MUTUAL FUNDS
Aditya Birla Sun Life Mutual Fund

ADITYA BIRLA CAPITAL
PROTECTING INVESTING FINANCING ADVISING

Multi Scheme SIP/CSIP Facility Application Form SIP (WITH MICRO SIP)

Investment through NACH/AUTO DEBIT (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

SIP 05/17 – V2

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Sub Broker Code	Employee Unique ID. No. (EUIN)
24863			E043887

EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. D-3
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

Request for ☐ Registration of SIP ☐ Registration of CSIP ☐ Renewal of SIP ☐ Change in Bank Details ☐ Additional Micro SIP in same folio ☐ OTM Registration Date D D M M Y Y Y Y

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 Investor Folio No. | Application No.

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

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

2. INVESTMENT DETAILS (Refer Instruction C5 & C8)

SR. No.	Scheme Name	Plan/ Option	1st Investment Amount	SIP/CSIP Installment Amount	Frequency	SIP Date
1.	ABSL				Monthly ☐ (max 4 debit dates) (Only one date for CSIP/Step UP SIP) (Fast Forward SIP is only available for Monthly Frequency) (CSIP frequency-Monthly only) **OR** Weekly ☐ _____ (Please mention any day from Monday to Friday) (Default day is Wednesday)	1 ☐ 7* ☐ 10 ☐ 15 ☐ 20 ☐ 28 ☐ (*Default Date)
2.	ABSL					
3.	ABSL					
Cheque Date: D D M M Y Y Y Y	Cheque number:		Cheque Amount:		Drawn on Bank and Branch:	

^For Regular SIP - "Default end date is December 31, 2099. In case the 'End Date' is not mentioned by the investor in the Form, the same would be considered as 31st December, 2099 by default".

3. 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.

Date D D M M Y Y Y Y

UMRN

(tick✓) ☑ CREATE ☒ MODIFY ☒ CANCEL

Sponsor Bank Code: Office use only | Utility Code: Office use only

I/We hereby authorize: **ADITYA BIRLA SUN LIFE MUTUAL FUND** to debit (tick✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank: Bank Name & Branch | IFSC | OR MICR

an amount of Rupees ₹

FREQUENCY ☐ ~~Monthly~~ ☐ ~~Quarterly~~ ☐ ~~Half Yearly~~ ☐ ~~Yearly~~ ☑ As & when presented DEBIT TYPE ☐ ~~Fixed Amount~~ ☑ Maximum Amount

Reference 1 Folio No: Mobile

Reference 2 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 31 12 2099
or ☐ ~~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) **SYSTEMATIC INVESTMENT THROUGH NACH/ AUTO DEBIT 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)
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ADITYA BIRLA CAPITAL