



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. (EUIIN)	Application No.	
ARN-323376			E 613650		

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.
 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 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.																		
			Date of Birth (Mandatory)										D	D	M	M	Y	Y	Y	Y

PAN / PEKRN (Mandatory)

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.																		
			Date of Birth (Mandatory)										D	D	M	M	Y	Y	Y	Y

PAN / PEKRN (Mandatory)

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.																		
			Date of Birth (Mandatory)										D	D	M	M	Y	Y	Y	Y

PAN / PEKRN (Mandatory)

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.																		
			Date of Birth (Mandatory)										D	D	M	M	Y	Y	Y	Y

PAN / PEKRN (Mandatory)

CKYC Number

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

Relationship of Guardian in case first holder is minor (Refer Instruction 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))

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI-NRE	<input type="checkbox"/> PIO	<input type="checkbox"/> HUF	<input type="checkbox"/> NPO	<input type="checkbox"/> Bank and FI	<input type="checkbox"/> Company	<input type="checkbox"/> Government Body
<input type="checkbox"/> Minor	<input type="checkbox"/> NRI-NRO	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Club/Society	<input type="checkbox"/> Partnership firm	<input type="checkbox"/> FPIs	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> OCI - Non Repatriation
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> NRI - Minor	<input type="checkbox"/> NRI - Minor (NRO)	<input type="checkbox"/> Trust	<input type="checkbox"/> Provident Fund	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> OCI - Repatriation
<input type="checkbox"/> 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 <input type="checkbox"/> PAN/PEKRN Proof <input type="checkbox"/> KYC Complied	

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 (✓)]	<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**															
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 ₹ 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																				
<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".

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				

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.

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

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.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:-

- 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



MUTUAL FUNDS

SIP Facility Application Form (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIIN)
ARN-323376			E613650

EUIIN is mandatory for "Advisory Transactions" transactions. Ref. Instruction No. C-3

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 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 Investor Folio No.	Application No.	Date

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

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

2. INVESTMENT DETAILS (Refer Instruction B) (*MANDATORY)

SCHEME NAME	ABSL	PLAN	OPTION
SIP Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	SIP Date (any date between 1-28) OR (Please mention any day between Monday to Friday)	
Tenure	From: M M Y Y Y Y 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		
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/-)	Step Up Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
First Installment	Cheque Date	Cheque No.	Amount
Drawn on Bank and Branch	(In case of Minor, payment should be from the Minor account or from a joint account of Minor with guardian only.)		
<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 or in the name of the joint account of minor with the guardian only.)			
Bank Name	A/c No.		

3. DEMAT ACCOUNT DETAILS (OPTIONAL) Refer Instruction No. 7

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

4. 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 the particulars given 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 for reasons of 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 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."

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-16).

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)

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 YYYY

(tick ✓) UMRN: _____

CREATE MODIFY CANCEL

Sponsor Bank Code: _____ Office use only Utility Code: _____ Office use only

I/We hereby authorize: ADITYA BIRLA SUN LIFE MUTUAL FUND to debit (tick3) SB CA CC SB-NRE SB-NRO Other

Bank A/c No.: _____

With Bank: _____ Bank Name & Branch IFSC: _____ OR MICR: _____

an amount of Rupees ₹ _____

FREQUENCY: Monthly Quarterly Half Yearly Yearly As & when presented DEBIT 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 YYYY to: DD MM YYYY 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.