

SYSTEMATIC INVESTMENT APPLICATION FORM

SIP (WITH MICRO SIP) / CENTURY SIP



INVESTMENT THROUGH NECS/DIRECT DEBIT/PDC (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. PLEASE ENSURE COMPLETION OF SECTION 4 IN CASE OF CENTURY SIP)

ARN - 83535 SHAN WEALTH	Sub-Broker's Name & ARN	Stamp & Sign Official Acceptance Point	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"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	-------------------------	---	---

Ref. Instruction No. G-3
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.

TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction G (9))

In case of subscriptions through SIPs, transaction charge of ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted and paid to your distributor if opted to receive the transaction charges. In such cases the transaction charge shall be recovered in 3-4 instalments but only where total commitment (i.e. amount per SIP installment x No. of instalments) amounts to ₹ 10,000/- or more. Units will be issued against the balance of the installment amounts invested.

Existing Investor Folio No.	Application No.	TE09849	(New Folio will be Generated for CSIP)
-----------------------------	-----------------	----------------	--

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Mobile No.	Email Id
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.	

Applicant	PAN* (Mandatory)	KYC Complied	Date of birth**	Document Type* (Photo Id/ Address Proof)	Document No.* (Mandatory for Micro SIP, not for additional Micro SIP in same folio)
Sole / First Applicant		<input type="checkbox"/>	<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"/>		
Second Applicant		<input type="checkbox"/>	<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"/>		
Third Applicant		<input type="checkbox"/>	<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"/>		
Guardian/POA Holder		<input type="checkbox"/>	<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"/>		

Ref. Instruction No. G-2 * For Micro SIP Only ** Mandatory in case the First/Sole Applicant is Minor

NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.
RELATIONSHIP OF GUARDIAN (Refer to Instruction No. E.24)

2. INVESTMENT DETAILS (PLEASE REFER INSTRUCTIONS D & F-1 FOR INFORMATION ON ELIGIBLE SCHEMES. ONLY ONE SCHEME PER APPLICATION FORM)

<input type="checkbox"/> Birla Sun Life Frontline Equity Fund	PLAN	OPTION
<input type="checkbox"/> Birla Sun Life Dividend Yield Plus	PLAN	OPTION
<input type="checkbox"/> Birla Sun Life '95 Fund	PLAN	OPTION
<input type="checkbox"/> Any Other Scheme BSL	PLAN	OPTION
SWEEP TO Refer G-4	SCHEME	PLAN/OPTION

(Please tick (✓) any ONE of the below as your Installment amount OR enter the amount of your choice. In case of multiple entries, the highest amount will be chosen.

Each Installment Amount (₹)	₹ 20,000/- <input type="checkbox"/>	₹ 10,000/- <input type="checkbox"/>	₹ 6,000/- <input type="checkbox"/>	₹ 3,000/- <input type="checkbox"/>	Amount <input type="text"/>
-----------------------------	-------------------------------------	-------------------------------------	------------------------------------	------------------------------------	-----------------------------

Investment 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"/> <input type="text"/> <input type="text"/>	Frequency MONTHLY (max 4 debit dates) (Only one date for CSIP and Step Up SIP)
---	--

Investment Dates 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 <input type="checkbox"/>
--

STEP-UP SIP (OPTIONAL - and available only for SIP/CSIP Investments through NECS/ Direct Debit facility) (Refer Instruction E-25)

Amount (Default of ₹ 500/-) ₹ 500/- <input type="checkbox"/> ₹ 1,000/- <input type="checkbox"/>	Amount (In multiples of ₹ 500/-) <input type="text"/>	STEP-UP SIP Frequency (Default Yearly) Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/>
---	---	---

At Birla Sun Life Mutual Fund, we provide YOU the flexibility to discontinue your SIP at ANYTIME. Call us at 1800-270-7000/1800-22-7000 or email us at connect@birlasunlife.com to know how.	SELECT YOUR SIP PERIOD Refer Instruction E-11 & F-5	
	Till you instruct Birla Sun Life Mutual Fund to discontinue your SIP <input type="checkbox"/> OR	Enter SIP End Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CSIP Tenure (Insurance cover would be as per 1st installment): 55 years - Your Current Age <input type="text"/> years = <input type="text"/> years Frequency: Monthly Only.		

First Installment through Cheque / DD. (MANDATORY FOR CSIP)	1st Cheque / DD No.	1st Cheque Dated <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	---------------------	--

Drawn on Bank	Amount (₹) (in figures)
---------------	-------------------------

Branch	City
--------	------

3. BANK DETAILS (PLEASE FILL ONLY EITHER A OR B. IN CASE INVESTOR FILLS BOTH, THE FORM IS LIABLE TO BE REJECTED. IN CASE OF THIRD PARTY PAYMENTS REFER INSTRUCTION NO. (G, 7(ii))

A. NECS / DIRECT DEBIT BANK ACCOUNT DETAILS (TO BE FILLED BY INVESTORS WHO WISH TO INVEST THROUGH NECS / DIRECT DEBIT)

Bank Account No.	Bank Name
Branch	City
MICR Code	PIN
Account Type Savings <input type="checkbox"/> Current <input type="checkbox"/> Others _____ (Please Specify)	

AUTHORISATION OF 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 toward's my/ our investment in Birla Sun Life Mutual Fund shall be made from my/our above mentioned bank account with your bank. I/We authorise the representative carrying the NECS mandate to get it verified and executed. Mandate verification charges if any, may be charged to my/our account. Below is to be signed by all applicants if mode of Operation is JOINT.

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
Signature verified & Debit mandate received <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorisation of Branch Manager & Date	

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM

	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 : 1-800-270-7000/ 1-800-22-7000 sms 'GAIN' to 56161 Email: connect@birlasunlife.com
--	--

Application No.
TE09849

Collection Centre /
BSLAMC Stamp & Signature

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

