

SPECIAL PRODUCTS APPLICATION FORM

(STP / SWP)

STP

SWP



Birla Sun Life
Mutual Fund

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN No.	Official Acceptance Point Stamp & Sign	Employee Unique ID. No. (EUIIN)
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EUIIN is mandatory for "Execution Only" transactions. Ref. Instruction No. B-7
I/we hereby confirm that the EUIIN 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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Request for Fresh Registration Renewal

Application / Folio No. Date

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

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

NAME OF THE SECOND APPLICANT Mr. Ms. M/s.

NAME OF THE THIRD APPLICANT Mr. Ms. M/s.

Applicant	PAN* (Mandatory)	KYC Mandatory	Date of birth**
Sole / First Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Second Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Third Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Guardian	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

*Ref. Instruction No. B-6 **Mandatory in case the First / Sole applicant is a Minor

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.

RELATIONSHIP OF GUARDIAN (Refer to Instruction No. B.10)

2. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME	PLAN	OPTION
Withdrawal Option <input checked="" type="checkbox"/> Please tick (✓) <input type="checkbox"/> FIXED or <input type="checkbox"/> APPRECIATION WITHDRAWAL (Only on the 1st of every month)	Amount (₹) (in figures) <input type="text"/>	
Total Amount of SWP (₹) (in figures) <input type="text"/>	Fixed Withdrawal Frequency <input checked="" type="checkbox"/> Please tick (✓) <input type="checkbox"/> MONTHLY (minimum 6 months) or <input type="checkbox"/> QUARTERLY (minimum 4 quarters)	
Dates (Only one date) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	Withdrawal Period From <input type="text"/>	To <input type="text"/>

3. SYSTEMATIC TRANSFER PLAN (STP) (Refer to Instruction No. D)

FROM SCHEME (SOURCE)	PLAN	OPTION
TO SCHEME (TARGET)	PLAN	OPTION
Amount per Transfer (₹) <input type="text"/>	Frequency <input checked="" type="checkbox"/> Please tick (✓) <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY (max 4 STP dates in a months) <input type="checkbox"/> QUARTERLY (Only one date)	
Dates <input checked="" type="checkbox"/> Please tick (✓) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	Transfer Period From <input type="text"/>	To <input type="text"/>
Total Amount of Transfer (₹) <input type="text"/>	No. of Transfers <input type="text"/>	For Daily STP refer instruction D-9 iii

For Weekly STP dates are (1,7,14,21 and 28th) of each month respectively. Refer instruction D6 for more information

4. DECLARATION AND SIGNATURES

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the scheme(s), I/We hereby apply to the Trustee of Birla Sun Life Mutual Fund for units of scheme(s) of Birla Sun Life Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the scheme (s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the scheme(s).

I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time.

For NRIs/FLs 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 Account/FCNR account/NRO/NRSR Account.

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.

Signature(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sole / Unit Holder / First Applicant	Second Unit Holder / Second Applicant	Third Unit Holder / Third Applicant

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

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

SPECIAL PRODUCTS APPLICATION FORM

Application No.



Birla Sun Life Asset Management Company Limited

One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013

Toll Free : 1-800-270-7000 / 1-800-22-7000 | sms 'GAIN' to 567679 | Email: connect@birlasunlife.com

Collection Centre / BSLAMC Stamp & Signature

Received from Mr. / Ms.

Date : / /