



Common Application Form For Resident Indians and NRIs/FPIs

(Please read the instructions before filling up the form. All sections to be completed in english in black / blue coloured ink and in block letters.)

Do you still want to fill this form? While you can save paper by doing quick digital transaction

ABSL MF Partner App
 ABSL MF Partner Portal
 ABSL MF Investor App
 ABSL MF Website

Distributor Name & ARN/ RIA No. ARN - 146822	Sub Broker Name & ARN/ RIA No.	Sub Broker Code RHEDGEEQUI	Employee Unique ID. No. (EUN) E 356542	Application No.
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Distributor Mobile No. **Distributor Email Id**

Applicable only for Regular S ansaction only.
 EUN is mandatory for "Advisory Transactions". Ref. Instruction No. 9
 I/we hereby confirm that the EUN 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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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 Unitholder please fill in your Folio N

Existing Folio No. **GSTIN**

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh

Name of First/Sole Applicant (as per PAN Card)#
 Mr. Ms. M/s.

PAN / PEKRN (Mandatory) Date of Birth**

CKYC Number (Prefix if any) 14 digit CKYC Number

Name of the Second Applicant (as per PAN Card)#
 Mr. Ms. M/s.

PAN / PEKRN (Mandatory) Date of Birth**

CKYC Number (Prefix if any) 14 digit CKYC Number

Name of the Third Applicant (as per PAN Card)#
 Mr. Ms. M/s.

PAN / PEKRN (Mandatory) Date of Birth**

CKYC Number (Prefix if any) 14 digit CKYC Number

Name of the Guardian (as per PAN Card)# (In case First / Sole Applicant is minor) / Contact Person - Designation - Poa Holder (In case of Non-individual Investors)
 Mr. Ms. M/s.

PAN / PEKRN (Mandatory) Date of Birth**

CKYC Number (Prefix if any) 14 digit CKYC Number

Relationship of Guardian (Refer Instruction No. 2(ii))

ISD CODE TEL: OFF. TEL: RESI

#The application is liable to get rejected if does not match with PAN card

Proof of the Relationship with Minor** ** Mandatory in case the First / Sole Applicant is Minor

Tax Status [Please tick (✓)] (Applicable for First / Sole Applicant)

Resident Individual FPIs NRI - NRO HUF Club / Society PIO Body Corporate Minor Government Body
 Trust NRI - NRE Bank and FI Sole Proprietor Partnership Firm Provident Fund Others _____ (Please Specify)

Acknowledgement Slip (To be filled in by the Investor)

Application No.

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

[Please Tick (✓)] Enclosed PAN/PEKRN Proof KYC Complied NECS Form Yes No

Common Application Form

Collection Centre /
 ABSLAMC Stamp & Signature

7. FATCA & CRS INFORMATION [Please tick (✓)] For Individual Investors including Sole Proprietor (Non Individual Investors should mandatorily fill separate FATCA detail form)

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Name of Applicant			
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No [^]			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/green card holder of USA. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.

8. DECLARATION(S) & SIGNATURE(S) (Refer Instruction No. 1)

<p>To, The Trustee, Aditya Birla Sun Life Trustee Private Limited.</p> <p>Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.</p> <p>For Non-Individual Investors: I/We hereby confirm that the object clause of the constitution document of the entity (viz. MOA / AOA / Trust Deed, etc.), allows us to apply for investment in this scheme of Aditya Birla Sun Life AMC Limited and the application is being made within the limits for the same. I/We are complying with all requirements / conditions of the entity while applying for the investments and I/We, including the entity, if the case may arise so, hereby agree to indemnify ABSLAMC / ABSLMF in case of any dispute regarding the eligibility, validity and authorization of the entity and/or the applicants who have applied on behalf of the entity.</p> <p>For NRIs 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/Non-Resident Ordinary/FCNR account. (Refer Inst. No. 6)</p> <p>I/We confirm that details provided by me/us are true and correct.**</p> <p>** I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Aditya Birla Sun Life AMC Limited (Investment Manager of Aditya Birla Sun Life Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.adityabirlasunlifemf.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.</p> <p>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.</p> <p>"I / We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."</p> <p>FATCA & CRS Declaration: I/ We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/ us on this Form is true, correct, and complete. I/ We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer Inst. No. 14)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Date</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;">M</td> <td style="padding: 2px;">M</td> <td style="padding: 2px;">Y</td> <td style="padding: 2px;">Y</td> <td style="padding: 2px;">Y</td> <td style="padding: 2px;">Y</td> </tr> </table>	Date	D	D	M	M	Y	Y	Y	Y
Date	D	D	M	M	Y	Y	Y	Y		
Signature of First Applicant / Authorised Signatory	Signature of Second Applicant	Signature of Third Applicant								

CONFIRMATION CLAUSE

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company. Yes No

VALUE ADD

I/We am/are interested in knowing my/our credit score and am/are happy to receive help in this regard.

I/ We hereby provide my consent to :-

- Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct check on my/our credit information with any of the credit bureau.
- Aditya Birla Sun Life AMC Limited and its group companies & associates to conduct a background check either by their employees or through any third party vendor. Yes No