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.) Distributor Name / ARN No. Sub Broker Name / ARN No. Sub Broker Code Employee Unique ID. No. (EUIN) Application No. E352389 132061 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. 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. PAN / PEKRN (Mandatory) **AADHAR Card Number** NAME OF THE THIRD APPLICANT Mr Ms M/s PAN / PEKRN (Mandatory) **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 **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 Flls ☐ NRI - NRO HUF Club / Society PI0 Body Corporate Minor Government Body ☐ NRI - NRE Sole Proprietor Partnership Firm ☐ QFI Provident Fund Trust Bank & FI 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 PIN CODE STATE ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) COMMON APPLICATION FORM Application No. Birla Sun Life Asset Management Company Limited Collection Centre / BSLAMC Stamp & Signature One India Bulls Centre , Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013 Birla Sun Life Toll Free : 1-800-270-7000/ 1-800-22-7000 | sms 'GAIN' to 567679 | Email: connect@birlasunlife.com Received from Mr. / Ms. [Please tick (/)] ENCLOSED ☐ PAN/PEKRN Proof ☐ KYC Complied NECS Form Yes No

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5.	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 Na	me:		DPID No.: I N	Beneficiary	A/c No.							
	CDSL: Depository Participant Na	me:		Beneficiary A/c No.									
	Enclosed: Client Master	Transaction/ Statement Co	ppy/ DIS Copy										
6.	NOMINATION DETAILS (Mandatory	(Refer Instruction No. 7)											
	☐ I/We wish to nominate ☐ I/We	e DO NOT wish to nominate an	d sign here		1st Applicant	Signature (Mandatory)							
		Nominee Name and Address		Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardia	an Signature						
	Nominee 1												
	Nominee 2												
	Nominee 3												
	To register multiple nominee please												
7.				on Individual investors should mandato	rily fill seperate F	ATCA detail form							
	The below information is required												
				tered Office (for address mentioned in for	_	appearing in Folio)							
	Is the applicant(s)/ guardian's Cou	ıntry of Birth / Citizenship /	Nationality / Tax Resid	lency other than India? Yes	No								
	If Yes, please provide the following												
	Please indicate all countries in wh	hich you are resident for tax	purposes and the ass	ociated Tax Reference Numbers below.									
	Category	First Applicant (inc	cluding Minor)	Second Applicant/ Guardian	1	Third Applica	int						
	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	he individual is a citizen/	green card holder of	USA. ^In case Tax Identification Numl	her is not availab	le kindly nrovide its fur	nctional equivalent						
8.	DECLARATION(S) & SIGNATURE(S)		green card noider or	OSA. MIT CASE TAX IDEHUIICALION NUMI	DEI 13 HOL AVAIIAD	ie, Kiliuly provide its iui	ictional equivalent						
	To,					Date D D M M	Y Y Y Y						
	The Trustee, Birla Sun Life Mutual Fund												
	Having read and understood the contents	of the Statement of Additional I	nformation / Scheme Infor	rmation Document of the Scheme, I/We hereby a cheme is through legitimate sources only and do	apply for units of the s	cheme and agree to abide by	the terms, conditions,						
	any Act, Rules, Regulations, Notifications	or Directions of the provisions	of the Income Tax Act, An	ti Money Laundering Laws, Anti Corruption Law n induced by any rebate or gifts, directly or indire	s or any other application	able laws enacted by the gov	ernment of India from						
	For Non-Individual Investors: I/We hereb	y confirm that the object clause	e of the constitution docur	ment of the entity (viz. MOA / AOA / Trust Deed, ith all requirements / conditions of the entity whi	etc.), allows us to ap	pply for investment in this sch							
	may arise so, hereby agree to indemnify B	SLAMC / BSLMF in case of any of	dispute regarding the eligil	bility, validity and authorization of the entity and/ ve have remitted funds from abroad through app	or the applicants who	have applied on behalf of the	entity.						
	/Non-Resident Ordinary /FCNR account. (I/We confirm that details provided by me/o	Refer Inst. No. 6)	ionanty, origin and that if v	to have romitted funde from abroad timodgif app	novou bunning onum	iolo di monimunao in miy/our i	VOIT TIOUIGOTE EXCOTTAI						
	**I have voluntarily subscribed to the on-li of having read, understood and agree to a	ine access for transacting throu bide the terms and conditions fo	or availing of the internet fa	rided by Birla Sun Life Asset Management Comp acility more particularly mentioned on the websit	te www.birlasunlife.c	om and hereby undertake to b	be bound by the same.						
	The ARN holder has disclosed to me/us a	all the commissions (in the form		te the on-line transactions effected by me and I s ny other mode), payable to him for the different									
		derstood the information require		along with FATCA & CRS Instructions) and here		nformation provided by me/ u	s on this Form is true,						
	correct, and complete. I/ We also confirm	unau/ we nave read and unders	tood the FATCA & CRS Ten	ms and Conditions and hereby accept the same.	(neier inst. No. 14)								
	Signature of First Applicant / A	urthorised Signatory	Cia	nature of Second Applicant		Signature of Third Applicant							
	orginature or First Applicant / A	idaionobu oighalui y	SIĘ	ласато от оссона аррисанс		σιγιαταίο σε πιπα ΑμμπσαΠΕ							