

COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs/FPIs



Birla Sun Life
Mutual Fund

(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.	Sub Broker Name / ARN No.	Sub Broker Code	Employee Unique ID. No. (EUN)	Application No.
ARN- 1563			E076994	

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

I/we hereby confirm that the EUN 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
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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 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) Date of Birth** KYC

AADHAR Card Number

NAME OF THE SECOND APPLICANT Mr. Ms. M/s.

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

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) Date of Birth** KYC

AADHAR Card Number

RELATIONSHIP OF GUARDIAN (Refer Instruction No. 2(ii))

ISD CODE TEL: OFF.

TEL: RESI

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 Fils NRI - NRO HUF Club / Society PIO Body Corporate Minor Government Body
 Trust NRI - NRE Bank & FI Sole Proprietor Partnership Firm QFI Others _____ (Please Specify)

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

PIN CODE

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)	COMMON APPLICATION FORM	Application No.
	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 : 1-800-270-7000/ 1-800-22-7000 sms 'GAIN' to 567679 Email: connect@birlasunlife.com	Collection Centre / BSLAMC Stamp & Signature <input type="text"/>
	Received from Mr. / Ms. _____ Date : ____ / ____ / ____ (Please tick (✓)) ENCLOSED <input type="checkbox"/> PAN/PEKRN Proof <input type="checkbox"/> KYC Complied <input type="checkbox"/> NECS Form <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

SMS Transact Online Access **Mobile No.** +91 _____ / 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: 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 _____

City _____

Account No. _____

Account Type SAVINGS CURRENT NRE NRO FCNR OTHERS (please specify)

11 Digit IFSC Code _____

9 Digit MICR 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)	Amount Invested (₹)	^DD Charges	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number
1.	BSL		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 (✓))

FIRST APPLICANT	<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)
SECOND APPLICANT	<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)
THIRD APPLICANT	<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 (✓))

FIRST APPLICANT	<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 DDMMYY [Not older than 1 year]
SECOND APPLICANT	<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 _____
THIRD APPLICANT	<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 _____

For Individuals

- I am Politically Exposed Person
 I am Related to Politically Exposed Person
 Not Applicable

For Non-Individual Investors (Companies, Trust, Partnership etc.)

- Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: Yes No
 (If No, please attach mandatory UBO Declaration)
 Foreign Exchange / Money Charger Services Yes No
 Gaming / Gambling / Lottery / Casino Services Yes No
 Money Lending / Pawning Yes No



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.	BSL				

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								
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 Beneficiary A/c No.

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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			100%	

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 [^]			
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. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.

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

To,
The Trustee,
Birla Sun Life Mutual Fund

Date

D	D	M	M	Y	Y	Y	Y
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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)

Signature of First Applicant / Authorised Signatory	Signature of Second Applicant	Signature of Third Applicant
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SYSTEMATIC INVESTMENT APPLICATION FORM

SIP (WITH MICRO SIP) / CENTURY SIP



INVESTMENT THROUGH NACH/ECS/NECS/RECS/AUTO DEBIT/PDC.

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. PLEASE ENSURE COMPLETION OF SECTION 4 IN CASE OF CENTURY SIP)

Investment Advisor's Name & ARN ARN- 1563	Sub-Broker's Name & ARN No.	Official Acceptance Point Stamp & Sign	Employee Unique ID. No. (EUIN) E076994
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EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. G-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
Request for <input type="checkbox"/> Registration of SIP <input type="checkbox"/> Registration of CSIP <input type="checkbox"/> Renewal of SIP <input type="checkbox"/> Change in Bank Details <input type="checkbox"/> Additional Micro SIP in same folio		
Date		D D M M Y Y Y Y

TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction G (9))
In case of subscriptions through SIPs, transaction charge of ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted and paid to your distributor if opted to receive the transaction charges. In such cases the transaction charge shall be recovered in 3-4 installments but only where total commitment (i.e. amount per SIP installment x No. of installments) amounts to ₹ 10,000/- or more. Units will be issued against the balance of the installment amounts invested.

Existing Investor Folio No. _____ Application No. _____ (New Folio will be Generated for CSIP)

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Mobile No. _____ Email Id _____

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

NAME OF THE SECOND APPLICANT Mr. Ms. M/s. _____

NAME OF THE THIRD APPLICANT Mr. Ms. M/s. _____

Applicant	PAN* (Mandatory)	KYC Mandatory	Date of birth**	Document Type* (Photo Id/ Address Proof)	Document No.* (Mandatory for Micro SIP, not for additional Micro SIP in same folio)
Sole / First Applicant		<input type="checkbox"/>	D D M M Y Y Y Y		
Second Applicant		<input type="checkbox"/>	D D M M Y Y Y Y		
Third Applicant		<input type="checkbox"/>	D D M M Y Y Y Y		
Guardian/POA Holder		<input type="checkbox"/>	D D M M Y Y Y Y		

Ref. Instruction No. G-2 * For Micro SIP Only ** Mandatory in case the First/Sole Applicant is Minor

NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)
Mr. Ms. M/s. _____

RELATIONSHIP OF GUARDIAN (Refer to Instruction No. E.24) _____

2. INVESTMENT DETAILS (PLEASE REFER INSTRUCTIONS D & F-1 FOR INFORMATION ON ELIGIBLE SCHEMES. ONLY ONE SCHEME PER APPLICATION FORM)

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 (Refer G-4) (applicable only for Dividend option)	Amount Invested (₹)	^DD Charges	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number
1.	BSL		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)

(Please tick (✓) 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.)

Each Installment Amount (₹) ₹ 20,000/- ₹ 10,000/- ₹ 6,000/- ₹ 3,000/- Amount _____

3. DEBIT MANDATE - NACH/ECS/DIRECT DEBIT/ONE TIME MANDATE [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.

Date D D M M Y Y Y Y

(tick✓) UMRN _____

CREATE MODIFY CANCEL

Sponsor Bank Code _____ Office use only Utility Code _____ Office use only

I/We hereby authorize: **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 Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No: _____ Mobile _____

Reference 2 AppIn 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 D D M M Y Y Y Y to 3 1 1 2 2 0 9 9 or Until Cancelled

1. Sign 2. Sign Sign

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 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 mandate by appropriately communicating the cancellation/ amendment request to Birla Sun Life Mutual Fund or the bank where I have authorised the debit. For Debit Mandate: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of NACH/ECS/NECS/RECS/AUTQ Debit Facility offered by Birla Sun Life Mutual Fund and as amended from time to time and of NACH/ECS (Debits)/Direct Debits/Standing Instructions. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV. This is to confirm that the declaration has been carefully read, understood and made by me/us. Authorization to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in Birla Sun Life Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of Birla Sun Life 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.

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NACH/ NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM Application No. _____

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

Collection Centre / BSLAMC Stamp & Signature

First Installment through Cheque / DD. (MANDATORY FOR CSIP) 1st Cheque / DD No. _____ 1st Cheque Dated D D / M M / Y Y Y Y

Drawn on Bank _____ Amount (₹) (in figures) _____

Branch _____ City _____

For PDC Cheques dates From: D D / M M / Y Y Y Y To D D / M M / Y Y Y Y
 Cheque No. From: _____ To _____

Investment Start Date D D M M Y Y Y Y Investment Dates 1st 7th 10th 15th 20th 28th

Frequency Monthly (max 4 debit dates) (Only one date for CSIP and Step Up SIP) Weekly _____ (Please mention any day from Monday to Friday) (Default day is Wednesday)
 (Fast Forward SIP is only available for Monthly Frequency)

At Birla Sun Life Mutual Fund, we provide YOU the flexibility to discontinue your SIP at ANYTIME. Call us at 1800-270-7000/1800-22-7000 or email us at connect@birlasunlife.com to know how.

Default End Date (31st December 2099) ^ **SELECT YOUR SIP PERIOD** Refer Instruction E-11 & F-5
 OR Enter SIP End Date D D M M Y Y Y Y

CSIP Tenure (Insurance cover would be as per 1st installment): 55 years - Your Current Age _____ years = _____ years Frequency: Monthly Only.

^ For Regular SIP - "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 CSIP - refer instruction F5

STEP-UP SIP (OPTIONAL - and available only for SIP/CSIP Investments through NECS) (Refer Instruction E-25)

Amount (Default of ₹ 500/-) ₹ 500/- ₹ 1,000/- Amount (In multiples of ₹ 500/-) _____ **STEP-UP SIP Frequency** (Default Yearly) Half Yearly Yearly

4. FOR CENTURY SIP (Please read detailed Terms & Conditions for availing CSIP) Mandatory

Date of Birth D D M M Y Y Y Y GENDER MALE FEMALE

NOMINATION DETAILS (Refer Instruction No. F-14) **Nomination as stated below, shall be considered and prevail over nomination details provided in Common Application Form.**

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 : _____

Signature of Nominee or Parent / Guardian

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. E (27)

NSDL: Depository Participant Name: _____ DPID No.: I N _____ Beneficiary A/c No. _____

CDSL: Depository Participant Name: _____ Beneficiary A/c No. _____

6. DECLARATION(S) & SIGNATURE(S)

I/We hereby authorise Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NACH/ ECS/ NECS/ RECS/ Auto Debit /PDC 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/ ECS/ NECS/ RECS/ Auto Debit /PDC 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/ ECS/ NECS/ RECS/ Auto Debit/ PDC Clearing. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold BSLAMC/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.

For Century SIP: I/We hereby opt for 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 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. I / we am / are aware and understand that if, at the time of availing the Micro SIP, I / we hold a valid Permanent Account Number (PAN) issued by the Income Tax Department of India, a KYC acknowledgment letter issued by CDSL Ventures Limited would have to be submitted by me / us to MF/AMC. Accordingly I / we understand and agree that I / we shall be responsible for the consequences of non-submission of the same, if any. (refer Instruction no: E-23)

Signature(s)

Name of First Unit Holder (As in Bank Records) First Applicant	Name of Second Unit Holder (As in Bank Records) Second Applicant	Name of Third Unit Holder (As in Bank Records) Third Applicant
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(To be signed by All Applicants if mode of operation is Joint)

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/RECS/AUTO DEBIT facility, may fill the NACH/ECS/NECS/RECS/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 Investor Name: _____ <input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM	Folio No./Application No. _____	ISC Stamp
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Website : www.birlasunlife.com | **E-mail :** connect@birlasunlife.com | **Contact Centre :** 1-800-270-7000/ 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 _____

Sweep To:- Scheme Name _____ Plan _____ Option _____

Amount (₹) _____

Request for

Renewal of SIP

Registration of SIP

Registration of CSIP

Change in Bank Details

Additional Micro SIP in same folio



Birla Sun Life
Mutual Fund

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	Others							
Father's Name																												
Cust ID / Folio No.																												
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes																												
Type of address given at KRA	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																				
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others																											
Date of Birth				Place of Birth																								
Country of Birth																												
Nationality																												
Are you a tax resident of any country other than India?											Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>														

If yes, please indicate all countries in which you are resident for tax purposes and the associated 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 / green card holder of The USA
^{*}In case Tax Identification Number is not available, kindly provide its functional equivalent [§]

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

Place

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.

Details of ultimate beneficial owner including additional FATCA & CRS information

Name of the entity															
Type of address given at KRA	<input checked="" type="checkbox"/> Residential or Business	<input checked="" type="checkbox"/> Residential	<input checked="" type="checkbox"/> Business	<input checked="" type="checkbox"/> Registered Office											
<i>"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"</i>															
Customer ID / Folio Number															
PAN					Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y
City of incorporation															
Country of incorporation															
Entity Constitution Type <i>Please tick as appropriate</i>	<input type="checkbox"/> a Partnership Firm	<input type="checkbox"/> b HUF	<input type="checkbox"/> c Private Limited Company	<input type="checkbox"/> d Public Limited Company	<input type="checkbox"/> e Society	<input type="checkbox"/> f AOP/BOI	<input type="checkbox"/> g Trust H Liquidator	<input type="checkbox"/> h Limited Liability Partnership	<input type="checkbox"/> i Artificial Juridical Person	<input type="checkbox"/> z Others specify _____					

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number*	Identification Type <i>(TIN or Other*, please specify)</i>

* In case Tax Identification Number is not available, kindly provide its functional equivalent⁸.
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here _____

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A *(to be filled by Financial Institutions or Direct Reporting NFEs)*

1. We are a, Financial institution⁶ or Direct reporting NFE⁷ (please tick as appropriate)

GIN _____

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity _____

GIIN not available (please tick as applicable) **Applied for**

Not required to apply for - please specify 2 digits sub-category¹⁰ _____

Not obtained – Non-participating FI

PART B *(please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")*

1. Is the Entity a publicly traded company <i>(that is, a company whose shares are regularly traded on an established securities market)</i>	Yes <input checked="" type="checkbox"/> <i>(If yes, please specify any one stock exchange on which the stock is regularly traded)</i> Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company <i>(a company whose shares are regularly traded on an established securities market)</i>	Yes <input checked="" type="checkbox"/> <i>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</i> Name of listed company _____ Nature of relation: <input checked="" type="checkbox"/> Subsidiary of the Listed Company or <input checked="" type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active ³ NFE	Yes <input checked="" type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section.)</i> Nature of Business _____ Please specify the sub-category of Active NFE _____ (Mention code – refer 2c of Part D)
4. Is the Entity a passive ⁴ NFE	Yes <input checked="" type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section.)</i> Nature of Business _____

¹Refer 2a of Part D | ²Refer 2b of Part D | ³Refer 2c of Part D | ⁴Refer 3(ii) of Part D | ⁶Refer 1 of Part D | ⁷Refer 3(vii) of Part D | ¹⁰Refer 1A of Part D

UBO Declaration

Category (Please tick applicable category):

Unlisted Company
 Partnership Firm
 Limited Liability Partnership Company
 Unincorporated association / body of individuals
 Public Charitable Trust
 Religious Trust
 Private Trust
 Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

5 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country*	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code ¹¹ - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
1. Name _____ Country _____ Tax ID No. % _____	Tax ID Type _____ Type Code _____ Address Type _____ • Residence • Business • Registered office	Address _____ Zip [][][][][][][][][] State: _____ Country: _____
2. Name _____ Country _____ Tax ID No. % _____	Tax ID Type _____ Type Code _____ Address Type _____ • Residence • Business • Registered office	Address _____ Zip [][][][][][][][][] State: _____ Country: _____
3. Name _____ Country _____ Tax ID No. % _____	Tax ID Type _____ Type Code _____ Address Type _____ • Residence • Business • Registered office	Address _____ Zip [][][][][][][][][] State: _____ Country: _____

If passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

*In case Tax Identification Number is not available, kindly provide functional equivalent

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D | ¹¹Refer 3(iv) (A) of Part D

FATCA - CRS Terms and Conditions

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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.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

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.

Name																				
Designation																				
Signature	Signature	Signature	Place _____																	
			Date ___/___/_____																	