COMMON APPLICATION FORM

Birla Sun Life
Mutual Fund

PLEASE READ THE INSTRUCTIONS BEFO Distributor Name / ARN No.	Sub Broker Name / ARM				Sub Br				Emplo							Appli	ation	No.	
ARN-82882										E	E0282	251							
UIN is mandatory for "Execution Only" transactio we hereby confirm that the EUIN box has been inter -appropriateness, if any, provided by the employee/r	tionally left blank my me/us as this tr					interactio	n or advice t	by the emp	loyee/relat	ionship	manager	'sales per	son of th	e above (listribu	tor/sub t	roker or r	notwiths	tanding the adv
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First Applicant / Authorise	ed Signatory				Se	cond Ap	oplicant								Third	Applic	ant		
TRANSACTION CHARGES FOR		ED TI	HROL	JGH				ENTS (DNLY (Refei	r Instr	uctio	1 1 (v			, do birto			
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EXISTING UNITHOLDER please f	ill in your Folio No., Nar	ne &	Emai	I ID :	and the	n proc	eed to S	Section	5 (App	licabl	e deta	ils and	Mode	of hol	ding	will be	e as pei	r the o	existing Fo
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IAME OF FIRST / SOLE APPLICANT	Mr. Ms. M/s.																		
AN / PEKRN (Mandatory)								Date of	Birth**			M	M	Y				(KYC
ADHAR Card Number																			
IAME OF THE SECOND APPLICANT	Mr. Ms. M/s.																		
AN / PEKRN (Mandatory)								Date of	Birth**			M	M	γ					KYC
ADHAR Card Number																			-
AME OF THE THIRD APPLICANT	Mr. Mo. M/o																		
	Mr. Ms. M/s.																		
AN / PEKRN (Mandatory)								Date of	Birth**					Y					KYC
ADHAR Card Number			00117		DEDOO			NI / D. /		FD ().									
AME OF THE GUARDIAN (In case F Mr. Ms. M/s.	irst / Sole Applicant is mil	nor) /	CUNI	AUT	PERSUI	N - DES	IGNATIC	JN / POF	HULD	EK (Ir	i case	OT NON	-inaiv	iduai i	nves	tors)			
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RELATIONSHIP OF GUARDIAN (Refer																			
ISD CODE	TEL: OFF.																		
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Proof of the Relationship with Mino	r**												**	Manda	tory ir	ı case	the Firs	st / So	e Applicant
TAX STATUS (Please tick ()) (Applicat	le for First / Sole Applicant	:)																	
Resident Individual	s 🗌 NRI - NRO	HU	F		Club / Se	ociety	F	910	Boc	ly Cor	porate		Mine	or		Govern	ment B	Body	
Trust NRI - NRE	Bank & FI Sole P	roprie	tor		Partner	ship Fir	m 🗌	QFI	P	Provide	ent Fun	d	Oth	iers			(Please	e Specify)	
MODE OF HOLDING [Please tick (🗸)] (Pleas			🗌 Jo			S			🗌 Any		r Surviv	/O ľ (Defau	It option i	s Anyone o	or surviv	or)			
IAILING ADDRESS OF FIRST / SOLE A	PPLICANT (P.O.Box Address is	not suff	ficient. F	Please	provide full	address.)	(Indian Add	lress in ca	se of NRIs	/FIIs)									
CITY																			
STATE														PIN C	DF				
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ACKNOWLEDGEMENT SLIP (To be fi	lled in by the Investor)		COM	MON	N APPLI	CATION	I FORM										ļ	Applica	ition No.
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Birla Sun Life																			
Mutual Fund	One India Bulls Centre , Towe Toll Free : 1-800-												400 013	3					n Centre / np & Signati

Ema	ail Id																		
Defa	ault Communicat	ion mode	is E-mail o	nly, if you wis	h to receiv	e following) document(s) via	physical I	node: (Please	tick (🗸)]	Account S	tatement	Ar	nual Re	port	0	ther Sta	atutory	Informat
Face	ebook Id								Twitter Id										
BAN	IK ACCOUNT D	ETAILS	(Please note	that as per S	EBI Regulat	tions it is m	nandatory for inve	stors to p	ovide their ba	nk accour	nt details) Refe	r Instructi	on No. 3	A)					
Nam	ne of the Bank																		
Bran	nch Address																		
Pin C	Code					City													
Acco	ount No.																		
	ount No. ount Type (Please 1	tick (🗸)]	SAVINGS		T 🗌 NRE	NR0	FCNR OTH	ERS (ple											
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FIRST APPLICANT	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewif	e
	Student	Forex Dealer	Others			(plea	se specify)		
	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewif	e
SECOND APPLICANT	Student	Forex Dealer	Others			(plea	se specify)		
	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewif	9
THIRD APPLICANT	Student	Forex Dealer	Others			(plea	se specify)		
GROSS ANNUAL INCOME	[Please tick (🗸)]								
	🗌 Below 1 Lac 🔲 1-5 L	acs 🗌 5-10 Lacs 🗌 10	-25 Lacs 🗌 > 25 Lacs	- 1 Crore 🗌 >	> 1 Crore				
FIRST APPLICANT	Net worth (Mandatory for N	on - Individuals Rs			as on D	M M Y	Y Y Y	[Not older that	n 1 year]
SECOND APPLICANT	🗌 Below 1 Lac 🔲 1-5 L	acs 🗌 5-10 Lacs 🗌 10	-25 Lacs \square > 25 Lacs \square	- 1 Crore 🗌 >	> 1 Crore OR Net V	Vorth			
THIRD APPLICANT	🗌 Below 1 Lac 🔲 1-5 L	acs 🗌 5-10 Lacs 🗌 10	-25 Lacs > 25 Lacs	- 1 Crore 🗌 >	> 1 Crore OR Net V	Vorth			
For Individuals		For Non-Individual Inves	stors (Companies, Trust,	Partnership e	tc.)				
I am Politically Expose	ed Person	Is the company a Listed Co (If No, please attach mand		isted Company	or Controlled by a	Listed Company:		🗌 Yes	🗌 No
I am Related to Politic	ally Exposed Person	Foreign Exchange / Money	y Charger Services					Ves	No No
Not Applicable		Gaming / Gambling / Lotte	ery / Casino Services					Yes	No No
		Money Lending / Pawning						Ves	🗌 No

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

•	DEMAT ACCOUNT DETAILS (OPTIONAL) (Please ensure that the sequence of names as i	mentioned in the	appli	cation form matches v	vith that of the	A/c. held with the depository	participant.) R	efer Instruct	ion No. 3(B)
	NSDL: Depository Participant Name:	DPID No.:	I	Ν		Beneficiary A/c No.			
	CDSL: Depository Participant Name:		Be	eneficiary A/c No.					
	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	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1				
Nominee 2				
Nominee 3				

To register multiple nominee please fill separate Multiple nomination Form.

7. FATCA & CRS INFORMATION (Please tick ()) For Individuals & HUF (Mandatory) 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
is the applicant(s)/ guardian s obunti y of birth / offizenship / wationanty / lax nestuency other than india:	163	140

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,

Date

The Trustee **Birla Sun Life Mutual Fund**

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 lncome 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 Birla Sun Life Mutual fund 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 BSLAMC / BSLMF 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.

**1 have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Birla Sun Life Asset Management Company Ltd. (Investment Manager of 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.birlasunlife.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.

FATCA & CRS Declaration: // 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. // 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)

THS PAGE S INTERTIONALLY BUNK

COMMON APPLICATION FORM

Birla Sun Life
Mutual Fund

Distributor Name / ARN No.	Sub Brok	er Name / Al	RN No.		S	ub Bro	oker Co	ode		Emplo	oyee L	Jnique	ID. No	o. (EUI	N)		App	olicat	ion No.		
ARN-82882											E	0282	251								
UIN is mandatory for "Execution Only" transact we hereby confirm that the EUIN box has been int	entionally left blank	k my me/us as this	s transactio	n is exec	cuted with	hout any	interaction	n or advic	e by the empl	oyee/rela	tionship i	manager	'sales per	son of th	e abov	ve distrit	utor/sı	ıb broke	er or notw	ithstanding th	he advi
-appropriateness, if any, provided by the employee	relationship maha	iger/sales person c		utor/sub	DIOKEI.																
First Applicant / Authori	cod Cignatory					So	cond Ar	oplicant								Thir	d Ann	licant			
FRANSACTION CHARGES FOR		IONS ROLL	TED TI	HROU	IGH D				FNTS (NIV (Refe	r Instr	uctio	n 1 <i>(</i> vi	iii))		n Whh	IIGalii			
n case the subscription (lumpsum) amo me mutual fund investor) will be deduc																d inves	stor) c	or₹10	0/- (for i	investor o	ther t
EXISTING UNITHOLDER please																					
Existing Folio No.																					
FIRST / SOLE APPLICANT INFORM	MATION (MAND	DATORY) (Refer In	nstruction I	No. 2,3,4	4) Fresh	/ New In	vestors fi	ll in all the	e blocks. (1 to	o 10) In c	ase of in	ivestmer	ıt "On be	half of M	inor",	Please	Refer l	nstructi	ion no. 2(i	i)	
AME OF FIRST / SOLE APPLICANT	Mr. Ms. M/																				
AN / PEKRN (Mandatory)									Date of	Birth**			M	M			Y	Y	Y	C KYC	
ADHAR Card Number																					
AME OF THE SECOND APPLICANT	Mr. Ms. M/	′s.																			
AN / PEKRN (Mandatory)									Date of	Birth**			M	M			Y	Y	Y	C KYC	
ADHAR Card Number																					
AME OF THE THIRD APPLICANT	Mr. Ms. M/	′S.																			
AN / PEKRN (Mandatory)									Date of	Birth**			M	M			Y	Y	Y	C KYC	
ADHAR Card Number																					
AME OF THE GUARDIAN (In case	First / Sole A	oplicant is n	ninor) / (CONT	ACT PI	ERSON	I - DES	IGNAT	ION / PoA	HOLD	ER (In	case	of Non	-indiv	idua	l Inve	stors	5)			
Mr. Ms. M/s.											,										
AN / PEKRN (Mandatory)									Date of	Birth**			M	M			Y	Y	Y	KYC	
ADHAR Card Number																					
RELATIONSHIP OF GUARDIAN (Ref	er Instruction No.	2(ii))																			
ISD CODE	TE	EL: OFF.		T). -														
	TE	EL: RESI		T																	
Proof of the Relationship with Min	or**													**	Manc	latory	in ca	se the	First /	Sole Appli	icant
TAX STATUS (Please tick (🗸)) (Applica		Sole Applica	int)																		
Resident Individual		RI - NRO	, HU	F		ub / So	ociety		PIO	Boo	dy Corp	porate		Mino	or		Gove	ernme	nt Body	/	
Trust NRI - NRE	🗌 Bank & Fl	Sole	Propriet	tor	🗌 P	artners	ship Fir	m	QFI		Provide	ent Fun	d	Oth	ers_				(Please Spe	cify)	
MODE OF HOLDING [Please tick (🗸)] (Ple	ase Refer Instructio	on No. 2(v))		🗌 Jo	int		🗌 Si	ingle		🗌 Any	one or	r Surviv	/Oľ (Defau	It option is	s Anyor	ne or surv	ivor)				
IAILING ADDRESS OF FIRST / SOLE	APPLICANT	(P.O.Box Address	is not suff	icient. P	lease pro	ovide full	address.)	(Indian A	ddress in cas	e of NRIs	/FIIs)										
CITY																					
STATE													- 0		PIN	CODE					
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