

**NFO APPLICATION FORM Aditya Birla Sun Life Fixed Term Plan - Series SP (1099 days)**

A Close ended Income Scheme

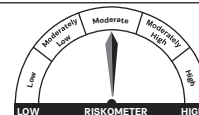
Offer of units of ₹ 10/- each during the New Fund Offer.

New Fund Offer Opens: Thursday, 23 May 2019 | **New Fund Offer Closes:** Wednesday, 29 May 2019.

This Product is suitable for investors who are seeking*:

- income with capital growth over long term
- investments in debt and money market securities maturing on or before the tenure of the Scheme

*Investors should consult their financial advisers if in doubt whether the product is suitable for them.



Investors understand that their principal will be at **Moderate** risk

(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.)

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING OUT THE FORM. All sections to be completed in ENGLISH in BLOCK / BLOK COLOURED INK and in BLOCK LETTERS.)				Application No.
Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIIN)	
ARN - 48012			E053085	

EJIN 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	Second Applicant	Third Applicant
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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.)

[illegible]

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)

[illegible]

PAN / PEKRN (Mandatory)									Date of Birth**	D	D	M	M	Y	Y	Y	Y
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CKYC Number	(Prefix if any)					14 digit CKYC Number					
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[illegible]

PAN / PEKRN (Mandatory)											Date of Birth**	D	D	M	M	Y	Y	Y	Y
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CKYC Number	(Prefix if any)					14 digit CKYC Number					
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[illegible]

PAN / PEKRN (Mandatory)												Date of Birth**	D	D	M	M	Y	Y	Y	Y
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CKYC Number	(Prefix if any)						14 digit CKYC Number						
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Name of the Guardian (as per PAN/ Aadhaar Card)# (In case First / Sole Applicant is minor) / Contact Person - Designation - Poa Holder (In case of Non-individual Investors)						

[illegible][illegible][illegible][illegible][illegible][illegible]

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

Proof of the Relationship with Minor**	
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** 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
 (Please Specify)

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/EPIs)

MAILING ADDRESS OF FIRST / CELL APPLICANT (P.O. Box Address is not sufficient. Please provide full address. (Indian Address in case of NRIs/PIOs)																			
CITY																			
STATE																PINCODE			

[illegible]

<input type="checkbox"/> SMS Transact	<input type="checkbox"/> Online Access	Mobile No.	+91							I/ We would like to register for my/our SMS Transact and/or Online Access
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Email Id			
Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: [Please tick (✓)] <input type="checkbox"/> Account Statement <input type="checkbox"/> Annual Report <input type="checkbox"/> Other Statutory Information			
Facebook Id		Twitter Id	

[illegible]

Aditya Birla Sun Life Fixed Term Plan - Series SP (1099 days)	Plan	<input checked="" type="checkbox"/> Regular
	Options	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout

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)						

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 D D M M Y Y Y Y [Not older than 1 year]
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			

Mode of Payment	[Please tick (✓)]	<input type="checkbox"/> Cheque <input type="checkbox"/> DD Cheque / DD should be drawn favouring "Aditya Birla Sun Life MF NFO Account"	<input type="checkbox"/> RTGS / NEFT / Fund Transfer Letter <input type="checkbox"/> Other <u>(please specify)</u>
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[illegible]

*Minimum of ₹ 1,000/- and in multiples of ₹ 10/- thereafter during the New Fund Offer period.

6. DEMAT ACCOUNT DETAILS (OPTIONAL) (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.: I N _____ Beneficiary A/c No. _____

CDSL: Depository Participant Name: _____ Beneficiary A/c No. _____

Enclosed: ☐ Client Master ☐ Transaction/ Statement Copy/ DIS Copy

7. REDEMPTION / DIVIDEND REMITTANCE (Please attach a copy of cancelled cheque Refer Instruction No. 8 & 12)

☐ Electronic Payment
It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/destination branch corresponding to the Bank details mentioned in Section 3.

☐ Cheque Payment

If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

To avail this facility please provide your signature below.

☐ Auto Maturity Switch to Aditya Birla Sun Life _____ Plan _____ Option _____ (Refer instruction No. 14)

First Applicant / Authorised Signatory

Second Applicant

Third Applicant

8. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 7)

☐ I/We wish to nominate ☐ I/We DO NOT wish to nominate and sign here 1st Applicant Signature (Mandatory)

	Nominee Name and Address	Applicant's Relationship with the Nominee	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					
				Total = 100%	

9. FATCA & CRS INFORMATION [Please tick (✓)] For Individuals & HUF (Mandatory) 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.

10. DECLARATION(S) & SIGNATURE(S) (Refer Instruction No. 1)																				
<p>To,</p> <p>The Trustee,</p> <p>Aditya Birla Sun Life AMC Ltd.</p> <p>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.</p> <p>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 Ltd. 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.</p> <p>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)</p> <p>I/We confirm that details provided by me/us are true and correct.**</p> <p>I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Aditya Birla Sun Life AMC Ltd. (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.adityabir-lacapital.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.</p> <p>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.</p> <p>"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."</p> <p>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)</p>										<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>Date</td> <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>		Date	D	D	M	M	Y	Y	Y	Y
Date	D	D	M	M	Y	Y	Y	Y												
<p style="text-align: center;">Signature of First Applicant / Authorised Signatory</p>										<p style="text-align: center;">Signature of Second Applicant</p>		<p style="text-align: center;">Signature of Third Applicant</p>								

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

Acknowledgement Slip (To be filled in by the Investor) **Aditya Birla Sun Life Fixed Term Plan - Series SP (1099 days)**

Acknowledgement Slip (To be filled in by the Investor) **Aditya Birla Sun Life Fixed Term Plan - Series SP (1099 days)**

Application No.	<div style="display: flex; justify-content: space-between;"> <div style="width: 100%;"> <div style="display: flex; justify-content: space-between;"> <div>Received from Mr. / Ms. _____</div> <div>Date : ____/____/____</div> </div> <div style="margin-top: 5px;"> [Please Tick (✓)] Enclosed <input type="checkbox"/> PAN/PEKRN Proof <input type="checkbox"/> KYC Complied </div> </div> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Collection Centre / ABSLAMC Stamp & Signature</div> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
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Aditya Birla Sun Life Fixed Term Plan - Series SP (1099 days)	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
	Options	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout

Default Plan: Refer KIM for details. **Default Option:** Growth Option.

Investment Amount / Amount Blocked (₹) _____ Cheque No. _____

Net Amount _____ Dated ____/____/____ Drawn on Bank _____

Please tick (✓) if applying through ASBA facility and provide the following details:

ASBA Application number: _____ Bank Account no.: _____

SCSB (Bank and Branch): _____ Date & Time of Submission: _____