MUTUAL FUNDS

1.

Aditya Birla Sun Life Mutual Fund

ADITYA BIRLA CAPITAL

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adityabirlacapital.com

Regit No.: 105. Regit Office: Other Induatous Centres, Tower 1, 17 of 1000, Supres Mint Compound,
 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013
 +91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: U65991MH1994PLC080811

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S.					Payment Details
No.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.	ABSL				

For Individuals	For Non-Individual Investors (C	ompanies, Trust, Pa	artnership etc	:.)					
I am Politically Exposed Person	Is the company a Listed Compar (If No, please attach mandatory		isted Compa	ny or Co	ntrolled	by a Listed	Company	: Yes	No
I am Related to Politically Exposed Person	Foreign Exchange / Money Char	ger Services						Yes	∏No
Not Applicable	Gaming / Gambling / Lottery /	-						☐ Yes	⊡ ∏No
	Money Lending / Pawning							□Yes	□No
5. DEMAT ACCOUNT DETAILS (OPTIONAL) (Please ensure to	hat the sequence of names as mentioned i	in the application form m	atches with that	: of the A/o	. held wit	h the deposito	ry participan	nt.) Refer Instruction No. 3(B)
NSDL: Depository Participant Name:		DPID No.: M	1			Beneficiary	A/c No.		
CDSL: Depository Participant Name:		Benet	iciary A/c No						
Enclosed: Client Master Transaction/ S	tatement Copy/ DIS Copy								
6. NOMINATION DETAILS (Mandatory) (Refer Instruction N	lo. 7)								
I/We wish to nominate I/We DO NOT wish	to nominate and sign here					1st Applica	nt Signatı	ure (Mandatory)	
Nominee Nam	e and Address	Guardian Nam	e (in case of I	Minor)	Allo	ocation %	N	ominee/ Guardian Sigr	ature
Nominee 1									
Nominee 2									
Nominee 3									
To register multiple nominee please fill separate	Multiple nomination Form.								
7. FATCA & CRS INFORMATION [Please tick (✓)] For In	dividuals & HUF (Mandatory) Non Ir	ndividual investors s	hould mandat	orily fill	separate	e FATCA det	ail form		
The below information is required for all applican Address Type: Residential or Business I Is the applicant(s)/ guardian's Country of Birth /	Residential 🗌 Business 🗌 Regi		_		orm/exi		ss appeari	ng in Folio)	
If Yes, please provide the following information Please indicate all countries in which you are res	[mandatory]			helow					
	Applicant (including Minor)		d Applicant/		an			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]									
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Tax Payer Ref. ID No. 2									
Identification Type [TIN or other, please specify]									
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Date

To.

The Trustee,

Aditva Birla Sun Life AMC Ltd.

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 Aditya Birla Sun Life AMC Ltd. 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 ABSLAMC / ABSLMF 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 Aditya Birla Sun Life AMC Ltd. (Investment Manager of Aditya 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.adityabirlacapital.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.

"I / We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."

I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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	

CONFIRMATION CLAUSE

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties_including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company. 🛛 Yes 🏳 No

VALUE ADD

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the abovementioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company. 🗆 Yes I/We am/are interested in knowing my/our credit score and am/are happy to receive help in this regard.

I / We hereby provide my consent to :-

- 1. Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct check on my/our credit information with any of the credit bureau.
- Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct a background check either by their employees or through any third party vendor. \Box Yes \Box No 2.

SIP 05/17 - V2

Multi Scheme SIP/CSIP Facility Application Form SIP (WITH MICRO SIP)

Investment through NACH/AUTO DEE	IT (PLEA	SE RE	AD THE	INS	TRUCT	IONS E	BEFO	RE F	ILLI	NG U	P TH	e fof	RM.)										
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ARN-71722																								
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First Applicant / Authorised Sig	natory				S	Second	Appl	licant									Т	hird	Appli	ican	t			
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case the subscription (lumpsum) amount is ₹ ther than first time mutual fund investor) will be	-		-							ction	Charge	s,₹1	50/-	(for t	first 1	time	mutu	al fun	d inve	estor	') or ₹	100/	- (foi	r inve
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INVESTMENT DETAILS (Refer Instruction C5 &	C8)																							
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Declaration: This is to confirm that the d account based on the instructions as a the cancellation/amendment request t	greed and si	igned	by me. I l	have	under	stood t	hat l	am a	utho	orised	d to ca	ancel/	/am	end	·	-								
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Aditya Birla Sun Life AMC Limited (Investm Formerly known as Birla Sun Life Asset Manager tegn. No.: 109. Regd Office: One Indiabulls Centre, 141, Senapati Bapat Marg, Elphinstone Road, Mumb	ent Company ower 1, 17th F	Limited	d)			d)								Conta 1800			000						adi C <i>a</i>	

841, Senapati Bapat Mag, Elphinstone Road, Mumbai - 40013
 91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: U65991MH1994PLC080811

adityabirlacapital.com

INVESTMENT DETAILS (Refer Instruction C5 & C8) (Contd)
CSIP/SIP Start Date: For CSIP End Date: 60 years - Your Current Age years = years 0R Till Further Instruction (Refer Instruction E5)
CSIP/SIP Start Date: D M M Y Y Y (Please specify)
STEP-UP SIP (OPTIONAL - and available only for SIP/CSIP Investments through NACH) (Refer Instruction C-21)
Amount (Default of ₹ 500/-) ₹ 500/- ₹ 1,000/- Amount (In multiples of ₹ 500/-) STEP-UP SIP Frequency (Default Yearly) Half Yearly Yearly
FOR CENTURY SIP (Please read detailed Terms & Conditions for availing CSIP)
Date of Birth* D D M M Y Y Y GENDER* Image: MALE FEMALE
NOMINATION DETAILS (Refer Instruction No. E-14)
I/We do hereby nominate the undermentioned Nominee to receive Insurance Coverage benefit 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 :
Note: Nomination as stated above, shall be considered to avail Insurance coverage benefit In case Nominee details are not provided the single/multiple nominee detail, if available in the Common Application Form (CAF) or in the registered folio would be considered as a nominee for insurance. For the purpose of insurance coverage, nominee would remain same across all CSIP schemes registered in the folio. (For complete details refer to terms & conditions – Century SIP point 14). Aditya Birla Sun Life AMC Limited would intimate the above nomination to Aditya Birla Sun Life Insurance for the purpose of insurance cover.
DECLARATION(S) & SIGNATURE(S)
I/We hereby authorise Aditya Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit 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/ Auto Debit Clearing or for compliance with third parties given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold ABSLAMC/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 Fund sfrom amongst which the Scheme is being recommended to me/us. I'I / We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold hamless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information." For Century SIP: I/We hereby opt for Aditya 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 aggrega
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)

INSTRUCTIONS FOR ONE TIME MANDATE FORM

- Investors who have already submitted an NACH/AUTO DEBIT form or already registered for NACH/AUTO DEBIT facility should not submit NACH/AUTO DEBIT form again as NACH/AUTO DEBIT registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for NACH/AUTO DEBIT facility, may fill the NACH/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/AUTO DEBIT Facility, SIP registration through NACH/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 Aditya Birla Sun Life Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format
- Please mention the amount in figures and words.
- Please fill all the required details in the Debit Mandate Form for NACH/Auto Debit. The sole/first holder must be one of the holders in the bank account.
- The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
- The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.

Acknowledgement		ISC Stamp
Investor Name:	Folio No/Application No	
□ DEBIT MANDATE FORM □ SIP FORM		

Website : www.birlasunlife.com | E-mail : connect@birlasunlife.com | Contact Centre : 1-800-270-7000/ 1-800-22-7000

0			5
Acknowledgement Slip (To be filled in by the	ne Investor)	SYSTEMATIC INVESTMENT THROUG	GH NACH/ AUTO DEBIT FACILITY APPLICATION FORM
Scheme Name Scheme Name Amount (₹)	Plan Plan		Request for Registration of SIP Renewal of SIP Change in Bank Details Additional Micro SIP in same folio OTM Registration

Know Your Client (KY Application Form (Fo (Please fill the form in English ar Fields marked with '*' are manda	or Individuals only) Application I New and in BLOCK Letters) Type* Update KYC Number*											
	atory neios	KYC Type* ONORMAL (PAN is mandatory) PAN Exempt Investors (Refer instruction K)										
1. Identity Details (Please r	efer instruction A at the	end)										
PAN		Please enclose a duly attested copy of your PAN Card										
	Prefix	First Name Middle Name Last Name										
Name* (same as ID proof)												
Maiden Name (If any*)												
Father / Spouse Name*												
Mother Name*												
Date of Birth*		Y Y Y Photo										
Gender*	M- Male	□ F- Female □ T-Transgender										
Marital Status*	Married	Unmarried Others										
Citizenship*	IN- Indian	Others – CountryCountry Code										
Residential Status*	Resident Individual Foreign National	I Non Resident Indian										
Occupation Type*	S-Service Priv											
, , , , , , , , , , , , , , , , , , ,	O-Others Pro	ofessional Self Employed Retired Housewife Student Signature/										
	B-Business	X-Not Categorised										
2. Proof of Identity (Pol)* (f	for PAN exempt Investor	or if PAN card copy not provided) (Please refer instruction C & K at the end)										
(Certified copy of <u>any one of</u>	the following Proof of Iden	tity [Pol] needs to be submitted)										
A- Passport Number		Passport Expiry Date DD - MM - YYYY										
B- Voter ID Card												
D- Driving Licence		Driving Licence Expiry Date D D - M M - Y Y Y										
🗆 E- Aadhaar Card												
F- NREGA Job Card												
\Box Z- Others (any docume	ent notified by the centr	ral government)										
3. Proof of Address (PoA)*												
3.1 Current / Permanent	/ Overseas Address Deta	ails (Please see instruction D at the end)										
Address												
Line 1*												
Line 2												
Line 3		City / Town / Village*										
District*	Zi	ip / Post Code* as per Indian Motor Vehicle Act, 1988										
State/UT*		Country* Country* Country Code as per ISO 3166										
, i —	Residential / Business	□ Residential □ Business □ Registered Office □ Unspecified										
	of the following Proof of	of Address [PoA] needs to be submitted)										
Proof of Address*												
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Driving Licence		Driving Licence Expiry Date D D - M M - Y Y Y										
Aadhaar Card												
□ NREGA Job Card												
□ Others (any document	notified by the central	government)										
		ease see instruction E at the end)										
	nent / Overseas Addre	ess details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof										
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Line 3		City / Town / Village*										
District*	<u> </u> Zi	ip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988										
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liable for it. I hereby declare legislation or any notifications	that I am no	ot making	this ap	plication	n for th	e purp	ose d	of contr	aventio	on of	any A											[Si	gnat	ture /	Thu	mbln	npres	sion]		
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