



NFO APPLICATION FORM Aditya Birla Sun Life Pharma & Healthcare Fund

(An Open Ended equity scheme investing in Pharma and Healthcare Services Sector)

Offer of units of ₹ 10/- each during the New Fund Offer and Continuous Offer for Units at NAV based prices.

New Fund Offer Opens: Thursday, 20 June 2019 | **New Fund Offer Closes:** Thursday, 04 July 2019

Scheme Re-opens for Continuous Sale And Repurchase: Within 5 Business Days From The Date Of Allotment

This Product is suitable for investors who are seeking*:

- Long term capital growth
- Investments in equity & equity related instruments of the companies in the Pharmaceuticals, Healthcare and Allied sectors in India.

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



Investors understand that their principal will be at High 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.)

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIIN)	Application No.
ARN - 48012			E053085	

EUIIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

I/we hereby confirm that the EUIIN 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.)

Existing Folio No.	
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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)#	Mr. Ms. M/s.	
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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 Second Applicant (as per PAN)#	Mr. Ms. M/s.	
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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 Third Applicant (as per PAN)#	Mr. Ms. M/s.	
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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)# (In case First / Sole Applicant is minor) / Contact Person - Designation - Poa Holder (In case of Non-individual Investors)	Mr. Ms. M/s.	
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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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Relationship of Guardian (Refer Instruction No. 2(ii))	
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ISD CODE	TEL: OFF.	S T D	
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TEL: RESI	S T D	
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#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

Acknowledgement Slip (To be filled in by the Investor)

Aditya Birla Sun Life Pharma & Healthcare Fund

Application No.	
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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)
(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

Contact Us:
1800-270-7000

adityabirlacapital.com



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

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P. O. Box Address is not sufficient. Please provide full address.)																														
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	
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 Pharma & Healthcare Fund	Plan	<input checked="" type="checkbox"/> Regular	
	Options / Sub Options	<input type="checkbox"/> Growth Option	<input type="checkbox"/> Dividend Options (<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment)

KYC DETAILS (Mandatory)

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

Aditya Birla Sun Life Pharma & Healthcare Fund	Plan	<input type="checkbox"/> Regular	
	Options / Sub Options	<input type="checkbox"/> Growth Option	<input type="checkbox"/> Dividend Options (<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment)

Default Plan: Refer KIM for Details. Default Options/ Sub Options: Daily Dividend Options (Reinvestment Facility).

5. PAYMENT DETAILS Refer Instruction No. 5. (Please mention the application Serial number and the first applicant's name on the reverse of the Cheque /DD. Please ensure there is only one Cheque / DD submitted per application form).

Mode of Payment	<input checked="" type="checkbox"/> [Please tick (✓)] <input type="checkbox"/> Cheque <input type="checkbox"/> DD Cheque / DD should be drawn favouring "Aditya Birla Sun Life Pharma & Healthcare Fund"	
	<input type="checkbox"/> RTGS / NEFT / Fund Transfer Letter <input type="checkbox"/> Other (please specify) _____	
Investment Amount (₹)*		DD Charges (₹)*
Cheque/DD No.		Net Amount (₹)
Cheque/DD No.		Dated D D M M Y Y Bank Name & Branch
Account No.		UTR No. (In case of RTGS/NEFT)

*To be filled in by investors residing at the location, where the AMC Branches /Collection Bank centres are not located.

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

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

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

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.

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

<input type="checkbox"/> Electronic Payment	<input type="checkbox"/> Cheque 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.	

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					

9. FATCA & CRS INFORMATION [Please tick (✓)] For Individual Investors including Sole Proprietor (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.



To,
The Trustee,
Aditya Birla Sun Life AMC Ltd.

Date	D	D	M	M	Y	Y	Y	Y
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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 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.

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 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.adityabirlacapital.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 :-

- 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.
- 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



Multi Scheme SIP 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 - 48012			E053085

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 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
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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.

Existing Investor Folio No.		Application No.		Date	D	D	M	M	Y	Y	Y	Y
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1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s.

2. INVESTMENT DETAILS (Refer Instruction A)

(*MANDATORY)

	SCHEME 1	SCHEME 2	SCHEME 3
SCHEME NAME	ABSL Pharma & Healthcare Fund	ABSL	ABSL
PLAN	Regular		
OPTION			
SIP Frequency	<input type="checkbox"/> Monthly OR <input type="checkbox"/> Weekly SIP Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (any date between 1-28) (Please mention any day between Monday to Friday)	<input type="checkbox"/> Monthly OR <input type="checkbox"/> Weekly SIP Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (any date between 1-28) (Please mention any day between Monday to Friday)	<input type="checkbox"/> Monthly OR <input type="checkbox"/> Weekly SIP Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (any date between 1-28) (Please mention any day between Monday to Friday)
Tenure	From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 31/12/99 <input type="checkbox"/> Others <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Start date should be on or after August 4, 2019)	From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 31/12/99 <input type="checkbox"/> Others <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Start date should be on or after August 4, 2019)	From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 31/12/99 <input type="checkbox"/> Others <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Start date should be on or after August 4, 2019)
SIP Installment Amount			
Step Up (OPTIONAL - and available only for SIP Investments through NACH)	Step Up Amount: <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ Step Up Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly *Step Up Max Amount: _____	Step Up Amount: <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ Step Up Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly *Step Up Max Amount: _____	Step Up Amount: <input type="checkbox"/> 500/- <input type="checkbox"/> 1000/- <input type="checkbox"/> Other (In multiple of 500/-) _____ Step Up Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly *Step Up Max Amount: _____
First Installment	Cheque Date	Cheque No.	Amount
Drawn on Bank and Branch			
<input type="checkbox"/> Use existing One Time Mandate (To be filled in case of more than one OTM registration)			
Bank Name	A/c No.		

3. 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 SIP 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 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."

For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year. (refer Instruction no: A-16).

Signature(s)	Name of First Unit Holder	Name of Second Unit Holder	Name of Third Unit Holder
	First Applicant	Second Applicant	Third Applicant

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

B. COMMON INSTRUCTIONS FOR SIP

1. DISCLAIMER

- (i) Investors will not hold Aditya Birla Sun Life Mutual Fund, its Registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of OTM/ NACH/ Auto Debit.
- (ii) Aditya Birla Sun Life Mutual Fund, its Registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage etc. incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
- (iii) Aditya Birla Sun Life Mutual Fund reserves the right to reject any application without assigning any reason thereof.
- (iv) Investors shall not hold the AMC/ Registrar/Service Providers and/or the Bank/s liable for any failure or delay in completion of its obligations where such failure or delay is caused, in whole or in part, by any Force Majeure event including acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, war, earthquake, or any other cause of peril which is beyond the AMC/ Registrar /Service Provider's and/or the Bank's/s' reasonable control. Further no separate intimation will be received from AMC / It's Registrar / Bank and/or Service Providers in case of non-execution of the instructions in case of such Force Majeure events.

2. It is compulsory for all investors to quote their Permanent Account Number (PAN) and submit copy of the PAN card issued by the Income Tax Department, irrespective of the amount of investment, while making an application for Purchase of Units. In case of joint applicants, PAN details of all holders should be submitted. In case the investor making the application is a minor, PAN details of the Guardian must be submitted. Investors residing in the state of Sikkim are exempt from the mandatory requirement of PAN proof submission, however sufficient documentary evidence shall have to be submitted to Aditya Birla Sun Life Mutual Fund for verifying that they are residents of State of Sikkim. Investors (being individuals) applying for Micro SIP registrations are exempt from mandatory requirement of PAN submission. For further details on Micro SIP, please refer instructions (E-23) in SIP Application Form.

3. DIRECT APPLICATIONS AND EUIN

- a. **Investment in Direct Plan:** Investors applying under Direct Plan, are advised to write the word 'DIRECT' in the column 'ARN No' or 'Broker Code' in their applications for purchases/additional purchases/switches in all such cases where applications are not routed through any distributor/agent/broker. In cases where unit holder uses a pre-printed transaction slip/application form where details in the 'ARN No' or 'Broker Code' column is already printed, unit holder should cancel the ARN No/ Broker Code, write 'DIRECT' in the said column. **Also, in case ARN No/ Broker Code is mentioned in the application form, but "Direct Plan" is indicated, the ARN No/ Broker Code will be ignored and the application will be processed under Direct Plan, subject to it being complete in all other aspects. Further, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.**
- b. Employee Unique Identification Number (EUIN) is a unique number allotted to Sales personnel i.e. employee/ relationship manager/ sales person of the distributor interacting with the investor for the sale of mutual fund products. Such sales personnel associated with Distributor, should also be holding a valid NISM certificate. **Thus, in case of applications routed through distributors, in addition to the AMFI Registration Number (ARN) of the distributor, Investors are requested to also provide the EUIN of the individual ARN holder or of employee/relationship manager/sale person of the Distributor interacting with the investor.** Providing appropriate EUIN in the application/transaction forms would assist in tackling the problem of mis-selling even if the Sales personnel on whose advice the transaction was executed by investor leaves the employment of the distributor or his/her sub broker. If the distributor has not given any advice pertaining to the investment (i.e. transaction is 'execution only'), then the EUIN box may be left blank, but it would be mandatory for the investor to provide confirmation as mentioned in the application form.

4. KNOW YOUR CUSTOMER (KYC)

According to guidelines issued by SEBI under 'The Prevention of Money Laundering Act, 2002', Mutual Funds are required to follow enhanced know your customer (KYC) norms. Investors can visit branches of ABSLAMC or may visit www.adityabirlacapital.com, www.amfiindia.com and www.cdslindia.com to know detailed procedure for KYC compliance.

Effective January 01, 2011 it is mandatory for all category of investors to be KYC compliant for all investment transactions made on or after January 01, 2011, irrespective of amount of investment.

To further clarify, the above category of investors shall include:

- i. their constituted Power of Attorney (PoA) holder, in case of investments through a PoA

- ii. each of the applicants, in case of investments in joint names; and

- iii. Guardian in case of investments on behalf of minor.

Applications without KYC Acknowledgement letter for the specified category of investors are liable to be rejected.

Provided further, where it is not possible to verify the KYC compliance status of the investor at the time of allotment of units, the ABSLAMC shall verify the KYC compliance status of the investor within a reasonable time after the allotment of units. In the event of non compliance of KYC requirements, the ABSLAMC reserves the right to freeze the folio of the investor(s) for any kind of transactions or affect mandatory redemption of unit holdings of the investors at the applicable NAV, subject to payment of exit load. Investors should note that on completion of KYC Compliance all details of the investor in the Mutual Fund records will be replaced by the details as given in KYC Application Form by the investor. Any change in these details like change of Name / Address / Status / Signature, etc. should be given by Investor directly in the prescribed manner.

Pursuant to SEBI Circular No. MIRS/SE/Cir-26/2011 dated December 23, 2011, SEBI (KYC Registration Agency) Regulations, 2011 and SEBI Circular No. MIRS/SE/Cir-21/2011 dated October 05, 2011, regarding uniformity in the Know Your Customer (KYC) process in the securities market and development of a mechanism for centralization of the KYC records to avoid duplication of KYC Process across the intermediaries in the securities market, the following changes are being made to KYC process w.e.f. January 01, 2012:

1. SEBI has introduced a common KYC Application Form for all the SEBI registered intermediaries viz. Mutual Funds, Portfolio Managers, Depository Participants, Stock Brokers, Venture Capital Funds, Collective Investment Schemes, etc. New Investors are therefore requested to use the common KYC Application Form and carry out the KYC process including In-Person Verification (IPV) with any SEBI registered intermediaries including mutual funds. The KYC Application Forms are also available on our website www.adityabirlacapital.com.
 2. The Mutual Fund shall perform the initial KYC of its new investors and may undertake enhanced KYC measures commensurate with the risk profile of its investors. The Mutual Fund shall upload the details of the investors on the system of the KYC Registration Agency (KRA). Registrar & Transfer Agent (RTA) of the Mutual Fund may also undertake the KYC of the investors on behalf of the Mutual Fund. KRA shall send a letter to the investor within 10 working days of the receipt of the initial/updated KYC documents from the Mutual Fund, confirming the details thereof.
 3. Once the investor has done KYC with a SEBI registered intermediary, the investor need not undergo the same process again with another intermediary including mutual funds. However, the Mutual Fund reserves the right to carry out fresh KYC of the investor.
 4. It is mandatory for intermediaries including mutual funds to carry out In-Person Verification (IPV) of its new investors w.e.f. January 01, 2012. The IPV carried out by any SEBI registered intermediary can be relied upon by the Mutual Fund. ABSLAMC and NISM/AMFI certified distributors who are KYD compliant are authorized to undertake the IPV for Mutual Fund investors. Further, in case of any applications received directly (i.e. without being routed through the distributors) from the investors, the Mutual Fund may rely upon the IPV (on the KYC Application Form) performed by the scheduled commercial banks.
 5. Existing KYC compliant investors of the Mutual Fund can continue to invest as per the current practice. However, existing investors are also urged to comply with the new KYC requirements including IPV as mandated by SEBI.
- 5. RESTRICTION ON ACCEPTANCE OF THIRD PARTY PAYMENT:**
- a) Pursuant to the AMFI Best Practice Guidelines circular on 'Risk mitigation process against Third-Party Cheques in mutual fund subscriptions' read with compliance with 'Know your Customer (KYC)' norms under Prevention of Money Laundering Act, 2002 (PMLA), Aditya Birla Sun Life AMC Ltd. (ABSLAMC)/ **Aditya Birla Sun Life Mutual Fund (ABSLMF) shall not accept applications for subscriptions of units accompanied with Third Party Payments**, except in the cases as enumerated below in para (c).
 - b) **"Third Party Payment"** means payment through an instrument issued from a bank account other than that of the beneficiary investor. In case of payments from a joint bank account, the first named investor/holder of the mutual fund folio has to be one of the joint holders of the bank account from which payment is made.
 - c) ABSLAMC shall not accept subscriptions accompanied with Third Party Payments except in the following exceptional situations subject to submission of requisite documentation/declarations enumerated in para (d) below:
 - i. Payment by Parents/Grand-Parents/Related persons on behalf of a minor in consideration of natural love and affection or as gi for a value not exceeding ₹ 50,000/- (each regular purchase or per SIP installment) However, this restriction will not be applicable for payment made by a guardian whose name is registered in the records of Mutual Fund in that folio as a guardian.

(Contd on Page 4)

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.

(tick✓)	<input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL	UMRN 	Date DDMMYY
Sponsor Bank Code Office use only		Utility Code Office use only	
I/We hereby authorize: ADITYA BIRLA SUN LIFE MUTUAL FUND to debit (tick✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other			
Bank A/c No.: 			
With Bank: Bank Name & Branch		IFSC OR MICR 	
an amount of Rupees ₹ 			
FREQUENCY <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented		DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Reference 1 PAN No:		Mobile 	
Reference 2 Folio No/ 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 31122099 or <input type="checkbox"/> Until-Cancelled		1. Sign _____ 2. Sign _____ 3. Sign _____ Name as in bank records (mandatory) Name as in bank records (mandatory) Name 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 SIP 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,
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