

COMMON APPLICATION FORM

For Resident Indians and NRIs/Flis



Birla Sun Life
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

ARN-58711	Sub Broker Name / ARN No.		
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Application No.

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

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 (Mandatory) _____ Date of Birth** D D M M Y Y Y Y KYC

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

PAN (Mandatory) _____ Date of Birth** D D M M Y Y Y Y KYC

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

PAN (Mandatory) _____ Date of Birth** D D M M Y Y Y Y KYC

** Mandatory in case the First / Sole Applicant is Minor

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. _____

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

ISD CODE _____ TEL: OFF. S T D _____ TEL: RESI S T D _____

TAX STATUS (Please tick (✓))

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

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 | D D M M Y Y Y Y [Not older than 1 year] |
| | Net worth (Mandatory for Non - Individuals Rs. _____ as on _____) | | | | | | |
| 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

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/Flis)

CITY	STATE	PIN CODE
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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 56161 | Email: connect@birlasunlife.com

Collection Centre /
BSLAMC Stamp & Signature

Received from Mr. / Ms. _____ Date : ____/____/____

(Please tick (✓)) ENCLOSED PAN Proof KYC Complied NECS Form Yes No

Overseas Address (For NRIs/Flis) (For NRI / FI application in addition to mailing address above)

										CITY	
STATE			COUNTRY				PIN CODE				

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

SMS Transact Online Access

Mobile No. _____ / 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

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)

Account No. _____ Account Type [Please tick (✓)] SAVINGS CURRENT NRE NRO FCNR OTHERS (please specify)

IFSC CODE** _____ MICR CODE _____

Name of the Bank _____

Branch Address _____

Pin Code _____ City _____

**This is an 11 Digit no. available in Cheque copy. ^^This is a 9 digit number next to your Cheque Number. Please attach an extra blank cancelled cheque or a clear photocopy of a cheque. If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

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. 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					
2.	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)

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. _____

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				
			Total = 100%	

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

To, The Trustee, Birla Sun Life Mutual Fund

Date: DD MM YYYY

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.

First Applicant / Authorised Signatory

Second Applicant

Third Applicant

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				
2.	BSL				

B. POST DATED CHEQUE DETAILS (TO BE FILLED BY INVESTORS WHO WISH TO INVEST THROUGH POST DATED CHEQUES. PLEASE ATTACH THE CHEQUES WITH THIS FORM)

Cheque Dates From	D D M M Y Y Y Y	To	D D M M Y Y Y Y	Cheque Nos. From		To	
Account Type [Please tick (✓)]	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> OTHERS	(please specify)					
Drawn on Bank							
Branch				Bank A/C No			

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

Mandatory

DECLARATION OF GOOD HEALTH (All the fields are mandatory) [Please tick (✓)] **Yes or No – Otherwise The Application Will Be Invalid** (Ref. Instruction No. F-17)

1. Have you ever been treated for symptoms of high blood pressure, diabetes, heart attack or heart disease, stroke, chest pain, kidney disease, AIDS or AIDS related complex, cancer or tumor, asthma or respiratory disease, mental or nervous disease, liver disease, blood disease, digestive and bowel disorder, disorder of the bones, spine or muscle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you within the last 2 years taken any form of medication for more than 14 consecutive days to treat an illness or disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you within the last 2 years consulted any medical practitioner for any condition other than minor impairment such as cold or flu?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand and agree that the answers to the questions in this Declaration of Good Health are true and complete to the best of my knowledge and belief. I authorize any medical practitioner, hospital, employer, institution or any other person, to disclose to Birla Sun Life Insurance Company Limited any information relating to my health or employment now or at any time in the future. I understand and agree that failure to answer any question in this Declaration truthfully will render the insurance cover invalid and void.

Date of Birth	D D M M Y Y Y Y	Signature of the Life Assured	Date	D D M M Y Y
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Place	

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 : _____

Witness Name: _____ Address : _____

Signature of Nominee or Parent / Guardian

Signature of the Witness

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 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 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 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	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)

CHECKLIST

Particulars	Regular SIP	Century SIP (with Life Insurance)	Micro SIP (Upto ₹ 50,000 Investment in a year)
Declaration of Good Health	Not Applicable	Mandatory Requirement	Not Applicable
Nomination	Not Required	Mandatory Requirement	Not Required
First Purchase through cheque/ DD	Recommended	Mandatory Requirement	Recommended
Different amount for first cheque and subsequent installment	Allowed	Not allowed	Allowed
Common Application Form	Required only for new Investors	Mandatory Requirement for All Investors	Required only for new Investors
Investment tenure	Investor's choice / Default	Tenure = 55years (Less) Current age	Investor's choice / Default
PAN and KYC	Mandatory Requirement	Mandatory Requirement	If having a PAN, KYC is mandatory
Dates	Max upto 4 dates in a month	Only 1 date per month	Max upto 4 dates in a month
Minimum Amount Criteria (For list of eligible schemes please refer the SIP and CSIP instructions.)	Birla Sun Life Tax Relief '96 and Birla Sun Life Tax Plan - ₹ 500 / each, Other eligible Schemes- ₹ 1000/ each.	₹ 1000 per month for all eligible schemes	Birla Sun Life Tax Relief '96 and Birla Sun Life Tax Plan - ₹ 500 / each, Other eligible Schemes- ₹ 1000/ each.
Application with Minor as first applicant	Allowed	Not allowed	Allowed

We request you to read Terms and Conditions before availing Century SIP

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) **SYSTEMATIC INVESTMENT THROUGH 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/CSIP

Change in Bank Details

Additional Micro SIP in same folio