Ы	rla Sun Life 🗖	quity	i unu							Birl	a Su	n Lif	
	(An Open ended	Growth Sche	me)							M	utual	Funa	Remove )
his product is suitable for inve	stors who are seeking*	*:						leratel	Moderate	Modera			
long term capital growth								Mod Low		- They are			
investments in equity and equity	related securities							<sup>®</sup>			High		
Investors should consult their fina	ancial advisers if in doubt	whether the pro	oduct is suitable fo	or them.				OW nderstand that	t their principal	vill be at <b>mod</b>	HIGH lerately high ri	sk	
(PLEASE READ THE INSTRUCTIONS BE	FORE FILLING UP THE FORM.	All sections to be	completed in ENGLIS	H in BLACK /	BLUE COLOUR	ED INK ar	nd in BLC	CK LETT	ERS.)				
Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN	/ RIA No.	Sub Broker Cod	e	Employee	e Unique	ID. No	. (EUIN)	I	Applica	tion No.		
EUIN is mandatory for "Execution Only" transac	tions. Ref. Instruction No. 9												
/we hereby confirm that the EUIN box has been in n-appropriateness, if any, provided by the employe				r advice by the en	ployee/relationsh	nip manager/	'sales pers	on of the a	bove distribu	or/sub brol	ker or notwil	hstanding th	ie advice
First Applicant / Author	sed Signatory		Second Appl	icant					Third	Applican	t		
TRANSACTION CHARGES FO		TED THROUGH			ONLY (Ret	fer Instr	uction	1 (viii)					
In case the subscription (lumpsum) am time mutual fund investor) will be deduc	ount is ₹ 10,000/- or more an	d your Distributor	has opted to receive	Transaction	Charges, ₹15	50/- (for fir	st time r	nutual fu		or) or ₹1	00/- (for ii	nvestor of	ther th
EXISTING UNITHOLDER please		•			0				holding	will be a	as per the	e existing	g Folia
Existing Folio No.									Ŭ			,	i
FIRST / SOLE APPLICANT INFOR		Istruction No. 2,3,4) Fi	resh / New Investors fill in	i all the blocks. (1	to 10) In case o	of investmen	it "Un beh	alf of Mino	r", Please Ri	eter Instruc	tion no. 2(ii)		
NAME OF FIRST / SOLE APPLICANT	Mr. Ms. M/s.												
PAN / PEKRN (Mandatory)				Date o	of Birth**		Μ	Μ	Y	Y Y	Υ		
ADHAR Card Number			CKYC Number						CKYC Num				
			(P	refix if any)					+				
IAME OF THE SECOND APPLICANT	Mr. Ms. M/s.					76							
PAN / PEKRN (Mandatory)				Date o	of Birth**		M	М	Y	Y	Υ		
ADHAR			CKYC Number										
Card Number			(P	refix if any)									
IAME OF THE THIRD APPLICANT	Mr. Ms. M/s.												
PAN / PEKRN (Mandatory)				Date o	of Birth**		М	Μ	Y	Y Y	Y		
ADHAR			CKYC Number										
Card Number				refix if any)									
NAME OF THE GUARDIAN (In case	First / Sole Applicant is m	ninor) / CONTAC	r Person - Desig	NATION / Po	A HOLDER	(In case	of Non-	individ	ual Inves	tors)			
Mr. Ms. M/s.													
PAN / PEKRN (Mandatory)				Date o	of Birth**		M	M	Y	Y Y	Y		
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Card Number				refix if any)									
RELATIONSHIP OF GUARDIAN (Re	fer Instruction No. 2(ii))												
ISD CODE	TEL: OFF.	e T											
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Proof of the Relationship with Mi	nor**							** Ma	Indatory in	i case th	e First / S	ole Appli	cant is
TAX STATUS [Please tick ( 🗸 )] (Applic	able for First / Sole Applica	nt)											
Resident Individual			Club / Society	PIO	🗌 Body C			Minor		lovernm	ent Body		
		Proprietor	Partnership Firm	QFI	Prov     Anyone	ident Fun		0ther			(Please Spec	ify)	
MODE OF HOLDING [Please tick ( ✓ )] (Ple		Joint		Jic			<b></b> -	option is Ar	iyone or surviv	ur)			
ACKNOWLEDGEMENT SLIP (To be	filled in by the Investor)			B	irla Sun Lif	e Equ	uity I	Func	۱		Appli	cation No	J.
		n l ife Ass	et Manager			-	-				FF."		
Rido Sun Life	One India Bulls Centre, Tow		•					00 013				tion Centr	
Birla Sun Life Mutual Fund			2-7000   sms 'GAIN' i							-	BSLAMC S	tamp & Sig	gnature
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Received from Mr. / Ms	
[Please tick (✓)] ENCLOSED	PAN/PEKRN Proof

																Re	
CITY																	
STATE												PIN	CODE				
IO GREEN  Please tick ( 🗸	)] (Refer Instruction No	. 10)															
SMS Transact	Online Access	Mobile No.	+91							I/ We v	vould like	to register	for my/ou	ır SMS Tı	ransact ai	nd/ or On	line Acc
Email Id																	
Default Communication r	node is E-mail or	ıly, if you wis	sh to receiv	ve following	g documer	nt(s) via p	ohysical	mode: (Please	e tick ( 🗸 )]	Account S	tatement	t 🗌 Annı	ial Repor	t 🗆	Other Sta	itutory In	formati
Facebook Id								Twitter Id									
BANK ACCOUNT DETA	ILS (Please note	that as per S	EBI Regula	tions it is r	nandatory	for invest	tors to p	rovide their b	ank accour	<b>nt details</b> ) Refe	er Instructi	ion No. 3(A)					
Name of the Bank																	
Branch Address																	
Pin Code				City													
Account No.																	
Account Type IPlease tick ( .	N SAVINGS	CURREN	T 🗌 NRE	□ NR0	FCNR	OTHE											
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				Sub Option	1												
S. *Cheque / DE No. Scheme Name (re		Plan / C	Option		Sweep to	end option)	Cheque Date	Amount Invested (₹	^DD Charges	Net Amount Paid (₹)		D No./UTR No of NEFT/RTGS		nk and Bra	anch and <i>i</i>	Account N	lumber
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S.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details				
No.				Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch			
1.	BSL Equity Fund							

DEMAT ACCOUNT DETAILS (OPT	IONAL) (Please ensure that the sequence of names as men	tioned in the application form matches with that of the A	Vc. held with the depository participant.) Refer Instruction N
NSDL: Depository Participant I	Name:	DPID No.: I N	Beneficiary A/c No.
CDSL. Depository Participant I	Name:	Beneficiary A/c No.	
Enclosed:  Client Master	Transaction/ Statement Copy/ DIS Copy		
NOMINATION DETAILS (Mandato	ry) (Refer Instruction No. 7)		
□ I/We wish to nominate □ I/	Ne DO NOT wish to nominate and sign here		1st Applicant Signature (Mandatory)
	Nominee Name and Address	Guardian Name (in case of Minor) Allo	ocation % Nominee/ Guardian Signature
Nominee 1			
Nominee 2			
Nominee 3			
To register multiple nominee plea	se fill separate Multiple nomination Form.		
FATCA & CRS INFORMATION (PIG	ease tick (🗸)] For Individuals & HUF (Mandatory) No	on Individual investors should mandatorily fill	l seperate FATCA detail form
The below information is requi	ed for all applicant(s)/ guardian		
Address Type: 🔄 Residential of	or Business 🗌 Residential 🔲 Business 🗌 Regist	tered Office (for address mentioned in form/exist	ting address appearing in Folio)
Is the applicant(s)/ guardian's C	ountry of Birth / Citizenship / Nationality / Tax Resid	lency other than India? 🗌 Yes 🗌 No	
If Yes, please provide the follow	ving information [mandatory]		
Please indicate all countries in	which you are resident for tax purposes and the ass	sociated Tax Reference Numbers below.	
Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
No C.A Provid			

Name of Applicant		
Place/ City of Birth		L
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, Birla Sun Life Mutual Fund

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 enarcited 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.

**FATCL & 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. 14)

Date