

SIP APPLICATION FORM

(to be filled & submitted with Common Application Form)



(Refer Instruction D-27)



Birla Sun Life
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

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

Naimisha Parekh
ARN - 82087

Sub-Broker's Name & ARN

Stamp & Sign

Official Acceptance Point

Date

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 <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Drawn on Bank | | Amount (Rs.) (in figures) |
| SIP Start Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | SIP End Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 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 the Mutual Fund or the Bank 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. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/ our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document of the Mutual Fund. Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond reasonable control the Bank and which has the effect of preventing the performance of the contract by Bank.

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

Third Unit Holder / Third Applicant

(To be signed by All Applicants if mode of operation is Joint in SIP Application Form)

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 & Signature(s)
(As in Bank Records)

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 : ____ / ____ / ____