Aditya Birla Sun Life Mutual Fund



Distributor Name & ARN/ RIA No. Sub Broker Name & ARN/ RIA No. Sub Broker Code Employee Unique ID. No. (EUN) Application Applicatio	Do you still want to fill this form? While you can save paper by doing quick digital transaction ABSL MF Partne						artner	Арр		AB	ABSL MF Partner Portal ABS						SL MF Investor App						ABSI	MF V	Vebsite		
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Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction 1 (iiii)) Those be abscription (Umpound Test 20,000, ~ mme and your Distributor has optical preview Transaction Charges, 21,00- (for first time mutual fund Investor) of 21,00- (for investor instrume mutual fund Investor) will be discription. Umboard the balance amount investor. Existing Unitholder please fill in your Folio No., Name & Email ID and then proceed to Section 5 (Applicable datalis and Mode of holding will be as part the existing Folio No.) Existing Falls No. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (selec Instruction No. 23,4) Fresh / New Investors fill in all be block. (1 to 1) In case of Investored "The abbaland of Interror of Transaction Charges, 21,90- (for fill fill fill fill fill fill fill fil													r advice by	the empl	loyee,	/relationsl	iip mana	iger/sa	les per	son of	the abo	ove di	stributo	or/sub b	roker or no	otwithst	.andi
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Received from Mr. / Ms Date : Date : Date :/ [Please Tick (1)] Enclosed PAN/PEKRN Proof KYC Complied														bale :		/	/ .										

	MODE	OF HOI	IF HOLDING [Please tick (✓)] (Please Refer Instruction No. 2(v)) □ Joint □ Single □ Anyone or Survivor (I											(Default	option	is An	yone or	survivo)															
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	Ema	ail ID																																
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	(Mand			uns ti				Guard	ian			OA				PMS									Parents Dependent Siblings For FPI'S only)									
F	Defau	ult Cor	nmun	icatior	n mode	e is E-	mail c	only, if	you wi	sh to	receiv	e follov	ving c	locum	ent(s)	via ph	ysical	mode:	: [Plea	se tick	(✔)][ount Sta	atement	An	inual R	eport [Othe	r Statu	ory Inf	ormatio			
	Faceb	ook Id															Twitte	er Id																
3.	BANK	ACCOU	INT DE	TAILS	(In case	of Min	or inves	stment, t	ank det	tails sho	ould be	of the m	inor, pa	arent or	legal g	uardian	of the r	ninor, or	r joint a	ccount o	f the m	inor wit	h paren	t or lega	l guard	ian) Re	efer Instr	uction N	lo. 3(A)					
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	11 Dig	git IFS	C Cod	le		Т									9 0	igit Ml	CR Co	de																
4.	11 Digit IFSC Code 9 Digit MICR Code INVESTMENT & PAYMENT DETAILS [Please tick (√)] (Refer Instruction No. 5, 9 & 14) (If this section is left blank, only folio will be created)																																	
T	S. No). S	cheme	Name	*																				P	lan/0	ption	1	Amount Invested (
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(Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) *All purchases are subject to realization of funds ^Refer to Instruction No. 5 (vi)

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				

PAYMENT DETAILS																			
	Ch	eque Date		Cheque N	0.		Amount												
	In case	of Minor, Paym	ent should be fro	m the bank acco	unt of the minor, pare	nt or legal guardian of the	minor, or fro	om a joint	t acco	unt of t	he m	inor wi	th pare	ent or l	egal gu	ardian			
Drawn on Bank and Branch																			
Use existing One Time M the minor with parent or			f more than one O	TM registration)	(In case of minor, ma	andate should be registere	d in the nam	ne of the r	minor,	parent	or le	gal gua	rdian (of the r	minor, a	r from a	i joint a	:count	
Bank Name	00	,				Α/	c No.											-	
Cheque should be submitted, cro	ossed "Account	Payee only" ar	nd drawn favoring	"Aditya Birla Su	n Life Mutual Fund".														
KYC DETAILS (Mandatory)																		
OCCUPATION [Please tick																			
		ector Service	e 🗌 Public S	ector Service	Government S	Service 🗌 Business	Prof	essional	L [] Agric	ultu	rist	F F	Retired	d 🗌	House	ewife		
FIRST APPLICANT	Student		Forex De	ealer	Others					(pleas	se sp	ecify)							
	Private S	ector Service	Public Sector Service Government Service Business Profess							essional 🗌 Agriculturist 🗌 Retired 🗌 Housewife									
SECOND APPLICANT	Student		Forex De	ealer	Others					(pleas	se sp	ecify)							
THIRD APPLICANT	Private S	ector Service	e 🗌 Public S	ector Service	Government S	Service 🗌 Business	Prof	essional] Agric	ultu	rist	D F	Retired	d 🗌	House	ewife		
	Student		Forex De	ealer	Others					(pleas	se sp	ecify)							
GROSS ANNUAL INCOME	-																		
FIRST APPLICANT	Below 1	Lac 🗌 1-5	5 Lacs 🗌 5-1	.0 Lacs 🗌 10	0-25 Lacs 🗌 > 3	25 Lacs - 1 Crore	> 1 Crore	_			_								
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For Individuals For Non-Individual Investors (Companies, Trust, Partnership etc.)																			
	l am Politically Exposed Person	I am Related to Politically Exposed	Not Applicable Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (f No. please attach mandatory UBO Declaration)											ıy:	Yes	1			
Sole/First Applicant		Person		Foreign	Exchange / Mone	y Charger Services										Ľ	Yes	1	
Sole/First Applicant Second Applicant				Gaming	/ Gambling / Lot	tery / Casino Service	s										Yes	1	
Third Applicant				Money L	_ending / Pawning	3										C	Yes		
DEMAT ACCOUNT DETAILS (OPTIONAL) (If Demat details are provided, units will be compulsorily given in Demat form only) (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 Parti					DPID No				Ber	neficia	iry A	./c No	·					\pm	
CDSL: Depository Participant Name: Beneficiary A/c No.																			
Enclosed: Client Mast	er 🗌 Tr	ransaction/ \$	Statement Co	py/ DIS Copy															
NOMINATION DETAILS (Ma	ndatory) (Re	efer Instruction	No. 7)																
Nomination Details	Mandatory	v section for	Individuals (Si	ngle or Joint)		I/We wish	to nomin	ate		Г	٦	I/We	do not	t wish	to no	minate	-\$\$		
					Relationship					Guard	lian							ation	
Nominee I	Name		PAN		with Investor	Date of Birt	h	Guardian Name and Relationship (In case of Minor)									%		
Nomine	e 1					D D M M	Y Y												
Nomine	e 2					D D M M	ΥY												
Nomine	e 3					D D M M	ΥY												
^{ss} I/We hereby confirm that I and further are aware that i the value of assets held in m	in case of de																		

Signature of the 2nd unitholder

Signature of the 1st unitholder

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Signature of the 3rd unitholder

FATCA & CRS INFORMATION [Please tick (<)] For Individual Investors including Sole Proprietor (Non Individual Investors should mandatorily fill seperate FATCA detail form)</p>

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?

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. Aln case Tax Identification Number is not available, kindly provide its functional equivalent.

DECLARATION(S) & SIGNATURE(S) (Refer Instruction No. 1)

To,

The Trustee,

Aditya Birla Sun Life Trustee Private Limited.

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 Limited 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 Limited (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.adityabirlasunlifemf.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."

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. 13)

Signature of First Applicant / Authorised Signatory

Signature of Second Applicant

Signature of Third Applicant

Date

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

 $\label{eq:limit} I/We \ am/are \ interested \ in \ knowing \ my/our \ credit \ score \ and \ am/are \ happy \ to \ receive \ help \ in \ this \ regard.$

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