

# MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



**ADITYA BIRLA  
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

## Common Application Form For Resident Indians and NRIs/FIIs/FPIs

(Please read the instructions before filling up the form. All sections to be completed in english in black / blue coloured ink and in block letters.)

Distributor Name & ARN/ RIA No. 103807	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIN) E133071	Application No.
Distributor Mobile No.	Distributor Email Id			

EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

I/we hereby confirm that the EUIN box has been intentionally left blank my me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First Applicant / Authorised Signatory	Second Applicant	Third Applicant
--	------------------	-----------------

### Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction 1 (viii))

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

Existing Unitholder please fill in your Folio No., Name & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.)

Existing Folio No.

### 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (1 to 8) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii)

Name of First/Sole Applicant (as per PAN/ Aadhaar Card)#

PAN / PEKRN (Mandatory)  Date of Birth\*\*

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

Name of the Second Applicant (as per PAN/ Aadhaar Card)#

PAN / PEKRN (Mandatory)  Date of Birth\*\*

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

Name of the Third Applicant (as per PAN/ Aadhaar Card)#

PAN / PEKRN (Mandatory)  Date of Birth\*\*

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

Name of the Guardian (as per PAN/ Aadhaar Card)# (In case First / Sole Applicant is minor) / Contact Person - Designation - Poa Holder (In case of Non-individual Investors)

PAN / PEKRN (Mandatory)  Date of Birth\*\*

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

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

ISD CODE  TEL: OFF.

TEL: RESI  #The application is liable to get rejected if does not match with PAN card/ Aadhaar card

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

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

- Resident Individual  Fils  NRI - NRO  HUF  Club / Society  PIO  Body Corporate  Minor  Government Body  
 Trust  NRI - NRE  Bank and FI  Sole Proprietor  Partnership Firm  QFI  Provident Fund  Others \_\_\_\_\_ (Please Specify)

### Acknowledgement Slip (To be filled in by the Investor)

### Common Application Form

Application No.

Collection Centre /  
ABSLAMC Stamp & Signature

Received from Mr. / Ms. \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

[Please Tick (✓)] Enclosed  PAN/PEKRN Proof  KYC Complied  NECS Form  Yes  No

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



**MODE OF HOLDING** [Please tick (✓)] (Please Refer Instruction No. 2(v))  Joint  Single  Anyone or Survivor (Default option is Anyone or survivor)

**MAILING ADDRESS OF FIRST / SOLE APPLICANT** (P. O. Box Address is not sufficient. Please provide full address.)

CITY																				
STATE																	PINCODE			

**OVERSEAS ADDRESS** (Mandatory for NRI/FII Applicant.)

CITY																		COUNTRY		
																				ZIP CODE

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

SMS Transact  Online Access **Mobile No.** +91 \_\_\_\_\_ I/ We would like to register for my/our SMS Transact and/ or Online Access

**Email Id** \_\_\_\_\_

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: [Please tick (✓)]  Account Statement  Annual Report  Other Statutory Information

**Facebook Id** \_\_\_\_\_ **Twitter Id** \_\_\_\_\_

**3. BANK ACCOUNT DETAILS** (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details) Refer Instruction No. 3(A)

Name of the Bank																				
Branch Address																				
Pin Code							City													
Account No.																				
Account Type [Please tick (✓)]	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS _____	(Please Specify)																		
11 Digit IFSC Code																				
							9 Digit MICR Code													

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

Separate cheque/ demand draft must be issued for each investment drawn in favour of respective scheme name and the instrument should be crossed "A/c Payee Only". Please write appropriate scheme name as well as the Plan/Option/Sub Option

S. No.	Cheque / DD Favoured Scheme Name* (refer Instruction 5)	Plan/Option	Cheque Date	Amount Invested (₹)	DD Charges^	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)
1.	ABSL						
Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____							
2.	ABSL						
Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____							
3.	ABSL						
Drawn on Bank/Branch: _____ A/c no. _____ A/c Type: _____							

# (Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) \*All purchases are subject to realization of funds ^Refer to Instruction No. 5 (vi)

**KYC DETAILS** (Mandatory)

**OCCUPATION** [Please tick (✓)]

<b>FIRST APPLICANT</b>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (please specify)
<b>SECOND APPLICANT</b>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (please specify)
<b>THIRD APPLICANT</b>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (please specify)

**GROSS ANNUAL INCOME** [Please tick (✓)]

<b>FIRST APPLICANT</b>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore
	Net worth (Mandatory for Non - Individuals) Rs. _____ as on DDMMYYYY [Not older than 1 year]
<b>SECOND APPLICANT</b>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____
<b>THIRD APPLICANT</b>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____

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

For Individuals			
	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable
Sole/First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Non-Individual Investors (Companies, Trust, Partnership etc.)	
Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign Exchange / Money Charger Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Lending / Pawning	<input type="checkbox"/> Yes <input type="checkbox"/> No

**5. DEMAT ACCOUNT DETAILS (OPTIONAL)** (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. 3(B)

NSDL: Depository Participant Name: \_\_\_\_\_ DPID No.: 

I	N																		
---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Beneficiary A/c No. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CDSL: Depository Participant Name: \_\_\_\_\_ Beneficiary A/c No. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Enclosed:  Client Master  Transaction/ Statement Copy/ DIS Copy

**6. NOMINATION DETAILS (Mandatory)** (Refer Instruction No. 7)

I/We wish to nominate  I/We DO NOT wish to nominate and sign here ..... 1st Applicant Signature (Mandatory)

	Nominee Name and Address	Applicant's Relationship with the Nominee	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					

**7. FATCA & CRS INFORMATION [Please tick (✓)] For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA detail form**

The below information is required for all applicant(s)/ guardian  
 Address Type:  Residential or Business  Residential  Business  Registered Office (for address mentioned in form/existing address appearing in Folio)  
 Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?  Yes  No  
 If Yes, please provide the following information [mandatory]  
 Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Name of Applicant			
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/green card holder of USA. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.

