

Distributor Code & ARN No.	Sub-Broker Code & ARN No.	Collection Centre (For Office use Only)
ARN-0163		



(PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING UP THE FORM)

COMMON APPLICATION FORM For Resident Indians and NRIs/FlIs

Application No. _____

1. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to section 4. Applicable details and Mode of holdings will be as per the existing Folio Number)

Folio No. _____ DATE OF BIRTH (Mandatory in case of Minor) DD MM YYYY

NAME OF FIRST / SOLE APPLICANT _____ MIN# _____

Mr. Ms. M/s. _____

*If MIN not allotted then whether KYC confirmation letter issued by CVL Yes No (refer Instruction No.4 on page 5)

NAME OF GUARDIAN / CONTACT PERSON & DESIGNATION / POWER OF ATTORNEY HOLDER _____ MIN# _____

(in case of First / Sole Applicant is a Minor) / (in case of non-individual Investors)

Mr. Ms. M/s. _____

*If MIN not allotted then whether KYC confirmation letter issued by CVL Yes No (refer Instruction No.4 on page 5)

2. STATUS (of First / Sole Applicant) [Please tick (✓)] Refer Inst. No. 2(iv) for documents to be submitted

MODE OF HOLDING [Please tick(✓)] Refer Inst. No. 2(v)

OCCUPATION (of First / Sole Applicant) [Please tick (✓)]

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Club/Society	<input type="checkbox"/> NRI	<input type="checkbox"/> Single	<input type="checkbox"/> Service	<input type="checkbox"/> Student	<input type="checkbox"/> Professional
<input type="checkbox"/> HUF	<input type="checkbox"/> Company	<input type="checkbox"/> AOP	<input type="checkbox"/> Trust	<input type="checkbox"/> Joint	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Retired
<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> BOI	<input type="checkbox"/> FlIs	<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Agriculture		
<input type="checkbox"/> Others _____ (please specify)					<input type="checkbox"/> Others _____ (Please Specify)		

3. UNIT HOLDER INFORMATION (Refer Instruction 2)

NAME OF THE SECOND APPLICANT _____ MIN# _____

Mr. Ms. M/s. _____

*If MIN not allotted then whether KYC confirmation letter issued by CVL Yes No (refer Instruction No.4 on page 5)

NAME OF THE THIRD APPLICANT _____ MIN# _____

Mr. Ms. M/s. _____

*If MIN not allotted then whether KYC confirmation letter issued by CVL Yes No (refer Instruction No.4 on page 5)

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P. O. Box Address may not be sufficient) (Indian Address in case of NRIs/FlIs)

City _____ State _____ Pin Code _____

OVERSEAS ADDRESS (in case NRIs/FlIs) (P. O. Box Address is not sufficient)

CONTACT DETAILS OF FIRST / SOLE APPLICANT

STD Code _____

Tele (Office) _____ Tele (Resi.) _____ Mobile _____

Fax _____ E-Mail _____

4. PAN & Other Details (Refer Instruction 3)

FIRST / SOLE APPLICANT / GUARDIAN _____	OR <input type="checkbox"/> (please tick ✓) Form 60/61 attached	Documents submitted <input type="checkbox"/> Board/Committee Resolution/Authority Letter <input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Trust Deed <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Bye-laws <input type="checkbox"/> List of authorised Signatories with names, designations & Specimen Signature <input type="checkbox"/> Overseas Auditor's certificate
SECOND APPLICANT _____	OR <input type="checkbox"/> (please tick ✓) Form 60/61 attached	
THIRD APPLICANT _____	OR <input type="checkbox"/> (please tick ✓) Form 60/61 attached	

5. BANK ACCOUNT DETAILS Please note that as per SEBI Regulations it is mandatory for investors to provide bank account details of First / Sole applicant (Refer Instruction 3)

Name of the Bank _____ Branch _____

Account No. _____ Bank Address _____ Pin _____

Account Type [Please tick (✓)] SAVINGS CURRENT NRE NRO FCNR NRSR

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Received from Mr / Ms / M/s _____ Application No. _____

Sl. No.	*Cheque / DD Favouring Scheme Name	Plan / Option / Sub Option	Amount Invested (Rs.)	Net Amount (Rs.)	Payment Details		Signature & Stamp
					Cheque / DD No.	Bank and Branch	
1	_____	_____	Less DD Charges				
2	_____	_____	Less DD Charges				
3	_____	_____	Less DD Charges				

*All purchases are subject to realisation of Cheque / DD.

6. INVESTMENT DETAILS

No.

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option. Details of the same are available on page no. 5, 6, 7 & 8 in the instruction section. (Please refer Instruction No. 9)

Sl. No.	*Cheque / DD Favouring Scheme Name(refer instruction 5)	Plan / Option / Sub Option	Amount Invested (Rs.)	Net Amount Paid (Rs.)	Payment Details		Type of Account #
					Cheque / DD No.	Bank and Branch	
1			Less DD Charges				
2			Less DD Charges				
3			Less DD Charges				

(Type of Account : Savings / Current / NRE / NRO / FCNR / NRSR)

7. REDEMPTION / DIVIDEND REMITTANCE (Refer Instruction no. 8)

<p>Unit holders having bank account with ABN Amro Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC, ICICI Bank, IDBI Bank, Kotak Mahindra Bank, Standard Chartered Bank or UTI Bank will receive their Redemption/Dividend Payments (if any) directly into their bank account.</p> <p>In case Unit holders wish to receive a cheque/demand draft (instead of a direct credit into their bank account), please indicate the preference below:</p> <p>I/We want to receive the redemption and dividend proceeds (if any) by way of a cheque/DD. <input type="checkbox"/> (Please <input checked="" type="checkbox"/> in this box)</p>	<p style="text-align: center;">ELECTRONIC CLEARING SERVICE (ECS) for Dividends only</p> <p>I authorise Birla Mutual Fund to credit my dividend payments through ECS (Please Tick <input checked="" type="checkbox"/> <input type="checkbox"/> Yes)</p> <p>Please quote 9 Digit Code No. of your Bank and Branch Corresponding to Bank Account Details given in Section 5 above. (This number appears on every leaf of your chequebook after your cheque number)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <p>IMPORTANT: Please attach a blank "cancelled" Cheque or a clear photocopy of a cheque issued by your bank verifying of the Code No.</p>
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8. E-MAIL COMMUNICATION/ON LINE ACCESS (Refer Instruction no. 10 & 12)

<p>I/We wish to receive the following via e-mail } <input type="checkbox"/> Account Statement <input type="checkbox"/> Quarterly Newsletter & Annual Report <input type="checkbox"/> Transaction Confirmation</p>	<p>I would like to get on-line access which is subject to the terms & conditions mentioned in instruction no.12 & I/We agree to abide by the same. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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9. NOMINATION (Refer instruction no. 7)

I/We do hereby nominate the person more particularly described hereunder to receive the amount to my / our credit in event of my / our death :

NOMINEE DETAILS

Name : _____	Name of Guardian (in case nominee is minor) : _____								
Address : _____	Address of Guardian : _____								
Date of Birth (In case nominee is minor) : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Signature of the Guardian : _____
D	D	M	M	Y	Y	Y	Y		
Relationship : _____									

Unit holder(s) :		Witness(es) - (could be the same for all unit holders):	
Name	Signature	Name and Address	Signature
1) _____	_____	1) _____	_____
2) _____	_____	2) _____	_____
3) _____	_____	3) _____	_____

10. DECLARATION

The Trustee, Birla Mutual Fund
Dear Sirs,

DD MM YYYY

Having read and understood the contents of the offer document(s) of the scheme(s), I/We hereby apply to the Trustee of Birla Mutual Fund for units of scheme(s) of Birla 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/FIIs 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.

SPECIMEN SIGNATURES(Refer Instruction no.1)

First Applicant	
Second Applicant	
Third Applicant	

