

# Mutual Funds

Aditya Birla Sun Life Mutual Fund



**ADITYA BIRLA  
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

## 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-53321			E054731

EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. C-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 C-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

### 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT	Mr. Ms. M/s
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### 2. INVESTMENT DETAILS (Refer Instruction B)

(\*MANDATORY)

	SCHEME 1	SCHEME 2	SCHEME 3
SCHEME NAME	ABSL	ABSL	ABSL
PLAN			
OPTION			
SIP Frequency (SIP start date should be post 29th Jan'2020)	<input type="checkbox"/> Monthly OR <input type="checkbox"/> Weekly SIP Date <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"/> (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"/> (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"/>	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"/>	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"/>
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: B-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)

## 1. DISCLAIMER

- 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 applicable interest. Once the KYC compliance is complete 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. MIRSD/ Cir-26/ 2011 dated December 23, 2011, SEBI (KYC Registration Agency) Regulations, 2011 and SEBI Circular No. MIRSD/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.citybirla.com](http://www.citybirla.com).
  2. The Mutual Fund shall perform the initial KYC of its new investors and may undertake enhanced KYC measures to protect against the risk profile of 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 will be valid for the Mutual Fund. ABSLAMC and NISM/AMFI certified distributors who are KYC 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.
- RESTRICTION ON ACCEPTANCE OF THIRD PARTY PAYMENT:**
- a) Pursuant to the AMFI Best Practice Guidelines circular on "Risk mitigation process against Third Party Cheque payment in mutual fund subscription in compliance with KYC requirements" (KYC) norms under the 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 in the prescribed format:
- i. Payment by Parents/Grand-Parents/Related persons on behalf of a minor in consideration of natural love and affection or as gift 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)

**ARN-53321**

**E054731**

Date	D	D	M	M	Y	Y	Y	Y
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(tick✓) <input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL		Sponsor Bank Code <input style="width: 100%;" type="text" value="Office use only"/>		Utility Code <input style="width: 100%;" type="text" value="Office use only"/>	
I/We hereby authorize: <input style="width: 100%;" type="text" value="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.: <input style="width: 100%;" type="text"/>					
With Bank: <input style="width: 100%;" type="text" value="Bank Name &amp; Branch"/>		IFSC <input style="width: 100%;" type="text"/>		OR MICR <input style="width: 100%;" type="text"/>	
an amount of Rupees <input style="width: 100%;" type="text"/>					<input style="width: 50px; height: 30px; border: 1px solid black; text-align: center; vertical-align: middle;"/> ₹ <input style="width: 150px; height: 30px; border: 1px solid black;" type="text"/>
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 <input style="width: 100%;" type="text" value="PAN No:"/>		Mobile <input style="width: 100%;" type="text"/>			
Reference 2 <input style="width: 100%;" type="text" value="Folio No/ Appln No:"/>		Email: <input style="width: 100%;" type="text"/>			

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.

[illegible]

**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.

**MULTI SCHEME SIP FACILITY APPLICATION FORM**

Application No.										
Received from Mr. / Ms. _____ Date : ____/____/____										

**Contact Us:**  
**1800-270-7000**  
**adityabirlacapital.com**

