



MUTUAL FUNDS

Common Application Form For Resident Indians and NRIs/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.)

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
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Distributor Name & ARN/ RIA No. ARN-146262	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID, No. (EUIIN) E	Application No.
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Distributor Mobile No.	Distributor Email Id
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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.

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

I/we hereby confirm that the EUIIN 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 not withstanding 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
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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
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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 Card)#

PAN / PEKRN (Mandatory)

CKYC Number

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

PAN / PEKRN (Mandatory)

CKYC Number

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

PAN / PEKRN (Mandatory)

CKYC Number

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)

PAN / PEKRN (Mandatory)

CKYC Number

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

ISD CODE

TEL: OFF.

TEL: RES.

Proof of the Relationship with Minor**

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

- ☐ 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

Acknowledgement Slip (To be filled in by the Investor)

Application No.

Received from Mr. / Ms. Date : / /

[Please Tick (✓)] Enclosed ☐ PAN/PEKRN Proof ☐ KYC Complied

Common Application Form

Collection Centre /
ABSLAMC Stamp & Signature

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				

PAYMENT DETAILS

Cheque Date	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		
<input type="checkbox"/> 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".

KYC DETAILS (Mandatory)

OCCUPATION [Please tick (✓)]

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

GROSS ANNUAL INCOME [Please tick (✓)]

FIRST APPLICANT	<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) ₹ as on <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> [Not older than 1 year]	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
SECOND APPLICANT	<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									
THIRD APPLICANT	<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									

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 Changer 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) (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.: <table border="1"> <tr> <td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	I	N							Beneficiary A/c No. <table border="1"> <tr> <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></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
I	N																											
CDSL: Depository Participant Name: _____		Beneficiary A/c No. <table border="1"> <tr> <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></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																										

Enclosed: ☐ Client Master ☐ Transaction/ Statement Copy/ DIS Copy

6.

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

Nomination Details Mandatory section for Individuals (Single or Joint)

☐ I/We wish to nominate ☐ I/We do not wish to nominate

Nominee Name	PAN	Relationship with Investor	Date of Birth	Guardian Name and Relationship (In case of Minor)	Allocation %					
Nominee 1			<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	
D	D	M	M	Y	Y					
Nominee 2			<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	
D	D	M	M	Y	Y					
Nominee 3			<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	
D	D	M	M	Y	Y					

I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my /our legal heirs would need to submit all the requisite documents issued by court or other such competent authority, based on the value of assets held in my/our folio.

Signature of the 1 st unitholder	Signature of the 2 nd unitholder	Signature of the 3 rd unitholder
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7. FATCA & CRS INFORMATION [Please tick (✓)] For Individual Investors including Sole Proprietor (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.

8. 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

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:-

- 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.
- 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



Form for Fresh Nomination / Opt-out

Applicable for Individual Unitholders only (Single/Joint)

Please read the instructions carefully before filling up this form.

Folio Number(s)

Name of 1st Holder

Name of 2nd Holder

Name of 3rd Holder

☐ I/We wish to nominate ☐ I/We do not wish to nominate

Display Nominee Name in Statement of Holding - Default will be No if not filled ☐ Yes ☐ No

☐ Nominee Email ID/Mobile no is same as investors Email ID/Mobile no.

Nominee address same as investors address.

☐ Nominee Email ID/Mobile no is same as investors Email ID/Mobile no.
 ☐ Nominee address same as investors address.

Nominee Name ¹	Identity Number (last 4 digits) ***	Nominee DOB / Relationship with primary unitholder ⁵	Share %**	Guardian Name and Relationship (In case of Minor) ⁴	Email Id/ Mobile No ³	Address ⁶
		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>				
		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>				
		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>				

Mandatory - Request may be rejected if info is not available

* If % is not specified, then the assets shall be distributed equally amongst all the nominees (see Table in 'Transmission aspects')

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

number is acceptable.

1) I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s).

2) This nomination shall supersede any prior nomination made by me /us, if any.

3) Signature(s) - As per the mode of holding in demat account(s) / MF folio(s)

Signature of the 1" unitholder

Name of Witness

Signature of the 2nd unit holder

Address

Signature of the 3rd unit holder

Signature of Witness*

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

Acknowledgement Slip (To be filled in by the investor)

Application No.

Date : 11/11/2019

Received from Mr. / Ms.

Form for Fresh Nomination / Opt-out

Collection Centre /
ABSLAMC Stamp & Signature



Multi Scheme SIP Facility Application Form

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

Single investment cheque should be submitted, crossed "Account Payee only" and drawn favoring "Aditya Birla Sun Life Mutual Fund". For investment in single scheme, cheque should be drawn favoring scheme name.

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIN)
ARN-146262			E

EUIN is mandatory for "Advisory" transactions. Ref. Instruction No. C-3
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
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Existing Investor Folio No.	Application No.	Date
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1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s.

2. INVESTMENT & PAYMENT DETAILS (Refer Instruction B & C) (*MANDATORY)

Scheme Name	1. ABSL	2. ABSL	3. ABSL
PLAN			
OPTION			
SIP Installment Amount			

Step Up (OPTIONAL - and available only for SIP Investments through NACH)

Step Up Amount	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____
Step Up Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Step Up Max Amount			
SIP Frequency	<input type="checkbox"/> Monthly SIP Date <input type="text"/> <input type="text"/> (any date between 1-28) OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday)		
Tenure	From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 40 years <input type="checkbox"/> Others <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Goal			
Goal Target Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Goal Amount			

Scheme Name	4. ABSL	5. ABSL	6. ABSL
PLAN			
OPTION			
SIP Installment Amount			

Step Up (OPTIONAL - and available only for SIP Investments through NACH)

Step Up Amount	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____
Step Up Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Step Up Max Amount			
SIP Frequency	<input type="checkbox"/> Monthly SIP Date <input type="text"/> <input type="text"/> (any date between 1-28) OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday)		
Tenure	From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 40 years <input type="checkbox"/> Others <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Goal			
Goal Target Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Goal Amount			

2. INVESTMENT & PAYMENT DETAILS (Refer Instruction B & C)

Scheme Name	7. ABSL	B. ABSL	B. ABSL
PLAN			
OPTION			
SIP Installment Amount			
Step Up (OPTIONAL - and available only for SIP Investments through NACH)			
Step Up Amount	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____
Step Up Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Step Up Max Amount			
SIP Frequency	<input type="checkbox"/> Monthly SIP Date <input type="text"/> <input type="text"/> (any date between 1-28) OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday)		
Tenure	From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 40 years <input type="checkbox"/> Others <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Goal			
Goal Target Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Goal Amount			
Scheme Name	10. ABSL	11. ABSL	12. ABSL
PLAN			
OPTION			
SIP Installment Amount			
Step Up (OPTIONAL - and available only for SIP Investments through NACH)			
Step Up Amount	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____	<input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____
Step Up Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Step Up Max Amount			
SIP Frequency	<input type="checkbox"/> Monthly SIP Date <input type="text"/> <input type="text"/> (any date between 1-28) OR <input type="checkbox"/> Weekly _____ (Please mention any day between Monday to Friday)		
Tenure	From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 40 years <input type="checkbox"/> Others <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Goal			
Goal Target Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Goal Amount			

3. 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. 21

NSDL: Depository Participant Name: _____		DPID No.: I N 	Beneficiary A/c No.
CDSL: Depository Participant Name: _____		Beneficiary A/c No. 	
Enclosed: <input type="checkbox"/> Client Master <input type="checkbox"/> Transaction/ Statement Copy/ DIS Copy			

4. PAYMENT DETAILS

PAYMENT DETAILS			
Cheque Date		Cheque No.	Amount
In case of Minor, payment should from the Minor account or from a joint account of Minor with the guardian only			
Drawn on Bank and Branch			
<input type="checkbox"/> 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 minor or in the name of joint account of Minor with the guardian only)			
Bank Name			A/c No.

5. DECLARATION(S) & SIGNATURE(S)

DECLARATION(S) & SIGNATURE(S)

I/We hereby authorise Aditya Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that all the information above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all or is incomplete or incorrect information, I/We will not hold ABSLAMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. 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 hereby indemnify, defend and hold harmless the AMC / MF against any

For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year. (refer Instruction no: B-15).

Signature(s)	Name of First Unit Holder	Name of Second Unit Holder	Name of Third Unit Holder
	First Applicant	Second Applicant	Third Applicant

(To be signed by All Applicants if mode of operation is Joint)

CHECKLIST

Particulars	Regular SIP	Micro SIP (Upto ₹ 50,000 Investment in a year)
Purchase through cheque	Recommended	Recommended
Minimum amount for first cheque and subsequent installment	Allowed	Allowed
Lumpsum Amount Criteria (For list of schemes please refer the SIP sections.)	ABSL Frontline Equity Fund, ABSL Equity Fund, ABSL Equity Hybrid '95 Fund, ABSL Balanced Advantage Fund, ABSL Low Duration Fund, ABSL Corporate Bond Fund, ABSL Credit Risk Fund - ₹ 100/ each, ABSL Tax Relief '96 Fund, ABSL Regular Savings Fund, ABSL Financial Planning FOF - Aggressive Plan, ABSL Financial Planning FOF - Moderate Plan & ABSL Financial Planning FOF - Conservative Plan, ABSL Special Opportunities Fund, ABSL ESG Fund, ABSL Pharma & Healthcare Fund, ABSL PSU Equity Fund, ABSL Liquid Fund, ABSL Nifty Smallcap 50 Index Fund, ABSL Nifty Midcap 150 Index Fund, Aditya Birla Sun Life Multi-Cap Fund - ₹ 500/ each, Other eligible Schemes - ₹ 1000/ each.	ABSL Frontline Equity Fund, ABSL Equity Fund, ABSL Equity Hybrid '95 Fund, ABSL Balanced Advantage Fund, ABSL Low Duration Fund, ABSL Corporate Bond Fund, ABSL Credit Risk Fund - ₹ 100/ each, ABSL Tax Relief '96 Fund, ABSL Regular Savings Fund, ABSL Financial Planning FOF - Aggressive Plan, ABSL Financial Planning FOF - Moderate Plan & ABSL Financial Planning FOF - Conservative Plan, ABSL Special Opportunities Fund, ABSL ESG Fund, ABSL Pharma & Healthcare Fund, ABSL PSU Equity Fund, ABSL Liquid Fund, ABSL Nifty Smallcap 50 Index Fund, ABSL Nifty Midcap 150 Index Fund, Aditya Birla Sun Life Multi-Cap Fund - ₹ 500/ each, Other eligible Schemes - ₹ 1000/ each.
Declaration with Minor as first applicant	Allowed	Allowed

A. SCHEMES AVAILABLE UNDER SIP

Aditya Birla Sun Life Equity Advantage Fund / Aditya Birla Sun Life Dividend Yield Fund / Aditya Birla Sun Life MNC Fund / Aditya Birla Sun Life Midcap Fund / Aditya Birla Sun Life India Gentnext Fund / Aditya Birla Sun Life Flexi Cap Fund / Aditya Birla Sun Life Digital India Fund / Aditya Birla Sun Life Frontline Equity Fund / Aditya Birla Sun Life Tax Relief '96 / Aditya Birla Sun Life Commodity Equities Fund - Global Agri Plan / Aditya Birla Sun Life Equity Hybrid Fund / Aditya Birla Sun Life Focussed Equity Fund / Aditya Birla Sun Life Infrastructure Fund / Aditya Birla Sun Life Small Cap Fund / Aditya Birla Sun Life International Equity Fund / Aditya Birla Sun Life Index Fund / Aditya Birla Sun Life Pure Value Fund / Aditya Birla Sun Life Savings Fund / Aditya Birla Sun Life Short Term Fund / Aditya Birla Sun Life Dynamic Bond Fund / Aditya Birla Sun Life Floating Rate Fund - Long Term Plan / Aditya Birla Sun Life Investment Securities Fund / Aditya Birla Sun Life Income Fund / Aditya Birla Sun Life Low Duration Fund / Aditya Birla Sun Life Banking & PSU Debt Fund / Aditya Birla Sun Life Corporate Bond Fund / Aditya Birla Sun Life Credit Risk Fund / Aditya Birla Sun Life Gold Fund / Aditya Birla Sun Life Banking and Financial Services Fund / Aditya Birla Sun Life Manufacturing Equity Fund / Aditya Birla Sun Life Equity Savings Fund / Aditya Birla Sun Life Credit Risk Fund / Aditya Birla Sun Life Regular Savings Fund / Aditya Birla Sun Life Medium Term Plan / Aditya Birla Sun Life Money Manager Fund / Aditya Birla Sun Life Financial Planning FOF - Aggressive Plan / Aditya Birla Sun Life Financial Planning FOF - Moderate Plan / Aditya Birla Sun Life Financial Planning FOF - Conservative Plan / Aditya Birla Sun Life Special Opportunities Fund / Aditya Birla Sun Life ESG Fund / Aditya Birla Sun Life Nifty Midcap 150 Index Fund / Aditya Birla Sun Life Nifty Smallcap 50 Index Fund

B. GENERAL INSTRUCTIONS FOR SIP

General Instructions

New investors who wish to enroll for SIP should fill this form in addition to the Common Application Form. Please quote the application number of the Common Application Form on this SIP Form. Details of the SIP should be provided on this form. Both Forms should be submitted together.

Existing investors need to fill up only this form and first purchase cheque with existing folio details. The AMC reserves the right to assign any of the existing Folio Number of the investor against multiple applications and / or subsequent purchases under this new application form lodged, with identical mode of holding and address and such other criterions and integrity checks as may be determined by the AMC from time to time.

Note: Investors can also start a SIP without any initial investment. New investors need to submit this application form along with Common Application Form, whereas existing investors can start SIP without initial investment by submitting this form along with existing folio details.

The name of the bank provided for OTM/ NACH/ Auto Debit should participate in local MICR clearing.

The investor hereby agrees to abide by the terms and conditions of OTM/ NACH/ Auto Debit facility of Reserve Bank of India (RBI).

5. SIP form should be submitted 30 days before the first Debit through NACH/ Auto Debit. In case the auto debit start date as mentioned in the form does not satisfy this condition, the first date shall be rolled over to begin from the immediately following month.

6. Investor should provide 9 digit MICR code and complete bank address for SIP auto debit transactions. MICR starting with 000 and end with 000 will not be acceptable.

Default Details

7. **Default Dates:**
Monthly SIP: In case of any ambiguity in selection of investment dates, the SIP date will be 7 of each month.
Weekly SIP: In case of any ambiguity in selection of investment day, the SIP day will be as 'Wednesday'.

8. **Default Frequency:**
If investor fails to mention frequency the same shall be considered as 'Monthly' as default option.
9. In case the 'End Date' is not mentioned by the investor in the Form, the same would be considered as 40 years.

(Contd on Page 4)

PAN BASED DEBIT MANDATE-ONE TIME MANDATE

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.

Date DD MM YY

UMRN

Office use only

Utility Code

Office use only

(tick ✓)

☒ CREATE☒ MODIFY☒ CANCEL

Sponsor Bank Code

ADITYA BIRLA SUN LIFE MUTUAL FUND

to debit (tick3)

☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c No.:

Bank Name & Branch

IFSC

OR MICR

Bank:

an amount of Rupees

FREQUENCY ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ As & when presentedDEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1 PAN No:

Mobile

Reference 2 Folio No/ Appln No:

Email:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

PERIOD

From	DD	MM	YY	YY	YY	YY
to	DD	MM	YY	YY	YY	YY

Maximum period of validity of this mandate is 40 years only

1. Sign 2. Sign 3. Sign

Name as in bank records (mandatory)

Name as in bank records (mandatory)

Name as in bank records (mandatory)

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Aditya Birla Sun Life Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Aditya Birla Sun Life Mutual Fund or the bank where I have authorised the debit.

Acknowledgement Slip (To be filled in by the Investor)

MULTI SCHEME SIP FACILITY APPLICATION FORM

Application No.

Collection Centre /
ABSLAMC Stamp & Signature

Received from Mr. / Ms. _____

Date : ____/____/____

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 | mutualfund.adityabirlacapital.com | CIN: L65991MH1994PLC080811

Contact Us:

1800-270-7000

adityabirlacapital.com

ADITYA BIRLA
CAPITAL