## MUTUAL FUNDS

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Aditva	Birla	Sun	Life	Mutual	Fund



PROTECTING INVESTING FINANCING ADVIS

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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-Individua	l Investor	s (Companies, Trust,	Partners	nip etc.)				
		l am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable	(If No, please attac	ch mandat	npany or Subsidiary o tory UBO Declaration)		Company or (	Controlled by a	Listed Company:		
	Sole/First Applicant				Foreign Exchange							Yes	
	Second Applicant				Gaming / Gamblin	g / Lottei	ry / Casino Services					Yes	No
	Third Applicant				Money Lending / F	Pawning						Yes	No
5.	DEMAT ACCOUNT DETAIL	S (OPTIONAL)	(Please ensure t	hat the sequence o	of names as mentioned in t	he applicati	on form matches with that	of the A/c. I	neld with the de	pository participa	nt.) Refer Instruction	No. 3(B)	
_	NSDL: Depository Pa	rticipant Nam	ie:		D	PID No.:	1 N		Benef	iciary A/c No.			
	CDSL: Depository Pa	rticipant Nam	e:				Beneficiary A/c No.						
	Enclosed: Client Ma	aster 🗌 Ti	ransaction/ St	tatement Copy/	/ DIS Copy								
6.	NOMINATION DETAILS (I	Mandatory) (Re	efer Instruction No	o. 7)									
	I/We wish to nomina	ate 🗌 I/We	DO NOT wish	to nominate ar	nd sign here				1st Ap	plicant Signat	ure (Mandatory)		
		Nominee N	Name and Add	ress	Applicant's Relat with the Norr		Guardian Name (	in case o	f Minor)	Allocation 9	Nominee/ G	uardian S	ignature
	Nominee 1				with the Holi								
	Nominee 2												
	Nominee 3												
7.	FATCA & CRS INFORMAT	ION [Please ti	ck (🖌 )] For Inc	dividual Investo	rs including Sole Prop	rietor (No	n Individual Investors	should m	andatorilv fil	l seperate FAT	A detail form)		
	The below information	n is required	for all applicar	nt(s)/ guardian									
	Address Type:						_			address appea	ing in Folio)		
	Is the applicant(s)/ g If Yes, please provide Please indicate all co	the following	g information [	mandatory]	-				No				
	Category		First A	Applicant (inclu	uding Minor)		Second Applicant/	Guardiar	n		Third Applica	nt	
	Name of Applicant												
	Place/ City of Birth												
	Country of Birth												
	Country of Tax Resid	dency#											
	Tax Payer Ref. ID No	^											
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	Identification Type [TIN or other, please												
	#To also include USA	A, where the in	ndividual is a c	citizen/green ca	ard holder of USA. ^Ir	n case Tax	Identification Numbe	er is not a	vailable, kind	lly provide its	unctional equival	ent.	

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# Date D D M M Y Y Y Y

### To,

## The Trustee,

Aditya 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.  $\Box$  Yes  $\Box$  No

#### VALUE ADD

I/We am/are interested in knowing my/our credit score and am/are happy to receive help in this regard.

- 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.
- 2. 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. 🗌 Yes 🗌 No

SIP 03/18 - V3

Aditya Birla Sun Life Mutual Fund

# **Multi Scheme SIP Facility Application Form**

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

Distributor Name &	ARN/ RIA No.	Sub Br	oker Name	& AR	N/ RIA No.		Sub Bro	ker C	ode		Employee Uniqu	e ID. No. (EUIN)
ARN-7	7785										E1572	201
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First Applicant /	Authorised Signat	ory			Second Applica	ant					Third Applicant	
Transaction Charges for A	pplications routed t	hrough Distrib	utors/agents	only (	Refer Instruction (	:-7)						
In case the subscription (lump other than first time mutual fun												or₹100/- (for investo
Existing Investor Folio No.				Арр	blication No.						Date D D M	M Y Y Y Y
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NAME OF FIRST / SOLE APPLICA	NT Mr. Ms. M/s.											
INVESTMENT DETAILS (Refer	Instruction B)									1		(*MANDATORY)
		SCHEME 1				SCHE	ME 2				SCHEME	3
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SIP Frequency	Monthly SIP Date (any date betwee 1-28)	n dayl	Wee weetween Mon widay)	any	Monthly SIP Date (any date betwee 1-28)	0 D en	R (Please r day betw to Friday	nentior reen M	. ,	SIP Dat	ate between d	Weekly Please mention any ay between Monday o Friday)
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Step Up (OPTIONAL - and available only for SIP Investments through NACH)	Step Up Amount: [ Other (In multi Step Up Frequency *Step Up Max Amou	ple of 500/-) : □Half Yearl	) y                        Yearly		Step Up Amount: Other (In mult Step Up Frequency *Step Up Max Amo	iple of : n: □Hal	500/-) f Yearly	Yea		C Othe Step Up	Amount: 500/- [ er (In multiple of 500 Frequency: Half Ye p Max Amount:	early [Yearly]
First Installment	Cheque Date		Che	eque No				Am	ount			
Drawn on Bank and Branch			I		<u> </u>				I			
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Bank Name							A/c No.	Τ				
DECLARATION(S) & SIGN	ATURE(S)											
I/We hereby authorise Adi	tya Birla Sun Life M											

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 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 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 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."

and transferring of the aforesaid information." 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. (refer Instruction no: B-16).

e(s)	Name of First Unit Holder	Name of Second Unit Holder	Name of Third Unit Holder
Signature	First Applicant	Second Applicant	Third Applicant
		(To be signed by All Applicants if mode of operation is Joint)	

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