Aditya Birla Sun Life Mutual Fund

ADITYA BIRLA CAPITAL

MUTUAL FUNDS

Common Application Form

(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.)

Do you still want to fill this form? While you can save paper by doing quick digital transaction	ABSL MF Partner App	ABSL MF Partner Portal	ABSL MF Investor App	ABSL MF Website

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIN)	Application No.
ARN-95070			E 101834	

Distributor Mobile No.		Distributor Email Id	

Applicable only for Regular Schemes. Please note the Distributor Mobile & Email Id will not be updated in the Broker Master and will be restricted to this transaction only.

EUIN is mandatory for "Advisory Transactions". Ref. Instruction No. 9

I/we hereby confirm that the EUIN box has been intentionally left blank by 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

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.		GSTIN	

1. 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 Card) Mr. Ms. M/s.

PAN (Mandatory) **Date of Birth (Mandatory)** D D M M Y Y Y Y **Gender** Male Female Other

CKYC Number (Prefix if any) 14 digit CKYC Number Mobile No. +91

Email ID

This mobile number pertains to (Mandatory): Self Spouse Dependent Children Dependent Parents Dependent Siblings Guardian POA PMS Custodian (For FPI'S only)

This email id pertains to (Mandatory): Self Spouse Dependent Children Dependent Parents Dependent Siblings Guardian POA PMS Custodian (For FPI'S only)

Name of the Second Applicant (as per PAN Card) Mr. Ms. M/s.

PAN (Mandatory) **Date of Birth (Mandatory)** D D M M Y Y Y Y **Gender** Male Female Other

CKYC Number (Prefix if any) 14 digit CKYC Number Mobile No. +91

Email ID

This mobile number pertains to (Mandatory): Self Spouse Dependent Children Dependent Parents Dependent Siblings Guardian

This email id pertains to (Mandatory): Self Spouse Dependent Children Dependent Parents Dependent Siblings Guardian

Name of the Third Applicant (as per PAN Card) Mr. Ms. M/s.

PAN (Mandatory) **Date of Birth (Mandatory)** D D M M Y Y Y Y **Gender** Male Female Other

CKYC Number (Prefix if any) 14 digit CKYC Number Mobile No. +91

Email ID

This mobile number pertains to (Mandatory): Self Spouse Dependent Children Dependent Parents Dependent Siblings Guardian

This email id pertains to (Mandatory): Self Spouse Dependent Children Dependent Parents Dependent Siblings Guardian

Name 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. M/s.

PAN (Mandatory) **Date of Birth (Mandatory)** D D M M Y Y Y Y **Gender** Male Female Other

CKYC Number (Prefix if any) 14 digit CKYC Number

Relationship of Guardian in case first holder is minor (Refer Instrcution No. 2(ii)) Father Mother Legal Guardian

Please provide the proof for Relationship with minor Birth Certificate Passport Other (Please Specify)

Tax Status [Please tick (✓)] (Applicable for First / Sole Applicant) (Please Refer Instruction No. 2(vii))

Resident Individual	NRI-NRE	PIO	HUF	NPO	Bank and FI	Company	Government Body
Minor	NRI-NRO	AOP/BOI	Club/Society	Partnership firm	FPIs	Public Limited Company	OCI - Non Repatriation
Sole Proprietor	NRI - Minor	NRI - Minor (NRO)	Trust	Provident Fund	Body Corporate	Private Limited Company	OCI - Repatriation

Others (Please Specify)

Non-Profit Organization (Mandatory) Yes No If Yes, Please quote Registration No. of Darpan Portal _____

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

Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund)
Regn. No.: 109. Regd Office: One World Center, Tower 1, 17th Floor, Jupiter Mills,
Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.
+91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | https://mutualfund.adityabirlacapital.com/ | CIN: L65991MH1994PLC080811

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/FPI Applicant.)

CITY	COUNTRY / ZIP CODE

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

☐ SMS Transact ☐ Online Access I/ We would like to register for my/our SMS Transact and/or Online Access

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

3. BANK ACCOUNT DETAILS (In case of Minor investment, bank details should be of the minor, parent or legal guardian of the minor, or joint account of the minor with parent or legal guardian) Refer Instruction No. 3(A)

Name of the Bank	
Branch Address	
Pin Code / City	
Account No.	
Account Type [Please tick (✓)]	☐ SAVINGS ☐ CURRENT ☐ NRE ☐ NRO ☐ FCNR ☐ OTHERS (Please Specify)
11 Digit IFSC Code / 9 Digit MICR Code**	
LEI NUMBER / Expiry Date:	D D M M Y Y Y Y

(LEI Number is Mandatory for Non - Individuals transacting / proposing to transact for an amount of INR 50 crores or more) (Refer Instruction 2 (ix))

**If MICR and IFSC code for Redemption/Payout of IDCW Option is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit. (Refer Instruction 8 & 12)

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

S. No.	Scheme Name*	Plan	Option	Amount Invested (₹)
1.	**ABSL**			
2.	**ABSL**			
3.	**ABSL**			
4.	**ABSL**			
5.	**ABSL**			
6.	**ABSL**			
7.	**ABSL**			
8.	**ABSL**			
9.	**ABSL**			
10.	**ABSL**			
11.	**ABSL**			
12.	**ABSL**			

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

PAYMENT DETAILS

	Cheque Date D D M M Y Y Y Y **Cheque No.** **Amount**
	In case of Minor, Payment should be from the bank account of the minor, parent or legal guardian of the minor, or from a joint account of the minor with parent or legal guardian
Drawn on Bank and Branch	

☐ **Use existing One Time Mandate (To be filled in case of more than one OTM registration) (In case of minor, mandate should be registered in the name of the minor, parent or legal guardian of the minor, or from a joint account of the minor with parent or legal guardian.)**

Bank Name		**A/c No.**	

Cheque should be submitted, crossed "Account Payee only" and drawn favoring "Aditya Birla Sun Life Mutual Fund".

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				

KYC DETAILS (Mandatory)

OCCUPATION [Please tick (✓)]

FIRST APPLICANT	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Business	☐ Professional	☐ Agriculturist	☐ Retired	☐ Housewife
	☐ Student	☐ Forex Dealer	☐ Others ..... (please specify)					
SECOND APPLICANT	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Business	☐ Professional	☐ Agriculturist	☐ Retired	☐ Housewife
	☐ Student	☐ Forex Dealer	☐ Others ..... (please specify)					
THIRD APPLICANT	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Business	☐ Professional	☐ Agriculturist	☐ Retired	☐ Housewife
	☐ Student	☐ Forex Dealer	☐ Others ..... (please specify)					

GROSS ANNUAL INCOME [Please tick (✓)]

FIRST APPLICANT	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore Net worth (Mandatory for Non - Individuals) ₹ _____ as on D D M M Y Y Y Y [Not older than 1 year]
SECOND APPLICANT	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore OR Net Worth _____
THIRD APPLICANT	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore OR Net Worth _____

For Individuals

	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable
Sole/First Applicant	☐	☐	☐
Second Applicant	☐	☐	☐
Third Applicant	☐	☐	☐

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)	☐ Yes	☐ No
Foreign Exchange / Money Charger Services	☐ Yes	☐ No
Gaming / Gambling / Lottery / Casino Services	☐ Yes	☐ No
Money Lending / Pawning	☐ Yes	☐ No

5. 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 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)

☐ Option 1 - Nomination Opt-IN I/We wish to make nomination {as per details given below}
You can nominate upto 3 persons

	Details	1st Nominee	2nd Nominee	3rd Nominee
1	Name of the nominee*			
2	Relationship with the applicant			
3	Date of Birth (to be provided in case the nominee is a minor)			

2. I want the following nomination details to be printed in the Account Statements (tick one of the boxes below)

☐ Name of the Nominee(s) ☐ Whether Nomination given: Yes/No (not name of the nominee)

3. Optional Details of nomination

	Details	1st Nominee	2nd Nominee	3rd Nominee
a)	% Share of nominee** (equal share if % is not specified)			
b)	Mobile of nominee*** (Please note that the MF/RTA will be able to reach out to your nominee if you provide the contact details)			
c)	Email ID of nominee*** (Please note that the MF/RTA will be able to reach out to your nominee if you provide the contact details)			
d)	SpecifyPersonal identifier document • Aadhaar (last four digit), PAN, Driving Licence, Passport ***			
e)	Guardian Name (applicable if the Nominee is minor)			

☐ Option 2 - For Nomination OPT-OUT: (Please tick (✓) if the unit holder does not wish to nominate anyone)

I hereby confirm that I do not wish to appoint any nominee(s) to my mutual fund folio at this point of time.

I understand that; _____

(I) the nomination helps to quickly identify the person of transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.

(ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).

(iii) if no claim is made on the account/folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets and they may be transferred to Investor Education and Protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

I confirm that I have understood the above implications and that my decision to opt out nomination is voluntary.

**Any odd lot after division shall be transferred to the first nominee mentioned in the form.
*** The aforesaid details shall be optionally provided for the Guardian, in case of nominee is a minor.

Signature

Name of the Sole / First Holder (Mr./Ms.)	Name of the Second Holder (Mr./Ms.)	Name of the Third Holder (Mr./Ms.)
Signature of the Sole / First Holder	Signature of the Second holder	Signature of the Third holder

Name of Witness	Address	Signature of Witness*
Witness 1		
Witness 2		

*Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

7. FATCA & CRS INFORMATION [Please tick (✓)] For Individual Investors including Sole Proprietor (Non Individual Investors should mandatorily fill seperate FATCA detail form)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

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

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

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

Date	D	D	M	M	Y	Y	Y	Y

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 https://mutualfund.adityabirlacapital.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

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. ☐ Yes ☐ No