## CSIP 03/18 - V3

## MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



## Multi Scheme Century SIP (CSIP) 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. (EUIN) ARN-146262 E 253637 EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. B-3  $\,$ I/we hereby confirm that the EUIN box has been intentionally left blank my 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. Transaction Charges for Applications routed through Distributors/agents only (Refer Instruction B-7) 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. Application No. Existing Investor Folio No. Date FIRST / SOLE APPLICANT INFORMATION (MANDATORY) NAME OF FIRST / SOLE APPLICANT INVESTMENT DETAILS (Refer Instruction A - 2) (\*MANDATORY) SCHEME 1 SCHEME 2 SCHEME 3 SCHEME NAME ABSL ABSL ABSL ΡΙ ΔΝ OPTION **CSIP Frequency** Monthly Monthly Monthly CSIP Date (any date between 1-28) **CSIP Date** (any date between 1-28) **CSIP Date** (any date between 1-28) From: From: 60 years - Your Current Age Years 60 years - Your Current Age Years 60 years - Your Current Age Years Tenure Years OR Years OR Years OR ☐ Till Further Instruction  $\square$  Till Further Instruction ☐ Till Further Instruction (Refer Instruction A - 6) (Refer Instruction A - 6) (Refer Instruction A - 6) **CSIP Installment Amount** Step Up (OPTIONAL - and Step Up Amount: ☐ 500/- ☐ 1000/-Step Up Amount: ☐ 500/- ☐ 1000/-Step Up Amount: ☐ 500/- ☐ 1000/available only for CSII ☐ Other (In multiple of 500/-) \_ Other (In multiple of 500/-)\_ Other (In multiple of 500/-)\_ Investments through NACH) Step Up Frequency: Half Yearly Step Up Frequency: Half Yearly Step Up Frequency: ☐ Half Yearly ☐ Yearly \*Step Up Max Amount: \*Step Up Max Amount: \*Step Up Max Amount: First Installment\* Cheque Date Cheque No. Amount Drawn on Bank and Branch Use existing One Time Mandate (To be filled in case of more than one OTM registration) Bank Name A/c No. FOR CENTURY SIP (Please read detailed Terms & Conditions for availing CSIP) FEMALE MALE Date of Birth\* GENDER\* NOMINATION DETAILS (Refer Instruction No. A - 15) I/We do hereby nominate the undermentioned Nominee to receive Insurance Coverage benefit to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee (upon such documentation) shall be a valid discharge by the AMC / Mutual Fund / Trustees. Nominee Name : Date Of Birth (in case of minor): Relationship: Guardian / Parent Name (in case of minor): Note: Nomination as stated above, shall be considered to avail Insurance coverage benefit In case Nominee details are not provided the single/multiple nominee detail, if available in the Common Application Form (CAF) or in the registered folio would be considered as a nominee for insurance. For the purpose of insurance coverage, nominee would remain same across all CSIP schemes registered in the folio. (For complete details refer to terms & conditions - Century SIP point A - 15). Aditya Birla Sun Life AMC Limited would intimate the above nomination to Aditya Birla Sun Life Insurance for the purpose of insurance cover. 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 CSIP 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 ammongst 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." Signature(s)

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

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DEBIT MANDATE-ONE TIME MANDATE / NACH / AUTO DEBIT [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.			
			Date D D M M Y Y Y
(tick <b>√</b> )	UMRN		
☑ CREATE Sponsor Bank Code	Office use only	Utility Code	Office use only
MODIFY     I/We hereby authorize:      I/We hereby authorize:     I/We hereby authorize:     I/We hereby authorize:	ADITYA BIRLA SUN LIFE MUTUAL FUND	to debit (tick√)	SB / CA / CC / SB-NRE / SB-NRO / Other
Bank A/c No.:			
With Bank N	Name & Branch		OR MICR
an amount of Rupees			₹
FREQUENCY			
Reference 1 Folio No:		Mobile	
Reference 2 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			
to 3 1 1 2 2 0 9 9	1. Sign		3. Sign
or			
	• • • • • • • • • • • • • • • • • • • •	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 CENTURY SIP (CSIP) 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)
(Formerly known as Birla Sun Life Asset Management Company Limited)
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013
+91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: U65991MH1994PLC080811

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