## **MUTUAL FUNDS**

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Aditya Birla Sun Life Mutual Fund

SIP 03/18 – V1

## 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							D. No	). (El	JIN)			
						-				-			-	10			-		-					
EUIN is mandatory for "Exect I/we hereby confirm that the of the above distributor/sub	ition Only" transaction The EUIN box has be	ons. Ref. Inst en intentior	ruction No ally left b	o.C-3 olank my me	e∕us as th	nis tra	nsaction is	execut	ed with	out any	y interac	ction or a	advice	by the	emplo	yee/r	elatior	iship r	nanage	er/sale	es person			
of the above distributor/sub	broker or notwithsta	inding the ad	vice of in-	appropriate	ness, if an	ıy, pro∖	vided by the	employ	/ee/rela	tionship	p manag	ger/sales	person	ofthe	distribu	utor/s	sub bro	ker.						
First Applicar		Second Applicant													Third Applicant									
Transaction Charges fo	r Applications rou	ted throug	h Distribu	utors/agen	ts only (F	Refer	Instructio	n C-7)																
In case the subscription (lu other than first time mutual	impsum) amount is	₹ 10,000/	- or more	and your D	istributor	has o	pted to rec	eive Tr	ansactio	on Char	rges, ₹ 1	150/- (fe	or first	time	mutual	fund	invest	or) or	₹100/	/- (for	r investor			
Existing Investor Folio No.	fund investor) will be	deducted If	on the su	bscriptional		licatio			mits witt	Deissu	led agair	ISC LITE DA	alance a		Date		D	M	ΛV	$\vee$	V V			
FIRST / SOLE APPLICANT															Dutt						· · ·			
NAME OF FIRST / SOLE APPL																								
INVESTMENT DETAILS (Re																			(*)	MAND	ATORY)			
SCHEME NAME	ABSL				PLAN				OPTION															
SIP Frequency	Monthly	SIP Date	D D	D (any date between 1-28) OR W												ase mention any day between Monday to Friday)								
Tenure	From: M M	YY	YY	To: 5	years		]10 years		□ 15 years □ 31/12/99															
SIP Installment Amount	Step Up (OPTIONAL - and available Step Up Amount: 500/- 1000/- Other (In multiple of 500/-)																							
				(UPTIONAL - a P Investments			Step Up	_	Yearly *Step Up Max Amount:															
First Installment	Cheque Date	I		Cheo	que No.				Amou															
Drawn on Bank and Brancl	1			I		-																		
Use existing One Time Mandate (To be filled in case of more than one OTM registration)																								
Bank Name									A/c	: No.														
DECLARATION(S) & S	GNATURE(S)																							
"I / We acknowledge that the regulatory action, damage or	authorised service provider to debit the above bank ac facilitating transaction processing through NACH/ Auto service willingness to make payments referred above (d ABSLAMC/MF or their appointed service providers y gaccount on the date of execution of standing instruct immission or any other mode), payable to him for the di with the AMC / MF for accepting transaction feeds ur ecome subject to in connection therewith or arising from cro SIPs which together with the current application in re- Name of Second Unit							nder the code. I / We hereby indemnify, d m sharing, disclosing and transferring of the rolling 12 month period or in financial year i						efend and hold harmless the AMC / MF against any aforesaid information."										
Б. F				cond Ap							Third Applicant													
				(To be	signed by	All Ap	oplicants if	mode	of opera	ation is	Joint)									- 0				
· — — <del>X</del> — —					·															$\star$				
DEBIT MANDATE-ONE	TIME MANDATE	E / NACH /	AUTO DE	EBIT [Appl	icable for	Lump	sum Additio	onal Pu	rchases	as well	l as SIP	Registrat	tions] F	lease	attach a	a can	celled	chequ	e/chec	lue co	ру.			
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(tick√)		UM																						
CREATE Sponse	Office use only							y Code	e				Office	use	only									
CANCEL I/We h	BIRLA SUN	I LIFE MUTU		to debit (tick√) SE						3 / CA / CC / SB-NRE / SB-NRO / Other														
Bank A/c No.:																								
With	Bank I	Name &	Branch												AICR									
Bank:	Danki		Dianon				] [								[₹									
an amount of Rupees																								
FREQUENCY	-	rly 📙 F	lalf Yearl	ly 🗌 Ye	early [	√] As	& when p	resen	ted			EBIT TY		Fixed	d Amou	unt	☑ Ma	aximu	m Am	ount				
	n No:						F	mail:				Mobile												
I agree for	the debit of mand	late process	sing charg	ges by the l	bank who	mla			L debit m	іу ассо	ount as i	per lates	st sche	dule d	of chare	zes o	f bank							
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From	1. Sign																							
to 3 1 1 2	2 0 9 9																							
or 🗌 Until Cancell	ed	Nan	ne as in h	ank records	s (mandat	torv)		Name	as in ba	nk reco	ords (ma	andatory	·)		Name a	as in	bank r	ecord	s (man	dator	v)			
	<b>C</b>					1/				/			·											

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.