

# MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA  
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

## Common Application Form For Resident Indians and NRIs/FIIs/FPIs

(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/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIN)	Application No.
130842			E215826	
Distributor Mobile No.	Distributor Email Id			

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

I/we hereby confirm that the EUIN 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 ₹ 10,00,00/- 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.
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### 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (1 to 8) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii)

Name of First/Sole Applicant (as per PAN/ Aadhaar Card)#	Mr. Ms. M/s.
PAN / PEKRN (Mandatory)	Date of Birth**

AADHAR Card Number	CKYC Number	(Prefix if any)	14 digit CKYC Number
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Name of the Second Applicant (as per PAN/ Aadhaar Card)#	Mr. Ms. M/s.
PAN / PEKRN (Mandatory)	Date of Birth**

AADHAR Card Number	CKYC Number	(Prefix if any)	14 digit CKYC Number
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Name of the Third Applicant (as per PAN/ Aadhaar Card)#	Mr. Ms. M/s.
PAN / PEKRN (Mandatory)	Date of Birth**

AADHAR Card Number	CKYC Number	(Prefix if any)	14 digit CKYC Number
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Name of the Guardian (as per PAN/ Aadhaar Card)# (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**

AADHAR Card Number	CKYC Number	(Prefix if any)	14 digit CKYC Number
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Relationship of Guardian (Refer Instruction No. 2(ii))
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ISD CODE	TEL: OFF.	TEL: RESI	#The application is liable to get rejected if does not match with PAN card/ Aadhar card
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Proof of the Relationship with Minor**	** Mandatory in case the First / Sole Applicant is Minor
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### Tax Status [Please tick (✓)] (Applicable for First / Sole Applicant)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Fils	<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 and FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> QFI	<input type="checkbox"/> Provident Fund	<input type="checkbox"/> Others	(Please Specify)

### Acknowledgement Slip (To be filled in by the Investor)

### Common Application Form

Application No.	Collection Centre / ABSLAMC Stamp & Signature
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

### Aditya Birla Sun Life AMC Limited

(Formerly known as Birla Sun Life Asset Management Company Limited)

Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013

+91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: U65991MH1994PLC080811

### Contact Us:

1800-270-7000

adityabirlacapital.com



ADITYA BIRLA  
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**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.)

[illegible]**OVERSEAS ADDRESS** (Mandatory for NRI/FII Applicant.)[illegible]

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

<input type="checkbox"/> SMS Transact		<input type="checkbox"/> Online Access		<b>Mobile No.</b>		+91														I/ We would like to register for my/our SMS Transact and/ or Online Access	
<b>Email Id</b>																					
Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: [Please tick (✓)] <input type="checkbox"/> Account Statement <input type="checkbox"/> Annual Report <input type="checkbox"/> Other Statutory Information																					
<b>Facebook Id</b>										<b>Twitter Id</b>											

**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)

[illegible]

#### 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	Cheque Date	Amount Invested (₹)	DD Charges^	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)
1.	ABSL						
	Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____						
2.	ABSL						
	Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____						
3.	ABSL						
	Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____						

# (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 (✓)]

<b>FIRST APPLICANT</b>	<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)					
<b>SECOND APPLICANT</b>	<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)					
<b>THIRD APPLICANT</b>	<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 (✓)]

<b>FIRST APPLICANT</b>	<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 <span style="border: 1px solid black; padding: 2px;">D</span> <span style="border: 1px solid black; padding: 2px;">D</span> <span style="border: 1px solid black; padding: 2px;">M</span> <span style="border: 1px solid black; padding: 2px;">M</span> <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">Y</span> <span style="border: 1px solid black; padding: 2px;">Y</span> [Not older than 1 year]
<b>SECOND APPLICANT</b>	<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 _____
<b>THIRD APPLICANT</b>	<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 _____



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.	ABSL				

For Individuals				For Non-Individual Investors (Companies, Trust, Partnership etc.)	
	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please attach mandatory UBO Declaration)	
Sole/First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Exchange / Money Charger Services <input type="checkbox"/> Yes <input type="checkbox"/> No	
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No	
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	Applicant's Relationship with the Nominee	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					

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.

