



Common Application Form For Resident Indians and NRIs/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.)

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-77321

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

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. GSTIN

1. FIRST / SOLE 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.

PAN / PEKRN (Mandatory) Date of Birth** D D M M Y Y Y Y

CKYC Number (Prefix if any)

Name of the Second Applicant (as per PAN Card)# Mr. Ms. M/s.

PAN / PEKRN (Mandatory) Date of Birth** D D M M Y Y Y Y

CKYC Number (Prefix if any)

Name of the Third Applicant (as per PAN Card)# Mr. Ms. M/s.

PAN / PEKRN (Mandatory) Date of Birth** D D M M Y Y Y Y

CKYC Number (Prefix if any)

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.

PAN / PEKRN (Mandatory) Date of Birth** D D M M Y Y Y Y

CKYC Number (Prefix if any)

Relationship of Guardian (Refer Instruction No. 2(ii))

ISD CODE TEL: OFF.

TEL: RESI

#The application is liable to get rejected if does not match with PAN card

Proof of the Relationship with Minor**

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

Tax Status [Please tick (✓)] (Applicable for First / Sole Applicant)

☐ Resident Individual ☐ FPIs ☐ NRI - NRO ☐ HUF ☐ Club / Society ☐ PIO ☐ Body Corporate ☐ Minor ☐ Government Body

☐ Trust ☐ NRI - NRE ☐ Bank and FI ☐ Sole Proprietor ☐ Partnership Firm ☐ Provident Fund ☐ Others

Acknowledgement Slip (To be filled in by the Investor)

Application No.

Common Application Form

Collection Centre / ABSLAMC Stamp & Signature

Received from Mr. / Ms. Date :

[Please Tick (✓)] Enclosed ☐ PAN/PEKRN Proof ☐ KYC Complied NECS Form ☐ Yes ☐ No

Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund)

Regn. No.: 109, Regd Office: One World Center, Tower 1, 17th Floor, Jupiter Mills, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.

+91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: L65991MH1994PLC080811

Contact Us:
1800-270-7000

adityabirlacapital.com



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

Mobile No.

+91

I/ We would like to register for my/our SMS Transact and/ or Online Access

Mobile No. provided pertains to

☐ Self

☐ Family Member

(Note: If Mobile No. pertains to Family Member please select any one)

☐ Spouse

☐ Dependent Parents

☐ Dependent Children

Email Id

Email ID provided pertains to

☐ Self

☐ Family Member

(Note: If email pertains to Family Member please select any one)

☐ Spouse

☐ Dependent Parents

☐ Dependent Children

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

Facebook Id

Twitter Id

3. BANK ACCOUNT DETAILS (In case of Minor investment, bank details should be of Minor or from a joint account of Minor with the guardian only) Refer Instruction No. 3(A)

Name of the Bank

Branch Address

Pin Code

City

Account No.

Account Type [Please tick (✓)]

☐ SAVINGS

☐ CURRENT

☐ NRE

☐ NRO

☐ FCNR

☐ OTHERS

11 Digit IFSC Code

9 Digit MICR Code

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)

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				

PAYMENT DETAILS			
	Cheque Date	Cheque No.	Amount
In case of Minor, payment should from the Minor account or from a joint account of Minor with the guardian only			
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 same of minor or in the name of Joint account of Minor with the guardian only)			
Bank Name		A/c No.	

Cheque should be submitted, crossed "Account Payee only" and drawn favoring "Aditya Birla Sun Life Mutual Fund".

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	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore															
	Net worth (Mandatory for Non - Individuals) Rs. _____ as on <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> [Not older than 1 year]								D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y									
SECOND APPLICANT	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____															
THIRD APPLICANT	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 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	Not Applicable	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 (If No, please attach mandatory UBO Declaration)												
Sole/First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Exchange / Money Charger Services <input type="checkbox"/> Yes <input type="checkbox"/> No												
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No												
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No												

5.	DEMAT ACCOUNT DETAILS (OPTIONAL) (If Demat details are provided, units will be compulsorily given in Demat form only) (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.: <table><tr><td>I</td><td>N</td></tr></table> Beneficiary A/c No. _____		I	N
I	N		
CDSL: Depository Participant Name: _____ Beneficiary A/c No. _____			
Enclosed: <input type="checkbox"/> Client Master <input type="checkbox"/> Transaction/ Statement Copy/ DIS Copy			

6.	NOMINATION DETAILS (Mandatory) (Refer Instruction No. 7)										
Nomination Details Mandatory section for Individuals (Single or Joint) <input type="checkbox"/> I/We wish to nominate <input type="checkbox"/> I/We do not wish to nominate\$\$											
Nominee Name	PAN	Relationship with Investor	Date of Birth	Guardian Name and Relationship (In case of Minor)	Allocation %						
Nominee 1			<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y		
D	D	M	M	Y	Y						
Nominee 2			<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y		
D	D	M	M	Y	Y						
Nominee 3			<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y		
D	D	M	M	Y	Y						

⁵⁵I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by court or other such competent authority, based on the value of assets held in my/our folio.

Signature of the 1 st unitholder	Signature of the 2 nd unitholder	Signature of the 3 rd unitholder
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7. FATCA & CRS INFORMATION [Please tick (✓)] For Individual Investors including Sole Proprietor (Non Individual Investors should mandatorily fill seperate 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.adityabirlasunlifemf.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. 14)

Signature of First Applicant / Authorised Signatory

Signature of Second Applicant

Signature of Third Applicant

CONFIRMATION CLAUSE

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company. ☐ Yes ☐ No



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 :-
1. 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.
2. 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