Mutual Funds

Aditya Birla Sun Life Mutual Fund



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.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIN)	Application No.				
EUIN is mandatory for "Execution Only" transac	rtions Ref Instruction No. 9							
I/we hereby confirm that the EUIN box has bee	on intentionally left blank my me/us as this transac advice of in-appropriateness, if any, provided by th	ction is executed without any interaction ne employee/relationship manager/sa	on or advice by the employee/relationship man lles person of the distributor/sub broker.	ager/sales person of the above				
First Applicant / Authorised	Signatory	Second Applicant	Third Appli	cant				
•	outed through Distributors/agents only (Ref							
In case the subscription (lumpsum) amount is first time mutual fund investor) will be deduct	s ₹ 10,000/- or more and your Distributor has opt ed from the subscription amount and paid to the d	ted to receive Transaction Charges, ₹ i istributor. Units will be issued against	150/- (for first time mutual fund investor) or ₹ the balance amount invested.	100/- (for investor other than				
Existing Unitholder please fill in your F	Folio No., Name & Email ID and then proceed	to Section 5 (Applicable details	and Mode of holding will be as per the ex	cisting Folio No.)				
Existing Folio No.								
FIRST / SOLE APPLICANT INFORMATION (M	IANDATORY) (Refer Instruction No. 2,3,4) Fresh / N	ew Investors fill in all the blocks. (1 to 8	B) In case of investment "On behalf of Minor", Ple	ase Refer Instruction no. 2(ii)				
Name of First/Sole Applicant (as per PAN/ Aadhaar Card)#	1s. M/s.							
PAN / PEKRN (Mandatory)		Date of Birth**	D D M M Y Y Y	Υ				
AADHAR Card Number		CKYC Number (Prefix if any)	14 digit CRYC Number					
Name of the Second Applicant (as per PAN/ Aadhaar Card)#	As. M/s.							
PAN / PEKRN (Mandatory)		Date of Birth**	D D M M Y Y Y	Y				
AADHAR Card Number		CKYC Number (Prefix if any)	14 digit CkYC Number					
Name of the Third Applicant as per PAN/ Aadhaar Card)#	1s. M/s.							
PAN / PEKRN (Mandatory)		Date of Birth**	D D M M Y Y	Υ				
AADHAR Card Number		CKYC Number (Prefix if any)	14 digit CRYC 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)					
Mr. Ms. M/s.								
PAN / PEKRN (Mandatory)			D D M M Y Y	Y				
AADHAR Card Number		CKYC Number (Prefix if any)	14 digit CkYC Number					
Relationship of Guardian (Refer Instrcution N	No. 2(ii))							
ISD CODE	TEL: OFF. S T D	_						
	TEL: RESI S T D	_		liable to get rejected if th PAN card/ Aadhar card				
Proof of the Relationship with Minor**			** Mandatory in case the	First / Sole Applicant is Mino				
Tax Status [Please tick (✔)] (Applicab	le for First / Sole Applicant)							
☐ Resident Individual ☐ FIIs☐ Trust ☐ NRI - NRE ☐ B	NRI - NRO HUF Club / ank and FI Sole Proprietor □ Partne			nt Body Please Specify)				
			-					
Acknowledgement Slip (To be filled Application No.	ed in by the Investor) Comm	non Application Form		Collection Centre /				
			ABSL	AMC Stamp & Signature				
Received from Mr. / Ms.	I/PEKRN Proof ☐ KYC Complied	Date : NECS Form	/					

Contact Us: 1800-270-7000



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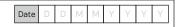
For Individuals		For Non-Individual Investors (Companies, Trust, Partnership etc.)														
	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable	Is the company a l	ch mandat	ory UBO Declara	ition)	isted C	ompany o	r Control	led by a	Listed C	ompar	_		□No
Sole/First Applicant					Foreign Exchange / Money Charger Services											□No
Second Applicant				Gaming / Gamblin	ng / Lotter	y / Casino Servi	ces							□ '	es/es	□No
Third Applicant				Money Lending / I	Pawning										/es	□No
DEMAT ACCOUNT DETAIL	LS (OPTIONAL)	(Please ensure t	hat the sequence	of names as mentioned in t	the applicatio	n form matches wit	h that of	the A/c. h	eld with the	depository	/ participar	ıt.) Refer I	nstructio	on No. 3(B)	
NSDL: Depository Pa	rticipant Nam	e:			OPID No.:	I N			Ben	eficiary /	A/c No. [
CDSL: Depository Pa	rticipant Nam	e:				Beneficiary A/	c No.									
Enclosed: Client Ma	aster Tr	ransaction/ St	tatement Copy	/ DIS Copy												
NOMINATION DETAILS (Mandatory) (Re	efer Instruction No	o. 7)													
I/We wish to nomina	ate I/We	DO NOT wish	to nominate a	nd sign here					1st	Applican	t Signatı	ıre (Man	datory)		
	Nominee N	lame and Add	ress	Applicant's Rela with the Non	tionship ninee	Guardian Na	ame (in	case of	Minor)	Allo	cation %	Non	ninee/	Guardia	n Sigr	nature
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0	DECLADATION(S)	2.	CIGNATURE/C)	/Pofor Instruction

To,

The Trustee,

Aditya Birla Sun Life AMC Ltd.



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 Ltd. 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.**

n No. 1)

I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Aditya Birla Sun Life AMC Ltd. (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.adityabir-lacapital.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."

I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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. 14)

IIISC NO. 14/		
Signature of First Applicant / Authorised Signatory	Signature of Second Applicant	Signature of Third Applicant
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CONFIRMATION CLAUSE

17 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.

VALUE ADD

 $I/We\ am/are\ interested\ in\ knowing\ my/our\ credit\ score\ and\ am/are\ happy\ to\ receive\ help\ in\ this\ regard.$

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. Tes No.