## COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs/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.) Employee Unique ID. No. (EUIN) Distributor Name / ARN No. Sub Broker Name / ARN No. Sub Broker Code Application No. EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

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. First Applicant / Authorised Signatory 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 / PEKRN (Mandatory) ☐ KYC Date of Birth\* **AADHAR Card Number** NAME OF THE SECOND APPLICANT Mr Ms M/s ☐ KYC PAN / PEKRN (Mandatory) Date of Birth\* **AADHAR Card Number** NAME OF THE THIRD APPLICANT Mr. Ms. M/s. PAN / PEKRN (Mandatory) Date of Birth\*\* ☐ KYC **AADHAR Card Number** 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. PAN / PEKRN (Mandatory) ☐ KYC Date of Birth\* **AADHAR Card Number** RELATIONSHIP OF GUARDIAN (Refer Instruction No. 2(ii)) ISD CODE TEL: OFF TEL: RESI \*\* Mandatory in case the First / Sole Applicant is Minor Proof of the Relationship with Minor\*\* TAX STATUS | Please tick ( ) | (Applicable for First / Sole Applicant) Resident Individual FIIs NRI - NRO HUF Club / Society ☐ PIO ■ Body Corporate Minor Government Body Trust NRI - NRE Bank & Fl Sole Proprietor Partnership Firm ☐ QFI Provident Fund Others 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/Fils) CITY STATE PIN CODE ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) **COMMON APPLICATION FORM** Application No. Birla Sun Life Asset Management Company Limited Collection Centre / One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013 Birla Sun Life BSLAMC Stamp & Signature Mutual Fund Toll Free : 1-800-270-7000/ 1-800-22-7000 | sms 'GAIN' to 567679 | Email: connect@birlasunlife.com Received from Mr. / Ms. Date : [Please tick ( / )] ENCLOSED PAN/PEKRN Proof KYC Complied NECS Form Yes No

Set	GO GREEN (Please tick (	✓ )] (Refer Instruction No.	10)														
Comment Communication mode is E-mail only, if you wan to receive to browing documentally via physical mode:   Parameter   Image:   Parameter   Param	SMS Transact	Online Access	Mobile No.	+91						I/ We	would like	to register t	for my/c	our SMS T	ransact	and/ or Or	nline Acc
TREST APPLICANT  TREST	Email Id																
BANK ACCOUNT OFERILS Please sake that any part SEE Regulations it is manufatory for inventors as parable that has account details of the interferior IX. (A)  Talling of the later.  The Code  Oby  Oby  Oby  SECOND OF THE WARD ACCOUNT OFERILS Please sake that a part of the process of the proc	Default Communication	mode is E-mail on	ly, if you wis	sh to recei	ve following doc	ument(s) via p	hysical i	mode: [Please	tick ( 🗸 )]	Account S	Statement	Annua	al Repo	rt 🗌	Other S	tatutory I	nformati
Notice the basis  File Code  Account No.  Ac	Facebook Id							Twitter Id									
Find Control (Fig. 1)	BANK ACCOUNT DET	AILS (Please note	that as per S	EBI Regula	ations it is manda	atory for inves	tors to pi	ovide their ba	ank accoun	nt details) Ref	er Instructi	on No. 3(A)					
Pin Code   Coly   Second Type Passes And 7   SANANCS   CUPRENT   Code   Coly   Suppose Control (Sanano Figure Passes And 7   Code   Coly   Suppose Code   Co	Name of the Bank																
Account No.  Accou	Branch Address																
Account Type Puese at 17   AVANUS   CURRENT   RRE   NRO   FORR   OTHERS   DOMESTMENT DETAILS   Precurs at 17   New household the sease at 18 level as exacts   She of a sease at 18 level as exacts   She of a sease at 18 level as exacts   She of a sease at 18 level as exacts   She of a sease at 18 level as exacts   She Plan Objetins Sub Option    Sease of the She of	Pin Code				City												
INVESTMENT DETAILS Preserval / I Print National to 1, s x 1/3 for under a wit test, use fix with or cased  Societate Authorized Centrand durit must be issued for each investment attent with some care as ware as between care and early and the Print Operation (Section 1) of the Print Operation (Se	Account No.																
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Separate chargon'd charged damand draft must be issuad for each investment drawn in favour of respective scharen name and the instrument should be crossed "Ar- Payer Grey".  **Schame Name Part of Defending** **No.***  **Schame Name Part of Defending** **No.**  **Schame Name Part of Defending** **No.**  **Part of Option**  **Schame Name Part of Defending** **No.**  **Part of Option**	11 Digit IFSC Code						9 Digit	MICR Code									
**Comparing Control Service   Plan   Option   Plan   Option   Comparing   Comp	INVESTMENT DETAI	LS [Please tick ( 🗸 )]	(Refer Instruction	No. 5, 9 & 1	4) (If this section is lef	t blank, only folio v	vill be create	ed)									
Scheme Name Inform Interference (Charges)  Scheme Name Inform Interference (Charges)  Scheme Name Inform Interference (Charges)  Set						our of respecti	ve scher	ne name and	the instru	ument should	be crosse	d "A/c Paye	e Only"				
SS.   Paul Codes			Plan / 0	Option												d Account	Number
BSL    Software Name   Part   Copyright	1. BSL						-										
Second Applicant   Second Appl											-						
Second Applicant   Student   Private Sector Service   Public Sector Service   Government Service   Business   Professional   Agriculturist   Refired   Housewife   Restance   Private Sector Service   Public Sector Service   Government Service   Business   Professional   Agriculturist   Refired   Housewife   Refired   Refired   Refired   Refired   Refired   Refired   Refired   Refired   Refire	2. BSL						-										
Type of Account: Saving / Current / NRE / NRO / FCNR / NRSR) *All purchases are subject to realization of funds											+						
Cype of Account: Saving / Current / NRE / NRO / FCNR / NRSR) *All purchases are subject to realization of funds	3. BSL																
SECOND APPLICANT   Forex Dealer   Others   Government Service   Business   Professional   Agriculturist   Retired   Housewife   THIRD APPLICANT   Student   Forex Dealer   Others   Government Service   Business   Professional   Agriculturist   Retired   Housewife   THIRD APPLICANT   Student   Forex Dealer   Others   Government Service   Business   Professional   Agriculturist   Retired   Housewife   THIRD APPLICANT   GROSS ANNUAL INCOME   Presse tick   7     Below 1 Lac   1-5 Lacs   5-10 Lacs   10-25 Lacs   > 25 Lacs - 1 Crore   > 1 Crore    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.)    I am Politically Exposed Person   I am Related to Politically Exposed Person   State Company or Subsidiary of Listed Company or Controlled by a Listed Company:   Yes   No (If No, please attach mandatory UBO Declaration)    Foreign Exchange / Money Charger Services   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If No, please attach mandatory UBO Declaration)   Yes   No (If	FIRST APPLICANT		tor Service											_	1 <u> </u>	lousewife	
Student		☐ Private Sec	tor Service	☐ Publ	lic Sector Servic	e 🗌 Govern	nment S	ervice $\square$	Business	☐ Profes	sional [	Agricultur	rist [	Retired	1 _ H	lousewife	
THIRD APPLICANT    Student	SECUND APPLICANT	☐ Student		☐ Fore	ex Dealer	Others	3					(	please	specify)			
Student   Forex Dealer   Others   Oth	T.U.D.D. 4.D.D. 104.11.T.	☐ Private Sec	tor Service	☐ Publ	lic Sector Servic	e 🗌 Govern	nment S	ervice $\square$	Business	☐ Profes	sional [	Agricultur	rist [	Retired	i 🗆 F	lousewife	!
Below 1 Lac   1-5 Lacs   5-10 Lacs   10-25 Lacs   > 25 Lacs - 1 Crore   > 1 Crore	THIRD APPLICANT	☐ Student		☐ Fore	ex Dealer	Others	3					(	please	specify)			
Net worth (Mandatory for Non - Individuals Rs	GROSS ANNUAL INCOM	NE [Please tick ( ✓ )]															
Net worth (Mandatory for Non - Individuals Rs		☐ Below 1 Lac	c 🗌 1-5 L	acs 🗌	5-10 Lacs	10-25 Lacs	> 25	5 Lacs - 1 Cr	ore 🗌 :	> 1 Crore							
THIRD APPLICANT Below 1 Lac	FIRST APPLICANT	Net worth (Man	et worth (Mandatory for Non - Individuals Rsas on DDDMMMYYYYY [Not older than 1 year]														
For Individuals    I am Politically Exposed Person   Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company:   Yes   No (If No, please attach mandatory UBO Declaration)	SECOND APPLICANT	☐ Below 1 Lac	C ☐ 1-5 L	acs 🗌	5-10 Lacs 🗌	10-25 Lacs	☐ > 2!	5 Lacs - 1 Cr	ore 🗌 :	> 1 Crore OF	Net Wort	h					
I am Politically Exposed Person   Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company:   Yes   No   Not Applicable   Foreign Exchange / Money Charger Services   Yes   No   Money Lending / Pawning   Yes   No   Money Lending / Pawning   Payment Details	THIRD APPLICANT	☐ Below 1 Lac	c 🗌 1-5 L	acs 🗆	5-10 Lacs 🗌	10-25 Lacs		5 Lacs - 1 Cr	ore 🗌 :	> 1 Crore OF	Net Wort	h					
I am Related to Politically Exposed Person   Foreign Exchange / Money Charger Services   Yes   No	For Individuals			For Non	n-Individual Inv	estors (Com	panies,	, Trust, Part	nership e	etc.)							
Not Applicable   Foreign Exchange / Money Charger Services   Yes   No																	
Money Lending / Pawning				Foreign Exchange / Money Charger Services													
S. Scheme Name  Plan / Option  Net Amount Paid (₹)  Cheque/DD No./UTR No. (in case of NEFT/RTGS)  Bank and Branch				Gaming / Gambling / Lottery / Casino Services													
S. No. Scheme Name Plan / Option Net Amount Paid (₹) Payment Details  Cheque(DD No, UTR No. (in case of NEFT/RTGS)  Bank and Branch																	
No. Scheme Name Plan / Uption Cheque/DD No./UTR No. (in case of NEFT/RTGS)  Bank and Branch (in case of NEFT/RTGS)									<u> </u>		>						
(in case of NEFT/RTGS)		eme Name		F	Plan / Option	N N	Net Amount Paid (₹)						Details				
1. BSL										Cheque/DD	No./UTR No.	.		Bank	and Brai	ıch	
														Bank	and Brai	ich	

5.	DEMAT ACCOUNT DETAILS (OP	TIONAL) (Please ensure that the s	sequence of names as men	tioned in the application form matches	with that	of the A/c. held with	the deposi	tory part	icipant.)	Refer Ins	struction	n No. 3(B)	
	NSDL: Depository Participant	Name:		DPID No.: I N		Beneficia							
	CDSL: Depository Participant	Name:		Beneficiary A/c No.									
	Enclosed: Client Master	☐ Transaction/ Statement Co	opy/ DIS Copy										
6.	NOMINATION DETAILS (Manda	tory) (Refer Instruction No. 7)											
	☐ I/We wish to nominate ☐ ☐	/We DO NOT wish to nominate ar	nd sign here			1st Applican	t Signature	(Manda	atory)				
		Nominee Name and Address	3	Guardian Name (in case of Min	nor)	Allocation %		Nomine	e/ Guar	dian Sig	nature		
	Nominee 1												
	Nominee 2												
	Nominee 3												
	To register multiple nominee ple	ease fill separate Multiple nomin	ation Form.			1							
7.	FATCA & CRS INFORMATION (P	lease tick (✓)] For Individuals	& HUF (Mandatory) N	on Individual investors should m	andator	rily fill seperate	FATCA de	tail for	m				
	Is the applicant(s)/ guardian's  If Yes, please provide the follo	Country of Birth / Citizenship / wing information [mandatory]	Nationality / Tax Resid	tered Office (for address mentione lency other than India? Yes cociated Tax Reference Numbers b		n/existing addres □ No	s appeari	ng in Fo	ilio)				
	Category	First Applicant (in	cluding Minor)	Second Applicant/ G	uardian			Thir	d Appli	icant			
	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 speci	fy]											
	Country of Tax Residency	2											
	Tax Payer Ref. ID No. 2												
	Identification Type [TIN or other, please speci												
	Country of Tax Residency	3											
	Tax Payer Ref. ID No. 3												
	Identification Type [TIN or other, please speci	fy]											
	,		green card holder of	USA. ^In case Tax Identificatio	n Numl	oer is not availa	ble, kindl	y provi	de its f	function	nal eq	uivalent	
	DECLARATION(S) & SIGNATURI To,	E(S) (Refer Instruction No. 1)								V	I.v. I.		
-	ro, The Trustee, Birla Sun Life Mutual Fund						Date	D L					
	Having read and understood the cont rules and regulations governing the s	cheme. I/We hereby declare that the	e amount invested in the so	mation Document of the Scheme, I/We cheme is through legitimate sources on	ly and do	es not involve and is	not design	ed for th	e purpos	se of the	contrav	ention of	
1	time to time. I/We have understood th	e details of the scheme & l/we have	not received nor have been	ti Money Laundering Laws, Anti Corrup n induced by any rebate or gifts, directly nent of the entity (viz. MOA / AOA / Tru	or indired	ctly in making this ir	vestment.		, ,				
	Mutual fund and the application is bei may arise so, hereby agree to indemn	ng made within the limits for the sa ify BSLAMC / BSLMF in case of any	me. I/We are complying w dispute regarding the eligil	ith all requirements / conditions of the e bility, validity and authorization of the er	entity whi ntity and/o	le applying for the in or the applicants wh	nvestments no have app	and I/W lied on b	e, includ ehalf of t	ling the e the entity	entity, if /.	the case	
/	For NHIs only: I/We confirm that I am/ /Non-Resident Ordinary /FCNR accou I/We confirm that details provided by I	nt. (Refer Inst. No. 6)	lionality/Origin and that I/v	ve have remitted funds from abroad thro	ougn app	roved banking chai	neis or troi	n tunas	ın my/ou	ır Non-K	esident	External	
, (	**I have voluntarily subscribed to the of of having read, understood and agree I further undertake to discharge the ol	on-line access for transacting throu to abide the terms and conditions fo oligations cast on me and shall not a	or availing of the internet fa It any time deny or repudia	vided by Birla Sun Life Asset Manageme acility more particularly mentioned on the te the on-line transactions effected by m	ne websit ne and I sl	e www.birlasunlife. hall be solely liable f	com and he for all the co	ereby un ests and	dertake t consequ	to be bou ences th	ınd by t ereof.	he same.	
	Scheme is being recommended to me FATCA & CRS Declaration: I/ We have	e/us. cunderstood the information requir	ements of this Form (read	ny other mode), payable to him for the along with FATCA & CRS Instructions) ams and Conditions and hereby accept the	and herel	by confirm that the					•		
		Jack To have rough and under S		Some and notoby accept to	.5 501110.	(-15.0. 110.110.114)							
	Signature of First Applicar	t / Authorised Signatory	Sig	nature of Second Applicant		Signature of Third Applicant							