MUTUAL FUNDS Aditya Birla Sun Life Mutual Fund



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 B	roker Nam	e & ARN	I/ RIA No.	Sub	Broker Code	Employ	ree Unique ID. No. (EUIN	Application No.				
45780							E000	000					
Distributor Mobile No.					Distribu	itor Email Id							
EUIN is mandatory for "Execution Only" t /we hereby confirm that the EUIN box h				as this trans	action is exec	uted without any interacti	ion or advic	e by the employee/relationship n	nanager/sales person of the abov				
listributor/sub broker or notwithstandir													
First Applicant / Autho	rised Signato	ory			Second Ap	pplicant		Third Ap	plicant				
Transaction Charges for Applicati		_		• •									
In case the subscription (lumpsum) am first time mutual fund investor) will be d									or ₹ 100/- (for investor other than				
Existing Unitholder please fill in y	our Folio No.,	Name & Ema	il ID and	then procee	ed to Section	n 5 (Applicable details	and Mode	of holding will be as per the	existing Folio No.)				
Existing Folio No.			TT										
	ON /MANDATOD	2V\		3.2 () 5	Name lavor stands	5:11 :11 ab - bl - d /4 a-	0) 1	f:	Di D-f				
FIRST / SOLE APPLICANT INFORMATI			uction No. 2	2,3,4) Fresn /	New Investors	TILL IN ALL THE BLOCKS. (1 to	8) In case o	T Investment "Un benalt of Minor",	Please Refer Instruction no. 2(II)				
lame of First/Sole Applicant as per PAN/ Aadhaar Card)#	r. Ms. M/s.												
PAN / PEKRN (Mandatory)						Date of Birth**	D D	M M Y Y	YY				
ADHAR Card Number					CKYC Number	(Prefix if any)		14 digit CKYC Number					
	r. Ms. M/s.				T T								
as per PAN/ Aadhaar Card)#					+	Data of Bindatt			<u> </u>				
PAN / PEKRN (Mandatory)					010/0	Date of Birth**	D D	MMYY					
ADHAR Card Number					CKYC Number	(Prefix if any)		14 digit CkYC Number					
Name of the Third Applicant (as per PAN/ Aadhaar Card)#	r. Ms. M/s.												
PAN / PEKRN (Mandatory)						Date of Birth**	D D	M M Y Y	YY				
AADHAR					СКУС	(Prefix		14 digit CKYC Number					
Card Number Name of the Guardian (as per PAN/ Aa	dhaar Card)# (In	a coco Firet / S	Colo Applio	ant is minor	Number	if any)	a Holdor (In	assa of Non-individual Investor	2)				
Mr. Ms. M/s.	landar Cardy# (III	T case i iist / c	Jole Applic	lanc is minor)	7 CONTRACT PE	Jacob - Designation - Pos	a riolder (iii	Case of North-Individual Investor					
DANI / DEI/DN (Mandatan)									<u> </u>				
PAN / PEKRN (Mandatory) AADHAR					CKYC	Date of Birth**	D D	MMYYY					
Card Number					Number	if any)		14 digit CKYC Number					
Relationship of Guardian (Refer Instru	ition No. 2(ii))												
ISD CODE	TEL: (OFF.	S	T D	-								
	TEL: I	DESI	S	T D				#The application	n is liable to get rejected if				
	100.1	RESI	3					does not match	with PAN card/ Aadhar card				
Proof of the Relationship with Minor**								** Mandatory in case	the First / Sole Applicant is Mine				
Tax Status [Please tick (✓)] (App	licable for Firs	st / Sole App	licant)										
Resident Individual	Fils NRI	l - NRO	HUF	Club .	/ Society	☐ PIO ☐ Body	Corporate	Minor Govern	ment Body				
☐ Trust ☐ NRI - NRE	Bank and F	Sole F	roprietor	Partr	ership Firm	QFI Pro	vident Fund		(Please Specify)				
Acknowledgement Slip (To b	e filled in by	the Investor)	Low	mon Anni	ication Form		· %					
Application No.	I I I				П	ioddon i omi			Collection Centre /				
Application No.								ABS	SLAMC Stamp & Signature				
Received from Mr. / Ms						Date :_	/_	/					
Please Tick (🗸)] Enclosed 🗌	PAN/PEKRN	N Proof 🔲	KYC Cor	mplied	NECS For	m 🗌 Yes 🗌 No							

Aditya Birla Sun Life AMC Limited

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



мо	DE O	F HO	LDIN	IG [F	Pleas	e tick	(✓)]	(Ple	ase	Refe	r Instr	uctior	No.	2(v))	□、	Joint		☐ Si	ngle		☐ An	yone c	or Sur	vivor	(Defaul	t option	n is An	one o	survi	vor)			
4AII	LING	ADDI	RES	OF	FIRS	ST / S	OLE	AP	PLIC	CANT	(P. O.	Вох Ас	ldress	is not	suffic	ient. I	Please p	orovide	full add	ress.)													_
	-	_	+					+	-					-	-	-	-	-											-	+	+	-	_
(CITY		\top																													ヿ	_
			+	\dashv				+	_					1	1	+	-	-											-	+	+	\dashv	_
S	TATE																								PINC	ODE							
OVE	RSE	AS AI	DRE	SS	(Mano	datory	for NF	RI/FII	І Арр	licant	.)			•																			
						Ė			Ť																							\Box	_
	\perp	_	\perp			_	_	\perp	_					-	_	_		-											-	\perp	\rightarrow	\dashv	_
(CITY		\top					\top								CC	UNTR	,								7ID	CODE					\neg	_
`	0111		\perp														OITTIC									211	OODL			\perp		\sqcup	_
GO G	REEN	[Pleas	e tick	(/)] (Refe	r Instru	ction l	No. 10	0)																								
7.5	SMS ⁻	Transa	ct		Online	Acce	ss	Moh	ile N	lo l	+91						T					I/ We			o regis	ster fo	r my/	our S	MS T	ransa	act an	d/	Ī
		_						*100	ne n	10.	.01											or Onli	ne Ac	cess									_
	ail Id																																_
Def	ault C	Comm	unica	ition	mode	e is E-	mail	only	, if y	ou wi	sh to r	eceive	follo	wing	docun	nent(s	s) via p	hysical	mode	: [Plea	se tick	(✔)] [Acco	unt Sta	itemen	t 🗌 Ar	nnual R	eport	☐ Ot	ther S	tatuton	y Info	m
Fac	ceboo	ok Id																Twit	ter Id														
RANI	K VLL	пиит	DETA	II S /	Dloaco	noto th	at ac	nor Cl	EDI Da	ogulati.	one it is	mandat	ory for	r invoct	ore to r	rovido	thoir ha	nk accou	ınt dotai	Ic) Pofe	r Inctru	ction No.	3/1/										Ī
				ILJ (riease	Tiote ti	iat as	pei 3i	LDI KE	guiati	UIIS IL IS	IIIaiiuai	.01 y 101	lilivest	.01 S LU F	Jovide	uleli ba	IIN accor	iiit uetai	is) kere	ii iiistiui	LUUII NU.	J(H)	_	_	_	_	_	_		—		7
√am	e of t	the Ba	nk				\perp						\perp			\perp										\perp	\perp	\perp				<u>_</u>	
3ran	ch A	ddress		-					_																					Ī	1		
Dim 1	204-				+	+	+	\dashv		1		City		+	+	+	-	+	+	+	+	+	+	+		+	+	+	+				+
-in C	Code				1	-	\perp	\downarrow		1		I		_	\perp	\perp	\dashv	\perp	+	4		\perp										Щ.	
Acco	ount N	٧o.																															
Acco	ount 1	Type [F	Pleas	e tic	k (✔)		□ SA	VING	s F	CUR	RENT	 □nri	:	NRO		JR [Тотны	25	(F	Please S	necify)												_
					T			T	,				- <u>U</u>	11110						10030 0	pecity/		$\overline{}$										-
וו נו)ıgıt II	FSC C	ode													9	Digit N	4ICR C	ode														
NVE	STME	NT DE	TAIL:	S [Ple	ease ti	ck (🗸)]	(Refe	er Inst	tructio	on No.	5.9 & 1	4) (If th	is sect	ion is le	eft blan	k. onlv	folio wil	l be crea	ted)														
																				ame ar	nd the	instrun	nent s	hould	be cro	ossed	"A/c	Pavee	Only	<i>"</i> .			ı
											lan/Op						<u> </u>																
s.			С	hequ	ie / D	D Favo	ouring	3				Plan/	′Onti	nn.		Che	que		Amou	nt		DD		Net	Amou	nt		Che	que/[DD No	o./UTF	₹ No.	
No.		5	Scher	ne N	ame*	(refer li	nstruct	ion 5)			r tarr/	Ори	J11		Da	te	- 1	nveste	d (₹)	С	harges	^	Pa	aid (₹)			(in d	case (of NE	FT/R1	rgs)	
	ABS	L																															
1.																																	-
	Drav	vn on	Banl	∢/Br	ranch:								A/c						no					A/c Type:									
	ABS	L																															
2.	_										_							_		,									, _				_
_	Drav	vn on	Banı	(/Br	anch														A	/c no.									√c T	ype:			=
_	ABS	L																															
3.	Drov	vn on	Dani	, /D.	onoh										Ċ			•	^	/c no.	•								/o T	·ma.			
(Tyr							NIDE	/ NID	0 / [CND	/ NIDQI	ο\ * Λ II	nurch	2000 2	ro cub	ioot to	rooliza	tion of				ruction	No 5	(vi)				_ ^	/ C I	ype:			=
						ilelit /	INKL	/ INK	.0 / 1	CIVIC	/ INKOI	() All	puicii	аъсъ а	re sub	ject tt	realiza	itioii oi	Turius ·	Kelei	to mst	uction	110. 5	(VI)									
KYC	DET	AILS (I	Mand	atory	')																												
occ	UPAT	ION [F	Pleas	e tick	(√)]																												
					☐ Pi	ivate S	Secto	r Ser	vice		Public	Secto	r Serv	ice [Go	vernm	ent Sei	vice	☐ Bus	siness	F	rofessi	onal	Ag	gricultu	ırist	F	etirec		Hou	usewife	е	Т
FIR	SIA	PPLIC	ANT		☐ St	tudent					Forex	Dealer		[Oth	ners								(pl	ease s	pecify)							
				\dashv	☐ Pi	ivate S	Secto	r Ser	vice		Public	Secto	r Serv	ice [Go	vernm	ent Sei	vice	☐ Bus	siness	F	Profession	onal	Ag	gricultu	ırist	F	Retirec		Hou	usewife	е	_
SEC	COND	APPI	_ICA	NT						_					□ Otł	ners					_ -			(pla	ease si	pecify)	_						
				\dashv										Others											Retired Housewife								
THI	RD A	PPLIC	ANT					. 001	VICC				OCIV								_			_ `			_	io ciii o c	_	_ 1100	100WII	•	
CDC	nec t	MINULES	1310	_		tudent				Ш	Forex	Jealer		l		ie15								(pl	case S	ресіту)							
υKÜ	122 A	NNUÁ	INC		-	se tick								1			1																
EID:	CT A	חחו וכ	A N.T	- 1	∐ B	elow 1	Lac	Ш	1-5	Lacs	∐ 5	·10 La	cs _	<u> </u> 10-	25 Lac	cs L	> 25	Lacs -	1 Crore	. 🗆	> 1 Crc	re											
FIR	SIA	PPLIC	ANI		Net w	orth (N	4anda	atory	for N	lon -	Individ	uals) R	s							as c	n		D	D	M	√l Y	Y	Υ	Υ	[Not	older t	.han 1	١.)
CE (CONIC	ADDI	104	NIT				_						7			1			_					-				_				-
		APPI		\dashv	⊔В	elow 1	Lac	Ц	1-5	Lacs	∐ 5	· 10 La	cs L] 10-	25 Lac	s L	J > 25	Lacs -	1 Crore	<u> </u>	> 1 Crc	re OR N	vet Wo	rtn									_
THI	RD A	PPLIC	ANT		□В	elow 1	Lac		1-5	Lacs	<u> </u>	·10 La	cs [] 10-	25 Lac	cs [> 25	Lacs -	1 Crore		> 1 Cro	re OR N	let Wo	orth									
																							3	*									
	1									1										1													
S.				Sal	ema t	Vamo					Plan	ı / ∩nt	ion			Net i	Amou int	Paid /≇)	<u> </u>					Pa	yment	Details	3					_
No.				ocr	cheme Name					Plan / Option					Net Amount Paid (₹)					Cheque/DD No./UTR No. (in case of NEFT/RTGS)							Bank a	and Br	ranch				
	-									+				+						+	case	JI INEF	., κιυ	٥,							—	—	-
1.	ABS	SL.																															
										1				- 1						- 1													

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: Yes (If No, please attach mandatory UBO Declaration) Foreign Exchange / Money Charger Services												
Sole/First Applicant				Foreign Exchange / Money Charger Services												
Second Applicant				Gaming / Gambling / Lottery / Casino Services												
Third Applicant				Money Lending / F	Money Lending / Pawning											
5. DEMAT ACCOUNT DETAIL	S (OPTIONAL)	(Please ensure th	nat the sequence o	of names as mentioned in t	he applicati	on form matches with that of the A/c. held with th	e depository participant.) Refer Instruction No	. 3(B)							
NSDL: Depository Pa	rticipant Nam	e:		DPID No.: I N Beneficiary A/c No.												
CDSL: Depository Pa	rticipant Nam	e:		Beneficiary A/c No.												
Enclosed: Client Ma	ster Tr	ransaction/ St	atement Copy	/ DIS Copy												
6. NOMINATION DETAILS (N	Mandatory) (Re	efer Instruction No	o. 7)													
☐ I/We wish to nomina	ite 🗌 I/We	DO NOT wish	to nominate ar	nd sign here		1s	: Applicant Signature	e (Mandatory)								
	Nominee N	lame and Add	ress	Applicant's Relat	tionship	Guardian Name (in case of Minor)	Allocation %	Nominee/ Gua	uardian Signature							
Nominee 1				with the right	iniec											
Nominee 2																
Nominee 3																
Is the applicant(s)/g If Yes, please provide	esidential or B uardian's Cou the following	usiness F ntry of Birth / information [Residential Citizenship / N	Nationality / Tax Resid	dency oth	re (for address mentioned in form/existing than India? Yes No	ng address appearin _i	g in Folio)								
Category		First A	pplicant (incl	uding Minor)		Second Applicant/ Guardian		Third Applicant								
Name of Applicant																
Place/ City of Birth																
Country of Birth																
Country of Tax Resid	dency#															
Tax Payer Ref. ID No	٨															
Identification Type [TIN or other, please	specify]															
Country of Tax Resid	dency 2															
Tax Payer Ref. ID No	. 2															
Identification Type [TIN or other, please	specify]															
Country of Tax Resid	dency 3															
Tax Payer Ref. ID No	. 3															
Identification Type [TIN or other, please																
		ndividual is a c	citizen/green ca	ard holder of USA. ^Ir	n case Tax	dentification Number is not available,	I Kindly provide its fur	nctional equivaler	nt.							