

Application Form should be completed in English and in BLOCK letters. Please tick in the appropriate boxes wherever applicable.

1. MANDATORY FOR LIFE INSURANCE COVER

Application No. _____

- Date of Birth and Gender mandatory Duly Signed 'Good Health Declaration'
- Section 8 'Good Health Declaration' should be read carefully

2. DISTRIBUTOR / BROKER / SUB-BROKER INFORMATION

EXISTING UNIT HOLDER INFORMATION

Distributor Name / ARN No. / Direct	Sub Broker Name / ARN No. / Direct
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Applicable details and mode of holding will be as per the existing Folio No.

Folio No. _____

(Please fill in your Folio No. & Name and then proceed to Section 5.)

For Direct Application please write the word "DIRECT" in Distributor & Sub-Broker Box. (Ref. Instruction No. 8)

3. UNIT HOLDER INFORMATION (Refer Instruction No. 2)

Fresh / New Investors fill in all the blocks. (3 to 12)

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s. _____

PAN* (Mandatory for all investors) *Ref. Instruction No. 3 _____ Proof **COMPLIED** (mandatory for investments equal to or greater than Rs. 50,000/-) KYC

NAME OF SECOND APPLICANT

Mr. Ms. M/s. _____

PAN* (Mandatory for all investors) *Ref. Instruction No. 3 _____ Proof **COMPLIED** (mandatory for investments equal to or greater than Rs. 50,000/-) KYC

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O. Box Address is not sufficient)

 CITY STATE PIN CODE

CONTACT DETAILS OF FIRST / SOLE APPLICANT

STD Code Telephone : Off. Residence Mobile
 E-Mail (Ref. Inst. No. 9)
 Online access** (see overleaf) Yes No [Please tick (✓)] Status Resident Individual Mode of Holding Single Joint Anyone or Survivor (Default option is Anyone or survivor)

4. COMMUNICATION [Please tick (✓)] Ref. Instruction No. 9

I/We wish to receive the following document(s) via Physical or Electronic mode Account Statement Newsletter Annual Report Other Information

5. CENTURY SIP DETAILS Please write appropriate scheme name as well as the Plan / Option / Sub Option.

SCHEME	PLAN	OPTION
SWEEP TO (Ref. Instruction 11)	SCHEME	PLAN / OPTION

6. PAYMENT DETAILS

Payment Option (Please (✓) any one) Post Dated Cheques (Proceed to Section 7) First Cheque + ECS Mandate (Proceed to ECS Facility Application Form)

7. CENTURY SIP PAYMENT VIA POST DATED CHEQUES (Minimum 36 PDC's)

*Separate cheque / demand draft must be issued for each investment, draw in favour of respective scheme name. Minimum Amount Rs. 1,000/-

First Installment has to be through Cheque / DD. 1st CSIP Cheque / DD No. _____ 1st Cheque Dated DD / MM / YYYY

Total No. of CSIP 1st Cheque + _____ = _____ Total Installments Cheque No. From _____ Cheque No. To _____

Century SIP Installment Amount (Rs.) _____ (minimum Rs. 1,000/-) Cheque Date From DD MM YY Cheque Date To DD MM YY

Drawn on Bank _____ Branch _____ City _____

CSIP Date 1st 7th 10th 14th 20th 21st 28th (you can choose only one) (For CSIP tenure ref. Instruction No. 12(vii))

ACKNOWLEDGEMENT SLIP (CENTURY SIP APPLICATION FORM) (To be filled in by the Investor)

Application No. _____



BIRLA SUN LIFE ASSET MANAGEMENT COMPANY LIMITED

Ahura Centre, 2nd Floor, Tower 'A', 96/A-D, Mahakali Caves Road, Andheri (E), Mumbai-400 093 Tel.: 022-66928000
 Toll Free : 1800-22-7000 / 1800-270-7000 | SMS 'SIP' to 56767 | connect@birlasunlife.com

Collection Centre /
AMC Stamp & Signature

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

[Please tick (✓)] ENCLOSED PAN Proof **COMPLIED** KYC (mandatory for investments equal to or greater than Rs. 50,000/-) Date of Birth PDC ECS Facility

CSIP THROUGH ECS FACILITY Registration Cum Mandate Form for ECS (Debit Clearing)

Application No. _____

Investment Advisor's Name & ARN / DIRECT	Sub-Broker's Name & ARN / DIRECT	Stamp & Sign Official Acceptance Point
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For Direct Application please write the word "DIRECT" in Investment Advisor & Sub-Broker Box. (Ref. Instruction No. 8)

Request for Registration of CSIP Change in Bank Details Existing Folio No. _____

Date

D	D	M	M	Y	Y	Y	Y
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1. UNIT HOLDER INFORMATION (Refer Instruction No. 2)

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s. _____

DETAILS OF FIRST / SOLE APPLICANT

PAN* (Mandatory for all investors) *Ref. Instruction No. 3 _____ Proof **COMPLIED** (mandatory for investments equal to or greater than Rs. 50,000/-) KYC

DETAILS OF SECOND APPLICANT

PAN* (Mandatory for all investors) *Ref. Instruction No. 3 _____ Proof **COMPLIED** (mandatory for investments equal to or greater than Rs. 50,000/-) KYC

E-mail ID _____ please provide your email ID for mailing of Account Statement

*Ref. Instruction No. 9

2. CENTURY SYSTEMATIC INVESTMENT PLAN (CSIP)

SCHEME	PLAN	OPTION										
SWEEP TO (Ref. Instruction 11)		PLAN / OPTION										
First Installment has to be through Cheque / DD.	1st CSIP Cheque / DD No. _____	1st Cheque Dated <table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
Drawn on Bank	_____											
CSIP 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 (you can choose only one)	Each CSIP Amount (Rs.) _____											
CSIP Start Date <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	CSIP End Date _____	{Enter No. of Years to attain the age of 55. i.e. (55 years) — (Your Current Age). For more information ref. Instruction No. 12(vi); E.g. Your Current Age is 30 years, then your CSIP Tenure would be 55 years - 30 years = 25 years}		
D	D	M	M	Y	Y	Y	Y					

3. ECS 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 CSIP 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.

Signature(s)

Sole / First Applicant	Second Applicant
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(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 & Signature(s) (As in Bank Records)

Name of First Account Holder	Name of Second Account Holder
First Account Holder	Second Account Holder

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

ACKNOWLEDGEMENT SLIP (CENTURY SIP THROUGH ECS FACILITY APPLICATION FORM) (To be filled in by the Investor)

Application No. _____



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Collection Centre /
AMC Stamp & Signature

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

Scheme Name _____ Plan _____ Option _____

Sweep To:- Scheme Name _____ Plan _____ Option _____

CSIP Date _____ CSIP Amount (Rs.) _____