# 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<br>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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| Distributor Wohl No.   | Distributor Name & ARN/  | RIA N      | lo.         | Sub B    | Broker    | Name      | & AR    | N/ RI    | A No   |         | Su                         | ıb Brol    | ker Co      | de       |        | Emplo       | yee U              | Iniqu          | e ID    | . No   | . (EU   | (EUIN) Applicati |          |          | ation       | No.      | 11410 |
|  | ARN-6491   | 7          |             |          |           |           |         |          |        |         |                            |            |             |          |        | E           | E43                | 845            | 63      |        |         |                  |          |          |             |          |       |
| Unit Number         Unit Number         Unit Number         Unit Number         Unit Number           First Applicant         Third Applicant         Third Applicant         Third Applicant           Totaction Charges for Applications acuted through Distributors/agents only (Refer Instruction 1 (UII))         Third Applicant         Third Applicant           Totaction Charges for Applications acuted through Distributors/agents only (Refer Instruction 1 (UII))         Third Applicant         Third Applicant           Test Applicant         Instruments/Instru  | Distributor Mobile No.   |            |             |          |           |           | C       | istrib   | utor   | Email   | Id                         |            |             |          |        |             |                    |                |         |        |         |                  | 1        |          |             |          |       |
| The decoder segment states. If any proceedings on any part of a general of the decoder of backs.  First: Applicant: / Authorised Signatory Signature of Applicant: and Made and Signatory Signature of Applicant: / Authorised Signatory Signature of Applicant of Applicant Signature Signature of Applicant Signature o | UIN is mandatory for "Advisory Transact  | ions". Ref | Instruc     | tion No. | 9         |           |         |          |        |         |                            |            |             |          |        |             |                    |                |         |        |         |                  |          |          |             |          |       |
| 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 |
| In case subscription Chargington Ch                                | First Applicant / A  | Authori    | sed S       | ignato   | ory       |           |         |          |        | Se      | cond A                     | Applica    | nt          |          |        |             |                    |                |         |        | Third   | Арр              | lican    | t        |             |          |       |
| Interface thread and invested will be addreaded from the subscription amount and paid to the distribution. Units will be assed against the balance amount invested.         Existing Unitholder please fill in your Folio No., Name & Enail ID and then proceed to Section 5 (Applicable datals and Adde of holding will be as per the existing Folio No.)         Existing Folio No.       6511         Existing Folio No.       6511         FIRST JOED 2 APPLICANT INFORMATION (MANDATORY) (offer instruction No. 2,2,4) Fresh / New Investor: fill in all the blacks. (1 to 8) in case of investment "to behalf of Mind", Please Refer Instruction and pair of First / Sole Applicant pair of First / So  | Transaction Charges for App  | licatior   | ns rou      | ted th   | rough [   | Distribu  | tors/ag | ents (   | only ( | Refer   | Instru                     | ction 1    | (viii))     |          |        |             |                    |                |         |        |         |                  |          |          |             |          |       |
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| FIRST / SULE APPLICANT INFORMATION (MANDATORY) (befor instruction No. 2.3.4) Fresh / New Investors fill in all the blocks. (1 to 8) In case of investment '0n behalf of Minor', Please Refer Instruction No. 2.3.4) Fresh / New Investors fill in all the blocks. (1 to 8) In case of investment '0n behalf of Minor', Please Refer Instruction No. 2.3.4) Fresh / New Investors fill in all the blocks. (1 to 8) In case of investment '0n behalf of Minor', Please Refer Instruction No. 2.3.4) Fresh / New Investors fill in all the blocks. (1 to 8) In case of investment '0n behalf of Minor', Please Refer Instruction No. 2.3.4)         Win / PERRN (Mandatory)       Image / Minor', Please Refer Instruction No. 2.3.4)       Date of Birth**       D       D       Minor', Please Refer Instruction No. 2.3.4)         Win / PERRN (Mandatory)       Image / Minor', Please Refer Instruction No. 2.3.4)       Date of Birth**       D       D       Minor', Please Refer Instruction No. 2.3.4)         Win / PERRN (Mandatory)       Image / Minor', Please Refer Instruction No. 2.3.4)       Image / Minor', Please Refer Instruction No. 2.3.4)       Date of Birth**       D       D       Minor', Please Refer Instruction No. 2.3.4)         Win / PERRN (Mandatory)       Image / Minor', Please Refer Instruction No. 2.3.4)       Image / Minor', Please Refer Instruction No. 2.3.4)       Date of Birth**       D       D       Minor', Please Refer Instruction No. 2.3.4)         Win / PERRN (Mandatory)       Image / Minor', Please Refer Instruction No. 2.3.4)       Image / Minor', Please Refer Instruction No. 2.3.4       Image / Minor', Please Refer Instruction No. 2.3.4   | Existing Unitholder please f   | ill in yo  | ur Fol      | io No.,  | Name      | & Emai    | l ID an | d then   | proc   | eed to  | Sectio                     | on 5 (Aj   | plicab      | e detai  | ls ai  | nd Mode     | of ho              | lding          | will    | be as  | s per 1 | the o            | existi   | ng Fol   | io No.)     |          |       |
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| Mare of First/Sole Applicant<br>as per PAN Cardyi       Mc.       Ms.       M/s.       Image: Control of Control   |  | MATION     | 1 / 1 4 4 4 |          | 2V) (D-6  |           |         | 22()     | Freeh  | / Name  |                            |            |             | -l /1/   | د. o)  | In          | <i>c</i> :         |                | 10 h    |        | -6 14-  |                  |          | Defeal   |             |          | (::)  |
| as per PAN Cardier   |  |            |             |          |           |           |         | . 2,3,4) | Flesh  |         | Investor                   | is incline |             |          |        | III Case    | or mives           | linent         |         |        |         | 01, F            | lease    |          |             |          | (11)  |
| XIC Number       Image: I   | as per PAN Card)#  | Mr.        | MS.         | M/s.     |           |           |         |          |        |         | $\neg \vdash$              |            |             |          |        |             | 1                  |                |         |        |         |                  | _        |          |             |          |       |
| Kitch Kumber   Kanne of the Second Applicant   Ber PAN Card)#   Ref Am Card)#   Mr. Ms. M/s.   Date of Birth**   Date of Birth**   D   Mr. Ms. M/s.   Date of Birth**   D   Mr. Ms. M/s.   Mr. Ms. M/s.   Pan of the Third Applicant   as per PAN Card)#   Mr. Ms. M/s.   Mr. Ms. M/s.   Mr. Ms. M/s.   Date of Birth**   D   Mr. Ms. M/s.   Mr. Ms. Ms.   | AN / PEKRN (Mandatory)   |            |             |          |           |           |         |          |        |         |                            |            | Date of     | Birth**  | D      | D           | Μ                  | Μ              |         | Y      | Y       | Y                |          | (        |             |          |       |
| as per PAN Card)# WM / PEKRN (Mandatory) Parting MM / PEKRN (Mandatory) Parting MM / PEKRN (Mandatory) Parting MM / MS M/S  MM / MS M/S | CKYC Number  |            |             |          |           |           | 14      | digit    | СКҮС   | Num     | oer                        |            |             |          |        |             |                    |                |         |        |         |                  |          |          |             |          |       |
| XYC Number Image: Control of the Third Application is per PAN Card/W (Mandatory)   Vame of the Guardian (as per PAN Card/W (m case First / Sole Applicant is minor) / Contact Person - Designation - Poa Holder (In case of Non -individual Investors)   Mr. Ms.   Md. Ms.   Md  |  | Mr.        | Ms.         | M/s.     |           |           |         |          |        |         |                            |            |             |          |        |             |                    |                |         |        |         |                  |          |          |             |          |       |
| XCC Number Image of the Third Applicant as per PAN Card)# (In case First / Sole Applicant is minor) / Contact Person - Designation - Poe Holder (In case of Non-individual Investors)   XCC Number Image of Birth** Image of Birth** Image of Birth** Image of Birth**   XCC Number Image of Birth** Image of Birth** Image of Birth** Image of Birth**   XCC Number Image of Birth** Image of Birth** Image of Birth** Image of Birth**   XCC Number Image of Birth** Image of Birth** Image of Birth** Image of Birth**   XCC Number Image of Birth** Image of Birth** Image of Birth** Image of Birth**   XCC Number Image of Birth** Image of Birth** Image of Birth** Image of Birth**   XCC Number Image of Birth** Image of Birth** Image of Birth** Image of Birth**   XCC Number Image of Birth** Image of Birth** Image of Birth** Image of Birth**   XCC Number Image of Birth** Image of Birth** Image of Birth** Image of Birth**   XCC Number Image of Birth** Image of Birth** Image of Birth** Image of Birth**   XCC Number Image of Birth** Image of Birth** Image of Birth** Image of Birth**   XCC Number Image of Birth** Image of Birth** Image of Birth** Image of Birth**   Iso CODE Image of Birth** Image of Birth** Image of Birth** Image of Birth**   Iso CODE Image of Birth** Image of Birth** I  | AN / PEKRN (Mandatory)   |            |             |          |           |           |         |          |        |         |                            |            | Date of     | Birth**  | D      | D           | Μ                  | M              |         | Y      | Y       | Y                | )        | (        |             |          |       |
| as per PAN Card)#  An / PEKRN (kandatory)  An / PEKRN (kandatory)  Arre of the Guardian (as per PAN Card)#  Perform  Arre of the Guardian (as per PAN Card)#  Perform  Arre of the Guardian (Refer Instruction No. 2(ii))  Arre of the Relationship of Guardian (Refer Instruction No. 2(ii))  TEL: RESI S T D -  TEL: RESI S | CKYC Number  |            |             |          |           |           | 14      | digit    | СКҮС   | Num     | oer                        |            |             |          |        | 7           |                    |                |         |        |         |                  |          |          |             |          |       |
| AAH / PEKRN (Mandatory) Date of Birth** D M M Y Y Y   CYC Number Credits 14 d git C YC Numbes M M Y Y Y   Arme of the Guardian (as per PAN Card)# (In case First / Sole Applicant is minor) / Contact Person - Designation - Poa Holder (In case of Nonindividual Investors)   Mr. Ms. M/s.   AN / PEKRN (Mandatory) Date of Birth** D M M Y Y Y   CNC Number Comparison Date of Birth** D M M Y Y Y   CNC Number Comparison Date of Birth** D M M Y Y Y   CNC Number Comparison Date of Birth** D M M Y Y Y   CNC Number Comparison Date of Birth** D M M Y Y Y   CNC Number Comparison Date of Birth** D M M Y Y Y   CNC Number Comparison Date of Birth** D M M Y Y Y   CNC Number Comparison Date of Birth** D M M Y Y Y   CNC Number Comparison Date of Birth** D M M Y Y Y   CNC Number Comparison Date of Birth** D D M M Y Y Y   CNC Number Comparison TEL: OFF. S T D - D <td></td> <td>Mr.</td> <td>Ms.</td> <td>M/s.</td> <td></td>   |  | Mr.        | Ms.         | M/s.     |           |           |         |          |        |         |                            |            |             |          |        |             |                    |                |         |        |         |                  |          |          |             |          |       |
| Art C Number If and it C it C Netroes     Iame of the Guardian (as per PAN Card)# (In case First / Sole Applicant is minor) / Contact Person - Designation - Poa Holder (In case of Non-individual Investors)     Mr. Ms.   Ms. Ms.           AN / PEKRN (Mandatory)                    AN / PEKRN (Mandatory)   AN / PEKRN (Mandatory)                 AN / PEKRN (Mandatory)  VC Number <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Date of</td> <td>Birth**</td> <td>D</td> <td>D</td> <td>М</td> <td>M</td> <td></td> <td>Y</td> <td>Y</td> <td>Y</td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  |            |             |          | -         |           |         |          |        |         |                            |            | Date of     | Birth**  | D      | D           | М                  | M              |         | Y      | Y       | Y                |          |          |             |          |       |
| Arme of the Guardian (as per PAN Card)# (In case First / Sole Applicant is minor) / Contact Person - Designation - Poa Holder (In case of Non-individual Investors)   Mr. Ms.   Ms. Ms.   M  | KYC Number   |            | $\neg$      | -        |           |           | 14      | digit    | скус   | Num     | ber                        |            |             |          |        | 7           |                    | _              |         |        |         | L                | _        |          |             |          |       |
| PAN / PEKRN (Mandatory)   Date of Birth**   D   (Prefix  | l  |            | ŧ (In ca    | ase Firs | it / Sole | e Applica |         | Ŭ        |        |         | son - D                    | esignati   | on - Poa    | a Holder | (In d  | case of N   | lon-inc            | lividua        | al Inve | estors | 5)      |                  |          |          |             |          |       |
| CKYC Number       IP-effx       I4 digit CFYC Number         Relationship of Guardian (Refer Instruction No. 2(ii))       I4 digit CFYC Number         ISD CODE       IEL: OFF.       S       T         ISD CODE       IEL: OFF.       S       T       D         ISD CODE       IEL: RESI       S       T       D       -         ISD CODE       IEL: RESI       S       T       D       -       IEL: RESI         ISD CODE       IEL: RESI       S       T       D       -       IEL: RESI       Go on the control of the rejection is liable to get rejection is liable to get rejection is liable to get rejection is control of the Relationship with Minor**       ** Mandatory in case the First / Sole Applicat         Tax Status [Please tick (       )] (Applicable for First / Sole Applicant)       ** Mandatory in case the First / Sole Applicant         Image: Resident Individual       FPIs       NRI - NRC       HUF       Club / Society       PIO       Body Corporate       Minor       Government Body         Image: Trust       NRI - NRE       Bank and FI       Sole Proprietor       Partnership Firm       Provident Fund       Others       (Plase Specify)  | Mr. Ms. M/s.   |            |             |          |           |           |         |          |        |         |                            |            |             |          |        |             |                    |                |         |        |         |                  |          |          |             |          |       |
| Relationship of Guardian (Refer Instruction No. 2(ii))     ISD CODE        TEL: OFF.   S   T   D                  Relationship of Guardian (Refer Instruction No. 2(ii))               ISD CODE   ISD CODE                 TEL: RESI   S    T    D   -   Tax Status [Please tick (/)] (Applicable for First / Sole Applicant)              Resident Individual     FPIs    NRI - NRE   Bank and FI   Sole Proprietor   Partnership Firm   Provident Fund   Others                   Acknowledgement Slip (To be filled in by the Investor)   | AN / PEKRN (Mandatory)   |            |             | Ť        |           |           |         |          |        |         |                            |            | Date of     | Birth**  | D      | D           | M                  | M              |         | Y      | Y       | Y                |          | (        |             |          |       |
| Relationship of Guardian (Refer Instruction No. 2(iii)     ISD CODE     ISD CODE        TEL: OFF.   S   TEL: RESI   S   T   D        TEL: RESI   S   T   D           TEL: RESI   S   T   D  ISD CODE              TEL: RESI   S   T    D    Common Application                         ISD CODE   ISD CODE   TEL: RESI   S    T    D   -   T   D   -   T   D   -   T   D   -   T   D   -   T   D   -   Common Application  | KYC Number   |            |             |          |           |           | 14      | digit    | скус   | Num     | per                        |            |             |          |        | ]           |                    |                |         |        |         | I                |          |          |             |          |       |
| ISD CODE INTEL: OFF. S T D - Market of the application is liable to get rejection of the Relationship with Minor**  TEL: RESI S T D - Market of the Relationship with Minor**  Trust [Please tick (~)] (Applicable for First / Sole Applicant)  Resident Individual PPIs NRI - NRO HUF Club / Society PIO Body Corporate Minor Government Body Trust NRI - NRE Bank and FI Sole Proprietor Partnership Firm Provident Fund Others  Common Application  Common Application  |  | - 1        |             |          |           |           |         |          |        |         |                            |            |             |          |        |             |                    |                |         |        |         |                  |          |          |             |          |       |
| TEL: RESI       S       T       D       Image: Sign of the selection of the  | Relationship of Guardian (Refer  | Instrcuti  | on No       | . 2(ii)) |           |           |         |          |        |         |                            |            | <u> </u>    |          |        |             |                    |                |         |        |         |                  |          |          |             |          |       |
| TEL: RESI       S       T       D  | ISD CODE   |            |             | TEL:     | OFF.      |           | S       | Т        | D      |         | -                          |            |             |          |        |             |                    |                |         |        |         |                  |          |          |             |          |       |
| Tax Status [Please tick (√)] (Applicable for First / Sole Applicant)            Resident Individual             Resident Individual             I Trust             Resident Individual             I Trust             Resident Slip (To be filled in by the Investor)  |  |            |             | TEL:     | RESI      |           | S       | Т        | D      |         | -                          |            |             |          |        |             |                    |                |         |        |         |                  |          |          | · ·         | ected    | l it  |
| Resident Individual       FPIs       NRI - NRO       HUF       Club / Society       PIO       Body Corporate       Minor       Government Body         Trust       NRI - NRE       Bank and FI       Sole Proprietor       Partnership Firm       Provident Fund       Others       Please Specify         Acknowledgement Slip (To be filled in by the Investor)       Common Application   | Proof of the Relationship with M   | linor**    |             |          |           |           |         |          |        |         |                            | -          |             |          |        |             |                    | **             | Man     | dator  | y in ca | ase tl           | he Fir   | st / Sc  | le Appli    | cant is  | ; Mi  |
| Trust NRI - NRE Bank and FI Sole Proprietor Partnership Firm Provident Fund Others   | Tax Status [Please tick (√)]   | l (Appli   | cable       | for Fir  | rst / So  | le Appli  | cant)   |          |        |         |                            |            |             |          |        |             |                    | _              |         |        |         |                  |          |          |             |          |       |
| Acknowledgement Slip (To be filled in by the Investor)   | Resident Individual  | FF         | ls          |          | 21 - NRO  |           | HUF     |          | ] Clu  | o / Soc | ciety                      | F          | 91O         | Boc      | ły Co  | orporate    | [                  | ] Mir          | nor     |        | ] Gov   | ernm             | nent E   | Body     |             |          |       |
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| Application No.  |  |            | Г           |          |           |           | T       |          | Т      | Т       |                            |            |             |          |        |             |                    |                |         |        | Γ       |                  | Col      | lectio   | n Centr     | e /      |       |
| ABSLAMC Stamp & Sig           Received from Mr. / Ms   | Received from Mr. / Mr.  |            | 1           |          |           |           |         |          |        |         |                            |            |             | Dato     |        | /           | /                  |                |         |        |         | AD:              | JLAM     | c staf   | nh α 21     | Sugard   | e     |
| Received from Mr. / Ms Date : Date : Date :/<br>[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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| N  | MAILIN  | IG ADDRESS OF FIRST / SOLE APPLICANT (P. O. Box Address is not sufficient. Please provide full address.) |   |         |          |         |          |           |         |           |         |          |          |          |         | 1       |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
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|    | STA   | ATE  |   |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          | PINC      | ODE   |         |            |          |                   |         |         |  |  |  |
| l  |   |  | DRESS   | (Mand   | atory f  | or NRL  | /FPI AI  | pplicant  | - )     |           |         |          |          |          |         |         |          |           |           |            |         |                  |          | 1 11 10   | 002   |         |            |          |                   |         |         |  |  |  |
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|    |   | TY   |   |         |          |         |          |           |         |           |         |          |          |          |         | INTRY   |          |           |           |            |         |                  |          |           | ZIP   | JUDE    |            |          |                   |         |         |  |  |  |
| _  |   |  |   |         | )] (Refe |         |          | o. 10)    |         |           |         |          |          |          |         |         |          |           |           |            | . / /   |                  |          |           |   | ,       |            | 10 T     |                   | 17      |         |  |  |  |
|    | □ SN  | 1S Tra   | nsact   |         | Online   | Acces   | s M      | obile No  |         | +91       |         |          |          |          |         |         |          |           |           |            |         | would<br>line Ad |          | o regis   | ter foi                                       | r my/   | ′our S№    | IS Trai  | isact a           | and/    |         |  |  |  |
|    |   |  |   | er per  | tains    | to      |          | Self      |         |           | S       | pouse    |          |          |         | Deper   | ndent    | Childre   | en        |            |         | Dep              | endent   | Paren     | ts  |         |            | Dep      | penden            | t Sibli | ngs     |  |  |  |
|    | (Mand   | latory   | ):  |         |          |         |          | Guard     | ian     |           | P       | AO       |          |          |         | PMS     |          |           |           |            |         | Cust             | odian    | (For FP   | l'S on  | ly)     |            |          |                   |         |         |  |  |  |
|    | Ema   | ail ID   |   |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
| Ē  | This e  | mail i   | d nort  | ains tr |          |         |          | Self      |         |           |         | pouse    |          |          |         | Deper   | ndent    | Childre   | 'n        |            |         | ] Dep            | endent   | Paren     | ts  |         |            |          | ander             | t Sihli | nas     |  |  |  |
|    | (Mand   |  |   | uns ti  |          |         |          | Guard     | ian     |           |         | OA       |          |          |         | PMS     |          |           |           |            |         |                  |          |           | Parents Dependent Siblings<br>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)          |         |         |  |  |  |
|    | Name  | of the   | e Bank  | :       |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
|    | Branch  | n Addr   | ress  |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
|    | Pin Co  | de   |   |         |          |         |          |           |         |           | City    |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
|    | Accou   | nt No.   |   |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         | _                | _        |           | _   | _       |            |          |                   |         | _       |  |  |  |
|    | Accou   | nt Typ   | e [Ple  | ase tio | ck (🗸)]  |         | SAV      | /INGS     |         | RENT      |         | E        | NRO [    | FCN      | ₹ 🗆     | OTHERS  | ;        |           | (Pleas    | e Specify) |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
|    | 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 ( |         |         |  |  |  |
|    | 1.  | A  | BSL   |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
|    | 2.  | A  | BSL   |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
| ŀ  | 3.  | A  | ABSL  |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
| Ī  | 4.  | A  | ABSL  |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
|    | 5.  | A  | ABSL  |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
|    | 6.  | A  | ABSL  |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
|    | 7.  | A  | ABSL  |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
|    | 8.  | A  | ABSL  |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
|    | 9.  | A  | BSL   |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
|    | 10.   | A  | BSL   |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
|    | 11.   | AI   | BSL   |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |
|    | 12.   | A  | BSL   |         |          |         |          |           |         |           |         |          |          |          |         |         |          |           |           |            |         |                  |          |           |   |         |            |          |                   |         |         |  |  |  |

# (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.<br>(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<br>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     | _  |        |  | _     |         |         |          |          |          |           |        |  |
|  | Net worth (M                             | landatory for                                | for Non - Individuals) Rs as on D D D M M Y Y Y Y INot older than 1 yea   |                  |                        |                             |               |  |        |  |       |         |         |          |          |          | n 1 yea   |        |  |
| SECOND APPLICANT   | Below 1                                  | Lac 🗌 1-5                                    | i Lacs 🗌 5-1  | .0 Lacs 🗌 10     | 0-25 Lacs 🗌 > 2        | 25 Lacs - 1 Crore           | > 1 Crore     | OR Net V   | Worth  | n  |       |         |         |          |          |          |           |        |  |
| THIRD APPLICANT  | Below 1                                  | Lac 🗌 1-5                                    | 5 Lacs 🗌 5-1  | .0 Lacs 1        | 0-25 Lacs 🗌 > 3        | 25 Lacs - 1 Crore           | > 1 Crore     | OR Net V   | Worth  | ו  |       |         |         |          |          |          |           |        |  |
| For Individuals     For Non-Individual Investors (Companies, Trust, Partnership etc.)  |  |  |   |                  |                        |                             |               |  |        |  |       |         |         |          |          |          |           |        |  |
|  | l am<br>Politically<br>Exposed<br>Person | I am<br>Related to<br>Politically<br>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<br>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<br>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            |  |        |  |       |         |         |          |          |          |           |        |  |
| <sup>ss</sup> I/We hereby confirm that I<br>and further are aware that i<br>the value of assets held in m  | in case of de                            |  |   |                  |                        |                             |               |  |        |  |       |         |         |          |          |          |           |        |  |
|  |  |  |   |                  |                        |                             |               |  |        |  |       |         |         |          |          |          |           |        |  |

Signature of the 2<sup>nd</sup> unitholder

Signature of the 1<sup>st</sup> unitholder

\_\_\_\_\_

-----<del>×</del>----

Signature of the 3<sup>rd</sup> 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<br>[TIN or other, please specify] |                                   |                            |                 |
| Country of Tax Residency 2                            |                                   |                            |                 |
| Tax Payer Ref. ID No. 2                               |                                   |                            |                 |
| Identification Type<br>[TIN or other, please specify] |                                   |                            |                 |
| Country of Tax Residency 3                            |                                   |                            |                 |
| Tax Payer Ref. ID No. 3                               |                                   |                            |                 |
| Identification Type<br>[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