

SIP APPLICATION FORM

(to be filled & submitted with Common Application Form)



Birla Sun Life
Mutual Fund

SIP **Micro SIP** (Refer Instruction D-27)

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

SIP THROUGH ECS / AUTO DEBIT FACILITY Registration Cum Mandate Form for ECS (Debit Clearing)

Prudent CAS Ltd 9992	ARN	BHAVESH MODH 27030	IN	Stamp & Sign	Date	D	D	M	M	Y	Y	Y	Y
				Official Acceptance Point									

Ref. Instruction No. D-22
ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor.

Existing Investor Folio No. _____ New Application No. _____

Request for

Registration of SIP

Renewal of SIP

Change in Bank Details

Additional Micro SIP in same folio

1. 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. _____

NAME OF THE GUARDIAN ^ Mr. Ms. M/s. _____

^ (in case of First / Sole Applicant is a Minor) / CONTACT PERSON – DESIGNATION (in case of non-individual Investors)

Applicant	PAN* (Mandatory for SIP)	KYC Complied	Date of birth	Reference / Identification No. (Mandatory for Micro SIP, not for additional Micro SIP in same folio)
Sole / First Applicant		<input type="checkbox"/>	D D / M M / Y Y Y Y	
Second Applicant		<input type="checkbox"/>	D D / M M / Y Y Y Y	
Third Applicant		<input type="checkbox"/>	D D / M M / Y Y Y Y	
Guardian		<input type="checkbox"/>	D D / M M / Y Y Y Y	

Ref. Instruction No. D-21

Document submitted for Micro SIP : _____

2. SYSTEMATIC INVESTMENT PLAN (SIP)

SCHEME	PLAN	OPTION
SWEEP TO (Ref. Instruction D-23)	SCHEME	PLAN / OPTION
First Installment has to be through Cheque / DD. 1st SIP Cheque / DD No.	1st Cheque Dated	D D / M M / Y Y Y Y
Drawn on Bank	Amount (Rs.) (in figures)	
SIP Start Date D D / M M / Y Y Y Y	SIP End Date D D / M M / Y Y Y Y	SIP Date (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
Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY (max 4 SIP dates in a months) <input type="checkbox"/> QUARTERLY (Only one date)		
Each SIP Amount (Rs.)	Ref. Instruction No. D-26	

3. ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY)

Name of 1st Applicant as in Bank Records _____

Name of Bank _____ Branch _____

City _____ Pin Code _____ Account No. _____

Account Type [Please tick (✓)] SAVINGS CURRENT OTHERS _____ (please specify) MICR CODE _____ This is a 9 digit number next to your Cheque Number.

I/We hereby authorise Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by ECS 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 for the auto debit process or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all reasons of incomplete information. I/We will not hold responsible. I/We will also inform, about any changes in my bank account immediately. 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. 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 Rs. 50,000 in a year.

Signature(s)

Sole / Unit Holder / First Applicant _____

Second Unit Holder / Second Applicant _____

Second Unit Holder / Third Applicant _____

(To be signed by All Applicants if mode of operation is Joint) (As in Bank Records)

Authorisation of the Bank Account Holder: This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Birla Sun Life Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate Form to get it verified & executed. Mandate verification charges if any, may be charged to my / our account

Bank Account Number _____

Name of First Account Holder _____

Name of Second Account Holder _____

Name of Third Account Holder _____

First Account Holder _____

Second Account Holder _____

Third Account Holder _____

(To be signed by All Applicants if mode of operation is Joint) (As in Bank Records)

Signature verified & Debit mandate received Yes No

Authorisation of Branch Manager & Date _____

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SIP THROUGH ECS FACILITY 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 : 1800-270-7000 | sms 'GAIN' to 56161 | Email: connect@birlasunlife.com

Collection Centre / AMC Stamp & Signature

Received from Mr. / Ms. _____ Date : ____ / ____ / ____