#### COMMON APPLICATION FORM

[Please tick ( / )] ENCLOSED PAN/PEKRN Proof

KYC Complied

NECS Form Yes No



(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 No. Employee Unique ID. No. (EUIN) Sub Broker Name / ARN No. **Sub Broker Code 58603** - VRIDHI E026768 EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

I/we 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 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 10) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii) NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. PAN / PEKRN (Mandatory) ☐ KYC Date of Birth\* **AADHAR Card Number** NAME OF THE SECOND APPLICANT Mr Ms M/s ☐ KYC PAN / PEKRN (Mandatory) Date of Birth\* **AADHAR Card Number** NAME OF THE THIRD APPLICANT Mr. Ms. M/s. PAN / PEKRN (Mandatory) Date of Birth\*\* ☐ KYC **AADHAR Card Number** NAME OF THE GUARDIAN (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) ☐ KYC Date of Birth\* **AADHAR Card Number** RELATIONSHIP OF GUARDIAN (Refer Instruction No. 2(ii)) ISD CODE TEL: OFF TEL: RESI \*\* Mandatory in case the First / Sole Applicant is Minor Proof of the Relationship with Minor\*\* TAX STATUS [Please tick ( / )] (Applicable for First / Sole Applicant) Resident Individual ☐ NRI - NRO HUF Club / Society ☐ PIO Body Corporate Minor Government Body FIIs Sole Proprietor Trust NRI - NRE Bank & FI Partnership Firm QFI Others Single MODE OF HOLDING [Please tick ( 🗸 )] (Please Refer Instruction No. 2(v)) Joint 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/Fils) CITY STATE PIN CODE ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) **COMMON APPLICATION FORM** Application No. Birla Sun Life Asset Management Company Limited Collection Centre / One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013 Birla Sun Life BSLAMC Stamp & Signature Mutual Fund Toll Free : 1-800-270-7000/ 1-800-22-7000 | sms 'GAIN' to 567679 | Email: connect@birlasunlife.com Received from Mr. / Ms. Date :

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Default Communication	node is E-mail	only, if you w	ish to recei	ive follov	ving doc	cument(s) via i	ohysical mode: [	lease tick ( 🗸 )]	Account S	Statement Annua	I Report	Other Statutory Ir	nforn
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5. DEMAT ACCOUNT DETAILS (	OPTIONAL) (Please ensure that the	sequence of names as me	ntioned in the application form matches	s with tha	t of the A/c. held wit	h the deposi	tory participa	ınt.) Refer í	Instructi	on No. 3(B
NSDL: Depository Participal	nt Name:		DPID No.: I N		Beneficia	ry A/c No.				
CDSL: Depository Participal	nt Name:		Beneficiary A/c No.							
Enclosed:  Client Master	☐ Transaction/ Statement C	opy/ DIS Copy								
6. NOMINATION DETAILS (Man	latory) (Refer Instruction No. 7)									
☐ I/We wish to nominate ☐	I/We DO NOT wish to nominate ar	nd sign here			1st Applican	t Signature	(Mandatory)	)		
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To register multiple nominee p	olease fill separate Multiple nomin	ation Form.								
7. FATCA & CRS INFORMATION	[Please tick (✔)] For Individual:	s & HUF (Mandatory)	Non Individual investors should	mandat	orily fill seperate	e FATCA d	etail form			
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		green card holder of	USA. ^In case Tax Identification	on Num	ber is not availa	ble, kindly	provide it	s functio	onal eq	uivalent
8. DECLARATION(S) & SIGNATU	RE(S) (Refer Instruction No. 1)									
conditions, rules and regulations g contravention of any Act, Rules, R government of India from time to ti For Non-Individual Investors: I/We Mutual fund and the application is case may arise so, hereby agree to For NRIs only: I/We confirm that I External /Non-Resident Ordinary /I/We confirm that details provided **I have voluntarily subscribed to t confirm of having read, understoo bound by the same. I further unde consequences thereof.  The ARN holder has disclosed to m Scheme is being recommended to FATCA & CRS Declaration: I/We h	overning the scheme. I/We hereby degulations, Notifications or Directic me. I/We have understood the detail hereby confirm that the object claus being made within the limits for the indemnify BSLAMC / BSLMF in case am/we are Non Residents of Indian FCNR account. (Refer Inst. No. 6) by me/us are true and correct. The on-line access for transacting the dand agree to abide the terms and rtake to discharge the obligations ce/us all the commissions (in the forme/us. ave understood the information required.	leclare that the amount invins of the provisions of the so of the scheme & I/we hat se of the constitution doct same. I/We hat ecomplying of any dispute regarding Nationality/Origin and that rough the internet facility I conditions for availing of east on me and shall not a m of trail commission or an uirements of this Form (re	Information Document of the Schem rested in the scheme is through legitine Income Tax Act, Anti Money Laund ve not received nor have been induced imment of the entity (viz. MOA/AOA/Tr with all requirements / conditions of the eligibility, validity and authorizationat I/we have remitted funds from abroprovided by Birla Sun Life Asset Manafithe internet facility more particularly any time deny or repudiate the on-liny other mode), payable to him for the ead along with FATCA & CRS Instructions.	nate sour ering Lav d by any re ust Deed, the entity on of the e had through agement of mention ine trans; different ons) and h	ces only and does n ws, Anti Corruption bebate or gifts, direct , etc.), allows us to a while applying for t ntity and/or the app gh approved bankin Company Ltd. (Inve- led on the website actions effected by competing Scheme hereby confirm that	ot involve at Laws or an the Laws or an the Laws or an the street of the	nd is not des y other appl thy in making estment in the estment in the estment in the have applied or from fun- ager of Birla unlife.com a hall be solely Mutual Fun-	gree to abi igned for the icable law of this investables scheme, including do n behalt do in my/o a Sun Life N ind hereby y liable for do from an	ide by the purpose enact stment. e of Birlag the en f of the eour Non-	ose of the ed by the a Sun Life tity, if the entityResident -und) and ake to be costs and which the
Signature of First Applic	ant / Authorised Signatory	Sig	gnature of Second Applicant			Signature	of Third Appli	cant		

## SPECIAL PRODUCTS APPLICATION FORM

(STP / SWP)



Birla Sun Life Mutual Fund

Received from Mr. / Ms.





Collection Centre / BSLAMC Stamp & Signature

Investment Advisor's Na	ne & ARN	Sı	ıb-Broker's	s Name 8	ARN N	0.	0	ficial A	ceptar	nce Point	Stamp &	Sign		Eı	nploye	e Unic	jue ID. N	No. (EUIN)
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Guardian					D	D N	1 M	YY	Υ	Υ								
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One India Bulls Centre , Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013

Toll Free : 1-800-270-7000/ 1-800-22-7000 | sms 'GAIN' to 567679 | Email: connect@birlasunlife.com

Date :\_

# SYSTEMATIC INVESTMENT APPLICATION FORM SIP (WITH MICRO SIP) / CENTURY SIP



	or's Name & AF		o-Broker's	Name 8	& ARN No.	0	fficial Accep	tance	Point S	tamp &	Sign	Em	ployee l	Jnique	ID. No. (	EUIN)
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Toll Free : 1-800-270-7000/ 1-800-22-7000 | sms 'GAIN' to 567679 | Email: connect@birlasunlife.com

Date :

Received from Mr. / Ms. \_

INVESTMENT DETAILS (PLEASE REFER INSTRUCTIONS D 8		ONLY ONE SCHEME PER APPLICATION		Con
First Installment through Cheque / DD. (MANDATORY FOR CSI	P) 1st Cheque / DD No.		1st Cheque D	
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For PDC  Cheques dates From:  Cheque No. From:	//	To D D / M M		
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(Fast Forward SIP is only available for Mo	<del>, , ,,</del>			
At Birla Sun Life Mutual Fund, we provide YOU the flexibility to discontinue your SIP at ANYTIME. Call us at	Default End Date (31st Decem		LECT YOUR SIP PERIOD R	
1800-270-7000/1800-22-7000 or email us at	I you instruct Birla Sun Life Mutual SIP Tenure (Insurance cover would be a			SIP End Date     D     D     M     M     Y     Y       years     years     Frequency: Mont
^ For Regular SIP - "Default end date is December 31, 2099. In ca	,	, ,	Ů,	
STEP-UP SIP (OPTIONAL - and available only fo	SIP/CSIP Investments through N	ECS) (Refer Instruction E-25)		
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FOR CENTURY SIP (Please read detailed Terms & Co	nditions for availing CSIP) Mandatory			
Date of Birth D D M M Y Y Y GEN	DER MALE I	FEMALE		
NOMINATION DETAILS (Refer Instruction No. F-14) Nom	ination as stated below, shall b	e considered and preva	il over nomination details	provided in Common Application Form.
I/We do hereby nominate the undermentioned Nominee to r Nominee (upon such documentation) shall be a valid discha			ny / our death. I / We also under	stand that all payments and settlements made
Nominee Name :	•		Date Of	<b>Birth</b> (in case of minor): / /
Relationship : Guardian /	Parent Name (in case of minor):			
Address :				Signature of Nominee or Parent / Guardian
DEMAT ACCOUNT DETAILS (OPTIONAL) Please en	sure that the sequence of names as mentior	ned in the application form match	es with that of the A/c. held with the	depository participant.) Refer Instruction No. E (27)
NODL Depository Portiginant Name	DP.	ID No.: I N	Benefic	iary A/c No.
NSDL: Depository Participant Name:				nary Ave No.
CDSL: Depository Participant Name:		Beneficiary A/	c No.	
DECLARATION(S) & SIGNATURE(S)  I/We hereby authorise Birla Sun Life Mutual Fund and their author information provided by me/us may be shared with third parties for declare that the particulars given above are correct and complete a or not effected at all for reasons of incomplete or incorrect inform immediately. I/We undertake to keep sufficient funds in the funding all the commissions (in the form of trail commission or any other me For Century SIP: I/We hereby opt for Birla Sun Life Century SIP and have any existing Micro SIPs vinich together with the current applic that if, at the time of availing the Micro SIP; I/we hold a valid Perma me/us to MF/AMC. Accordingly I/we understand and agree that I/				
Name of First Unit Holder (As in Bank Red First Applicant	Name of Second	Unit Holder (As in Ba		of Third Unit Holder (As in Bank Rec Third Applicant
iš		II Applicants if mode of opera	tion in Joint)	
				<b>~</b> 0
II INCTRI	TIONS FOR DEDIT MAN	DATE FORM NAC	II/FCC/DIDECT DEDI	<b>.</b>
n. INSTRU	CTIONS FOR DEBIT MAN	DATE FURIN NAC	N/EC9/DIRECT DEBI	
Investors who have already submitted an NACH submit NACH/ECS/NECS/RECS/AUTO DEBIT for Investors, who have not registered for NACH/ECS name mentioned.	m again as NACH/ECS/NECS/RI	ECS/AUTO DEBIT regist	ration is a one-time process	s only for each bank account.
Mobile Number and Email Id: Unit holder(s) sho mentioned on the mandate form differs from the o whatsoever would be, thereafter, sent to the upda	nes as already existing in the fol ted mobile number and email id.	io, the details provided (	on the mandate will be upda	ated in the folio. All future communication
Unit holder(s) need to provide along with the ma registered or bank account verification letter for r				
are subject to third party verification.		-		. ,
Investors are deemed to have read and understo RECS/AUTO DEBIT facility, the Scheme Informat				
time to time of the respective Scheme(s) of Birla S		,		
	1			
Acknowledgement				ISC Stamp
Investor Name:	Folio No/Ap	plication No		
☐ DEBIT MANDATE FORM ☐ SIP FORM				
Website: www.birlasunlife.com	m   <b>E-mail</b> : connect@birlas	unlife.com   Contact	Centre: 1-800-270-700	0/ 1-800-22-7000
			- — — — — -	<del></del>
NOWLEDGEMENT SLIP (To be filled in by the Investor)				
				Request for
e Name				Renewal of SIP
To:- Scheme Name	Plan	Option		Registration of S Registration of C
t(₹)				Change in Bank I Additional Micro
				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									
Gender M F O	PAN Occupation Type Service Business C								
Father's Name									
Cust ID / Folio No.									
	RA database. In case of any change please approach KRA & noti								
Type of address given at KRA	Residential or Business / Residential / Business / Registered								
Permissible documents are Passport	ction ID Card OPAN Card OGovt. ID Card Opriving License OUIDAI Card ONREGA Job Card O								
Date of Birth	Place of Birth								
Country of Birth									
Nationality									
Are you a tax resident of any country other than India?	Yes 🗸 No 🗸								
If yes, please indicate all co	untries in which you are resident for tax purposes and the associ	ated Tax ID Numbers below.							
Country#	Tax Identification Number*	Identification Type (TIN or Other, please specify)							
"To also include USA, where the individual is a citizen / gre *In case Tax Identification Number is not available, kindly p									
· · · · · · · · · · · · · · · · · · ·	Certification								
I/ We have understood the information requirements of this Form (read along with the 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 below and hereby accept the same.									
		Signatures  Applicant / Guardian							
Date d d m m y y y y	Place	Approvant / Auditulan							

#### **FATCA & CRS Terms & Conditions**

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Incometax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.