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.
ARN-77785			E157201	

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

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 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** D D M M Y Y Y Y

AADHAR Card Number   CKYC Number (Prefix if any)   14 digit CKYC Number

Name of the Second Applicant (as per PAN/ Aadhaar Card)# Mr. Ms. M/s.

PAN / PEKRN (Mandatory)   Date of Birth** D D M M Y Y Y Y

AADHAR Card Number   CKYC Number (Prefix if any)   14 digit CKYC Number

Name of the Third Applicant (as per PAN/ Aadhaar Card)# Mr. Ms. M/s.

PAN / PEKRN (Mandatory)   Date of Birth** D D M M Y Y Y Y

AADHAR Card Number   CKYC Number (Prefix if any)   14 digit CKYC Number

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** D D M M Y Y Y Y

AADHAR Card Number   CKYC Number (Prefix if any)   14 digit CKYC Number

Relationship of Guardian (Refer Instrcution No. 2(ii))

ISD CODE   TEL: OFF. S T D -

TEL: RESI S T D -

#The application is liable to get rejected if does not match with PAN card/ Aadhar card

Proof of the Relationship with Minor**   ** Mandatory in case the First / Sole Applicant is Minor

Tax Status [Please tick (✓)] (Applicable for First / Sole Applicant)

☐ Resident Individual	☐ FIIs	☐ NRI - NRO	☐ HUF	☐ Club / Society	☐ PIO	☐ Body Corporate	☐ Minor	☐ Government Body
☐ Trust	☐ NRI - NRE	☐ Bank and FI	☐ Sole Proprietor	☐ Partnership Firm	☐ QFI	☐ Provident Fund	☐ 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 ☐ PAN/PEKRN Proof ☐ KYC Complied   NECS Form ☐ 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.)

CITY																				
STATE													PINCODE							

OVERSEAS ADDRESS (Mandatory for NRI/FII Applicant.)

CITY							COUNTRY							ZIP CODE						

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

☐ SMS Transact ☐ Online Access	Mobile No.	+91										I/ 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

Facebook Id		Twitter Id	

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)

Name of the Bank																				
Branch Address																				
Pin Code						City														
Account No.																				

Account Type [Please tick (✓)]	☐ SAVINGS ☐ CURRENT ☐ NRE ☐ NRO ☐ FCNR ☐ OTHERS _____ (Please Specify)

11 Digit IFSC Code												9 Digit MICR Code								

4. INVESTMENT DETAILS [Please tick (✓)] (Refer Instruction No. 5, 9 & 14) (If this section is left blank, only folio will be created)

Seperate 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 (✓)]

FIRST APPLICANT	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others .... (please specify)
SECOND APPLICANT	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others .... (please specify)
THIRD APPLICANT	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others .... (please specify)

GROSS ANNUAL INCOME [Please tick (✓)]

FIRST APPLICANT	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore Net worth (Mandatory for Non - Individuals) Rs. _____ as on [D][D] [M][M] [Y][Y][Y][Y] [Not older than 1 year]
SECOND APPLICANT	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore OR Net Worth _____
THIRD APPLICANT	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore OR Net Worth _____

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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	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable
Sole/First Applicant	☐	☐	☐
Second Applicant	☐	☐	☐
Third Applicant	☐	☐	☐

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

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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

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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					

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7. FATCA & CRS INFORMATION [Please tick (✓)] For Individual Investors including Sole Proprietor (Non Individual Investors should mandatorily fill seperate 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.

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

To,

The Trustee,

Aditya Birla Sun Life AMC Ltd.

Date | D | D | M | M | Y | Y | Y | Y

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.adityabir-lacapital.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

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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

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VALUE ADD

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.
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

Multi Scheme SIP Facility Application Form
(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

SIP 03/18 – V3

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIN)
ARN-77785			E157201

EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. C-3

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

Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction C-7)

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 Investor Folio No.		Application No.		Date	D D M M Y Y Y Y

1. **FIRST / SOLE APPLICANT INFORMATION** (MANDATORY)

NAME OF FIRST / SOLE APPLICANT   Mr. Ms. M/s.

2. **INVESTMENT DETAILS (Refer Instruction B)**   (*MANDATORY)

	SCHEME 1	SCHEME 2	SCHEME 3
SCHEME NAME	ABSL	ABSL	ABSL
PLAN			
OPTION			
SIP Frequency	☐ Monthly OR ☐ Weekly SIP Date ☐☐ ____ (Please mention any day between Monday to Friday) (any date between 1-28)	☐ Monthly OR ☐ Weekly SIP Date ☐☐ ____ (Please mention any day between Monday to Friday) (any date between 1-28)	☐ Monthly OR ☐ Weekly SIP Date ☐☐ ____ (Please mention any day between Monday to Friday) (any date between 1-28)
Tenure	From: M M Y Y Y Y To: ☐ 5 years ☐ 10 years ☐ 15 years ☐ 31/12/99 ☐ Others M M Y Y Y Y	From: M M Y Y Y Y To: ☐ 5 years ☐ 10 years ☐ 15 years ☐ 31/12/99 ☐ Others M M Y Y Y Y	From: M M Y Y Y Y To: ☐ 5 years ☐ 10 years ☐ 15 years ☐ 31/12/99 ☐ Others M M Y Y Y Y
SIP Installment Amount			
Step Up (OPTIONAL - and available only for SIP Investments through NACH)	Step Up Amount: ☐ 500/- ☐ 1000/- ☐ Other (In multiple of 500/-) ____ Step Up Frequency: ☐ Half Yearly ☐ Yearly *Step Up Max Amount: ____	Step Up Amount: ☐ 500/- ☐ 1000/- ☐ Other (In multiple of 500/-) ____ Step Up Frequency: ☐ Half Yearly ☐ Yearly *Step Up Max Amount: ____	Step Up Amount: ☐ 500/- ☐ 1000/- ☐ Other (In multiple of 500/-) ____ Step Up Frequency: ☐ Half Yearly ☐ Yearly *Step Up Max Amount: ____
First Installment	Cheque Date	Cheque No.	Amount
Drawn on Bank and Branch			

☐ Use existing One Time Mandate   (To be filled in case of more than one OTM registration)

Bank Name		A/c No.	

3. **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 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."

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).

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)

INTENTIONALLY LEFT BLANK

DEBIT MANDATE-ONE TIME MANDATE / NACH / AUTO DEBIT [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.

Date [D][D][M][M][Y][Y][Y][Y]

UMRN [ ]

(tick✓)

☑ CREATE
☒ MODIFY
☒ CANCEL

Sponsor Bank Code [Office use only]   Utility Code [Office use only]

I/We hereby authorize: **ADITYA BIRLA SUN LIFE MUTUAL FUND**   to debit (tick✓)   SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.: [ ]

With Bank: [Bank Name & Branch]   IFSC [ ][ ][ ][ ][ ][ ][ ][ ][ ]   OR MICR [ ][ ][ ][ ][ ][ ][ ][ ][ ]

an amount of Rupees [   ]   ₹ [   ]

FREQUENCY ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☑ As & when presented   DEBIT TYPE ☐ Fixed Amount ☑ Maximum Amount

Reference 1   Folio No: Mobile [   ]

Reference 2   Appln No: Email:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

PERIOD

From [ ][ ] [ ][ ] [ ][ ][ ][ ]

to   [3][1] [1][2] [2][0][9][9]

or   ☐ Until Cancelled

1. Sign .... 2. Sign .... 3. Sign ....

Name as in bank records (mandatory)   Name as in bank records (mandatory)   Name as in bank records (mandatory)

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Aditya Birla Sun Life Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Aditya Birla Sun Life Mutual Fund or the bank where I have authorised the debit.

Acknowledgement Slip (To be filled in by the Investor)   MULTI SCHEME SIP FACILITY APPLICATION FORM SIP (WITH MICRO SIP)

Application No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   Collection Centre / ABSLAMC Stamp & Signature

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