

# COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs

Ahura Centre, 2nd Floor, Tower 'A', 96/A-D, Mahakali Caves Road, Andheri (E), Mumbai-400 093 • Tel.: (022)-66928000 • Email: connect@birlasunlife.com • www.birlasunlife.com



**ARN - 25741**

Sub-Broker's Name & ARN No.  
/ DIRECT

Collection Centre  
(For Office use Only)

Application No.

For Direct Application please write the word "DIRECT" in Distributor & Sub-Broker Box. (Ref. Instruction No. 9)

## 1. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 7) Applicable details and mode of holding will be as per the existing Folio No.

Folio No. \_\_\_\_\_

## 2. UNIT HOLDER / NEW APPLICANT INFORMATION (Refer Instruction Page) Fresh / New Investors fill in all the blocks. (2 to 11)

### NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s. \_\_\_\_\_

PAN\* (Mandatory for all investors)

\_\_\_\_\_

DATE OF BIRTH

DDMMYY

ENCLOSED [Please tick (✓)]

PAN Proof

COMPLIED [Please tick (✓)]

KYC (mandatory for investments equal to or greater than Rs. 50,000/-)

### NAME OF THE SECOND APPLICANT

Mr. Ms. M/s. \_\_\_\_\_

PAN\* (Mandatory for all investors)

\_\_\_\_\_

ENCLOSED [Please tick (✓)]

PAN Proof

COMPLIED [Please tick (✓)]

KYC (mandatory for investments equal to or greater than Rs. 50,000/-)

### NAME OF THE THIRD APPLICANT

Mr. Ms. M/s. \_\_\_\_\_

PAN\* (Mandatory for all investors)

\_\_\_\_\_

ENCLOSED [Please tick (✓)]

PAN Proof

COMPLIED [Please tick (✓)]

KYC (mandatory for investments equal to or greater than Rs. 50,000/-)

### NAME OF THE GUARDIAN (in case of First/ Sole Applicant is a Minor) / CONTACT PERSON – DESIGNATION (in case of non-individual Investors)

Mr. Ms. M/s. \_\_\_\_\_

PAN\* (Mandatory for Guardian / Power of Attorney investing on behalf)

\_\_\_\_\_ \*Ref. Instruction No. 3

ENCLOSED [Please tick (✓)]

PAN Proof

COMPLIED [Please tick (✓)]

KYC (mandatory for investments equal to or greater than Rs. 50,000/-)

### Document Submitted [Please tick (✓)]

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

### MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O. Box Address is not sufficient)

\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE PIN CODE

### OVERSEAS ADDRESS (For NRI / FI application in addition to mailing address & above)

\_\_\_\_\_  
STATE PIN CODE CITY COUNTRY

### CONTACT DETAILS OF FIRST / SOLE APPLICANT

STD Code Telephone : Off. Resi. Mobile  
E-Mail (Ref. Inst. No. 10) Online access\*\* (see overleaf)  Yes  No [Please tick (✓)]

## 3. COMMUNICATION [Please tick (✓)]

I/We wish to receive the following document(s)  Physical  Electronic Mode  Account Statement  Quarterly Newsletter  Annual Report  Other Information

## 4. OCCUPATION (First/Sole Applicant) [Please tick (✓)]

Service  Housewife  Defence  Professional  Retired  Business  Others \_\_\_\_\_ (please specify)

## 5. STATUS (First/Sole Applicant) [Please tick (✓)] Ref. Instructions No. 2 (iv) for documents to be submitted

Resident Individuals  HUF  On Behalf of Minor  Proprietor  Partnership Firm  NRI - NRE  NRI - NRO  
 PIO  Society  Trust  Company/ Body Corporate  FII  Bank  Others \_\_\_\_\_ (please specify)

## 6. MODE OF HOLDING [Please tick (✓)] Ref. Instructions No. 2 (v)

Single  Joint  Anyone or Survivor (Default option is Anyone or survivor)

## ACKNOWLEDGEMENT SLIP (COMMON APPLICATION FORM) (To be filled in by the Investor)

Application No.



### BIRLA SUN LIFE ASSET MANAGEMENT COMPANY LIMITED

Ahura Centre, 2nd Floor, Tower 'A', 96/A-D, Mahakali Caves Road, Andheri (E), Mumbai-400 093 Tel.: 022-66928000  
Toll Free : 1800-22-7000 / 1800-270-7000 | SMS 'GAIN' to 56767 | connect@birlasunlife.com

Collection Centre /  
AMC Stamp & Signature

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

[Please tick (✓)] ENCLOSED  PAN Proof COMPLIED  KYC (mandatory for investments equal to or greater than Rs. 50,000/-) ECS Facility  Yes  No

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

Name of the Bank																	
Branch Address											City				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	
MICR CODE											This is a 9 digit number next to your Cheque Number. Please attach a blank extra cheque cancelled or a clear photocopy of a cheque						
<input type="checkbox"/> OTHERS _____ (please specify)																	

**8. REDEMPTION / DIVIDEND REMITTANCE** Ref. Instructions No. 8

<p><b>IN CASE INVESTOR WISH TO RECEIVE A CHEQUE</b> (instead of a direct credit into their bank account), please indicate the preference below:</p> <p>I/We want to receive the redemption and dividend proceeds (if any) by way of a cheque. <input type="checkbox"/> [Please tick (✓)]</p>	<p><b>DIRECT CREDIT AVAILABLE IN :</b></p> <ul style="list-style-type: none"> <li>ABN Amro Bank, Citi Bank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, Standard Chartered Bank, Axis Bank, Kotak Mahindra Bank, Yes Bank, Development Credit Bank.</li> <li>Investor having bank account with any one of these bank will receive their Redemption / Dividend Payments (if any) directly into their bank account.</li> </ul>
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<p><b>Real Time Gross Settlement (RTGS) for redemptions only</b> Ref. Instructions No. 14</p> <p>I/We request you to activate Real Time Gross Settlement (RTGS) facility for my folio and remit the redemption proceeds through RTGS <input type="checkbox"/> [Please tick (✓)] <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>IFSC Code</p> <p>It is the responsibility of the Investor to ensure the correctness of the IFSC code of the recipient / destination branch corresponding to the Bank details mentioned in Section 7. Ref. Instruction No. 14</p>
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<p><b>ELECTRONIC CLEARING SERVICE (ECS) for Dividends only</b></p> <p>I authorise Birla Sun Life Mutual Fund to credit my dividend payments through ECS <input type="checkbox"/> [Please tick (✓)] <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**9. INVESTMENT DETAILS**

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option. (Please refer Instruction No. 13 & 14)

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

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

**10. NOMINATION DETAILS** (Ref. Instruction No. 7)

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.

Name & Address of the Nominee (s)	Nominee's relationship with the unitholder	Date of Birth (in case nominee is minor)	Percentage (%) * of Allocation (*should not be in decimals)	If the nominee is minor, name & address of the guardian
1.				
2.				
3.				

<b>Unit holder (s):</b>	
Name	Signature
1.	
2.	
3.	

<b>Witness (es) - could be the same for all unit holders:</b>	
Name & Address	Signature
1.	
2.	
3.	

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

<p>To, The Trustee, Birla Sun Life Mutual Fund</p> <p>DATE DD MM YY YY</p> <p>Having read and understood the contents of the Offer 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. 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. 5)</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 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.</p>	<p>SIGNATURE/S</p> <p>First / Sole Applicant / Guardian</p> <p>Second Applicant</p> <p>Third Applicant</p>
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**ACKNOWLEDGEMENT SLIP (COMMON APPLICATION FORM) (To be filled in by the Investor)**

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