

COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs



Birla Sun Life
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

| | | |
|--|---------------------------|--|
| | Sub Broker Name / ARN No. | |
|--|---------------------------|--|

Application No. _____

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

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 10) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii)

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

PAN (Mandatory) _____ Date of Birth**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 KYC

NAME OF THE SECOND APPLICANT Mr. Ms. M/s. _____

PAN (Mandatory) _____ Date of Birth**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 KYC

NAME OF THE THIRD APPLICANT Mr. Ms. M/s. _____

PAN (Mandatory) _____ Date of Birth**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 KYC

** Mandatory in case the First / Sole Applicant is Minor

NAME OF THE GUARDIAN (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s. _____

RELATIONSHIP OF GUARDIAN (Refer Instruction No. 2(ii))

ISD CODE _____ TEL: OFF. _____ S T D _____ TEL: RESI _____ S T D _____

TAX STATUS (Please tick (✓))

Resident Individual FII NRI - NRO HUF Club / Society PIO Body Corporate Minor Government Body
 Trust NRI - NRE Bank & FI Sole Proprietor Partnership Firm QFI Others _____ (Please Specify)

KYC DETAILS (Mandatory)

OCCUPATION (Please tick (✓))

| | | | | | | | | |
|-------------------------|---|--|--|-----------------------------------|---------------------------------------|--|----------------------------------|------------------------------------|
| FIRST APPLICANT | <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) | | | | | |
| SECOND APPLICANT | <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) | | | | | |
| THIRD APPLICANT | <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 (✓))

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 Rs. _____ 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 | For Non-Individual Investors (Companies, Trust, Partnership etc.) |
| <input type="checkbox"/> I am Politically Exposed Person | Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> I am Related to Politically Exposed Person | (If No, please attach mandatory UBO Declaration) |
| <input type="checkbox"/> Not Applicable | 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 |

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.) (Indian Address in case of NRIs/FIIs)

CITY _____ STATE _____ PIN CODE _____

| | | |
|--|---|--|
| Birla Sun Life Mutual Fund | COMMON APPLICATION FORM Birla Sun Life Asset Management Company Limited One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013 Toll Free : 1-800-270-7000/ 1-800-22-7000 sms 'GAIN' to 56161 Email: connect@birlasunlife.com | Application No. _____ Collection Centre / BSLAMC Stamp & Signature |
|--|---|--|

Received from Mr. / Ms. _____ Date : ____/____/____

(Please tick (✓)) **ENCLOSED** PAN Proof KYC Complied NECS Form Yes No

Overseas Address (For NRIs/Flis) (For NRI / FI application in addition to mailing address above)

| | | | | | | | | | | | |
|-------|--|--|---------|--|--|--|----------|--|--|------|--|
| | | | | | | | | | | CITY | |
| STATE | | | COUNTRY | | | | PIN CODE | | | | |

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

SMS Transact Online Access

Mobile No. _____ / 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

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)

Account No. _____ Account Type [Please tick (✓)] SAVINGS CURRENT NRE NRO FCNR OTHERS (please specify)

IFSC CODE** _____ MICR CODE _____

Name of the Bank _____

Branch Address _____

Pin Code _____ City _____

**This is an 11 Digit no. available in Cheque copy. ^^This is a 9 digit number next to your Cheque Number. Please attach an extra blank cancelled cheque or a clear photocopy of a cheque. If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

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. Please write appropriate scheme name as well as the Plan / Option / Sub Option.

| S. No. | *Cheque / DD Favouring Scheme Name (refer Instruction 5) | Plan / Option | Sweep to (applicable only for Dividend option) | Amount Invested (₹) | ^DD Charges | Net Amount Paid (₹) | Cheque/DD No./UTR No. (in case of NEFT/RTGS) | Bank and Branch and Account Number |
|--------|--|---------------|--|---------------------|-------------|---------------------|--|------------------------------------|
| 1. | BSL | | Scheme Name Plan / Option | | | | | |
| 2. | BSL | | Scheme Name Plan / Option | | | | | |

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

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 | Guardian Name (in case of Minor) | Allocation % | Nominee/ Guardian Signature |
|-----------|--------------------------|----------------------------------|--------------|-----------------------------|
| Nominee 1 | | | | |
| Nominee 2 | | | | |
| Nominee 3 | | | | |
| | | | Total = 100% | |

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

To, The Trustee, Birla Sun Life Mutual Fund

Date: DD MM YYYY

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 Birla Sun Life Mutual fund 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 BSLAMC / BSLMF 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 Birla Sun Life Asset Management Company Ltd. (Investment Manager of 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.birlasunlife.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.

First Applicant / Authorised Signatory

Second Applicant

Third Applicant

| 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. | BSL | | | | |
| 2. | BSL | | | | |