

# COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs



**Birla Sun Life**  
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Application No. \_\_\_\_\_

ARN-56003	Sub Broker Name / No.	Collection Centre
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Ref. Instruction No. 9

ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor.

**EXISTING UNITHOLDER please fill in your Folio No. & Name and then proceed to Section 5 (Applicable details and Mode of holding will be as per the 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)

Mobile No.	_____	Folio 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 Completed	Date of Birth**							
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

\*\* 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	_____

**STATUS** (Please tick (✓) )

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FIIs	<input type="checkbox"/> NRI - NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club / Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body
<input type="checkbox"/> Trust	<input type="checkbox"/> NRI - NRE	<input type="checkbox"/> Bank & FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Others _____ (Please Specify)			

**OCCUPATION** (Please tick (✓) )

<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Others _____ (Please Specify)
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**MODE OF HOLDING** (Please tick (✓) ) (Please Refer Instruction No. 2(v))

<input type="checkbox"/> Joint	<input type="checkbox"/> Single	<input type="checkbox"/> Anyone or Survivor (Default option is Anyone or survivor)
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**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	_____
<b>Overseas Address (For NRIs/FIIs)</b> (For NRI / FI application in addition to mailing address above)	_____				
STATE	_____	COUNTRY	_____	CITY	_____
	_____		_____	PIN CODE	_____

**2. COMMUNICATION** (Please tick (✓) ) (Refer Instruction No. 10)

I/We wish to receive the following document(s) via E-mail instead of Physical mode	<input type="checkbox"/> Account Statement	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other Statutory Information
ONLINE ACCESS** (this enables you to access your investment portfolio through our website - www.birlasunlife.com)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Please tick (✓) )

**3. Documents Submitted** (Please tick (✓) ) (Refer Instruction No. 2 (iv))

<input type="checkbox"/> Board / Committee Resolution / Authority Letter	<input type="checkbox"/> Memorandum & Articles of Association	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Bye-laws	<input type="checkbox"/> Overseas Auditor's certificate
<input type="checkbox"/> List of Authorised Signatories with names, designations & specimen signature	<input type="checkbox"/> Third Party Declaration (Refer Instruction no. 5)				

<b>ACKNOWLEDGEMENT SLIP</b> (To be filled in by the Investor)	<b>COMMON APPLICATION FORM</b>	Application No. _____
	<b>Birla Sun Life Asset Management Company Limited</b> 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 : \_\_\_\_/\_\_\_\_/\_\_\_\_

I/We tick (✓) **ENCLOSED**  PAN Proof  KYC Complied  NECS Form  Yes  No

**4. 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

First Account Holders Name (as appearing in Bank Records) \_\_\_\_\_

Name of the Bank \_\_\_\_\_

Branch Address \_\_\_\_\_

Pin Code \_\_\_\_\_ City \_\_\_\_\_

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

Account No. \_\_\_\_\_ MICR CODE \_\_\_\_\_

IFSC CODE \_\_\_\_\_ (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

**5. INVESTMENT DETAILS**  (Please tick (✓) if) (Refer Instruction No. 5 & 14)

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					
3.	BSL		Scheme Name Plan / Option					
4.	BSL		Scheme Name Plan / Option					

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

**6. REDEMPTION / DIVIDEND REMITTANCE** (Please attach a copy of cancelled cheque Refer Instruction No.8 & 13)

Electronic Payment  Cheque Payment

It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/destination branch corresponding to the Bank details mentioned in Section 4.

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.

**7. NOMINATION DETAILS** (Refer Instruction No. 7) In case of multiple nominees - more than 1 up to 3 - fill a separate nomination form available in this booklet or on our website (www.birlasunlife.com)

- 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.
- I/We hereby DO NOT wish to nominate (ONLY sign in the box alongside, if you do not wish to nominate)



Signature of First / Sole Applicant

Nominee Name : \_\_\_\_\_ Address : \_\_\_\_\_

Relationship : \_\_\_\_\_ Date of Birth(In Case of Minor) \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian/parent Name (in case of minor): \_\_\_\_\_ Witness Name: \_\_\_\_\_

Address \_\_\_\_\_

I have attached the nomination details separately with this application form (Please tick if applicable)

Signature of Nominee or Parent / Guardian

Signature of the Witness

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

To,  
The Trustee,  
Birla Sun Life Mutual Fund

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.

Date DD MM YY YY

First Applicant / Authorised Signatory

Second Applicant

Third Applicant



S. No.	Scheme Name	Plan / Option	Sweep to (applicable only for Dividend option)		Net Amount Paid (₹)	Payment Details	
						Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.	BSL		Scheme Name	Plan / Option			
2.	BSL		Scheme Name	Plan / Option			
3.	BSL		Scheme Name	Plan / Option			
4.	BSL		Scheme Name	Plan / Option			