Data for Mutual Fund Industry' as at the end of the previous financial year. In case the application for subscription does not comply with the above provisions, ABSLAMC/ABSLMF retains the Sole and absolute discretion to reject/not process such application and refund the subscription money and shall not be liable for any such rejection.

vi. Investors residing in Centres, where the Investors service Centres of the mutual fund are not located, are requested to make payment by demand drafts payable at the Centre where the

application is to be lodged. D.D. charges would be borne by the fund only for the investors residing at places which are not covered by our office / authorised centres & DD Charges are mentioned in the form. The maximum charges so borne by the fund would be restricted to limits as prescribed by State Bank of India.

**6. EMAIL COMMUNICATION**

Account Statements, Quarterly Newsletter, Annual Reports and Transaction Confirmation can be sent to Unit holders by post / email. Should the Unit holder experience any difficulty in accessing in the electronically delivered documents, the unit holder shall promptly inform the same to the Mutual Fund. It is deemed that the Unit holder is aware of all security risks including possible third party interception of the documents and contents of the documents becoming known to third parties. For ease of communication, first applicant's own email ID and mobile number should be provided.

**7. TRANSACTION CHARGES**

SEBI with the intent to enable investment by people with small saving potential and to increase reach of Mutual Fund products in urban areas and in smaller towns, wherein the role of the distributor is considered vital, has allowed AMCs vide its circular No. Cir/ IMD/DF/13/2011 dated August 22, 2011 to deduct transaction charges for subscription of ₹ 10,000/- and above. In accordance with the said circular, if the distributor, through which your application form is being routed, has opted to receive the Transaction Charges, Aditya Birla Sun Life AMC Limited shall deduct the Transaction Charge of ₹ 150/- (for First Time Mutual Fund Investor) or ₹ 100/- (for Investor other than First Time Mutual Fund Investor i.e. Existing Mutual Fund Investor) from your subscription amount and pay the same to such distributor. Thereafter, the units shall be allotted against the balance amount invested after deduction of Transaction charges payable to the distributor. The statement of account shall clearly state the net investment as gross subscription less transaction charge and depict the number of units allotted against the net investment amount.

Please note that Transaction Charges shall not be deducted in the following cases:

- a. Purchases / subscriptions for an amount less than ₹ 10,000/-;
- b. Transaction other than purchases / subscriptions relating to new inflows such as Switches / STPs / Dividend Sweep etc.
- c. Purchases / subscriptions made directly with the Mutual Fund (i.e. not routed through any distributor / agent). In case of investments through Systematic Investment Plan (SIP):

Transaction charges in case of investments through Systematic Investment Plan (SIP) shall be deducted only if the total commitment (i.e. amount per SIP installment x No. of installments) amounts to ₹ 10,000/- or more. The transaction charges shall be deducted in 3-4 installments.

**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

(ticks)  
 CREATE    Sponsor Bank Code  Office use only    Utility Code  Office use only  
 MODIFY  
 CANCEL

I/We hereby authorize: **ADITYA BIRLA SUN LIFE MUTUAL FUND** to debit (tick✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c No.:

With Bank:  Bank Name & Branch    IFSC  OR MICR

an amount of Rupees  ₹

FREQUENCY  Monthly  Quarterly  Half Yearly  Yearly  As & when presented    DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1    PAN No:     Mobile

Reference 2    Folio No/ Appln No:     Email:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

PERIOD  
 From        
 to            
 or  Until Cancelled

1. Sign ..... 2. Sign ..... 3. Sign .....

\_\_\_\_\_  
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.

**Acknowledgement Slip (To be filled in by the Investor)**

**MULTI SCHEME SIP FACILITY APPLICATION FORM**

Application No.

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

Collection Centre /  
ABSLAMC Stamp & Signature