



(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Application No. **C**
ESPO00695

Dist ARN-70688 o.	Sub Broker Name / No.	COLLECTION CENTRE
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Ref. Instruction No. 14

1. MANDATORY FOR LIFE INSURANCE COVER [Please tick (✓)]

- Date of Birth and Gender mandatory
 Section 11 'Good Health Declaration' should be read carefully
 Duly Signed 'Good Health Declaration'
 Residence Proof (for NRIs & PIOs)
- Nomination Details

2. UNIT HOLDER INFORMATION (Refer Instruction No. 2) Fresh / New Investors fill in all the blocks. (2 to 13)**NAME OF FIRST / SOLE APPLICANT**

Mandatory

Mr. Ms. M/s. _____ Date of Birth D D M M Y Y Y Y

NAME OF SECOND APPLICANT

Mr. Ms. M/s. _____

NAME OF THIRD APPLICANT

Mr. Ms. M/s. _____

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O.Box Address is not sufficient. Please provide full address.) (Indian Address in case of NRIs/FIIs)

CITY _____ STATE _____ PIN CODE _____

CONTACT DETAILS OF FIRST / SOLE APPLICANT

ISD Code _____ Telephone : Off. S T D - _____ Telephone: Resi S T D - _____

Mobile _____ Online access** (see overleaf) Yes No [Please tick (✓)]

E-Mail (Ref. Inst. No. 9) _____

Overseas Address (For NRIs/FIIs) (In case the same is different from the mailing Address)

CITY _____ STATE _____

COUNTRY _____ for more information refer Additional Criteria for NRI & PIOs PIN CODE _____

3. MANDATORY [Please tick (✓)] (Refer Instruction No. 3 & 4)

APPLICANT DETAILS	PAN *Please attach proof	Know Your Client (KYC)	STATUS
FIRST APPLICANT	_____ <input type="checkbox"/> Proof	<input type="checkbox"/> KYC COMPLIED	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Partnership Firm <input type="checkbox"/> NRI - NRE
SECOND APPLICANT	_____ <input type="checkbox"/> Proof	<input type="checkbox"/> KYC COMPLIED	<input type="checkbox"/> HUF <input type="checkbox"/> FIIs <input type="checkbox"/> NRI - NRO
THIRD APPLICANT	_____ <input type="checkbox"/> Proof	<input type="checkbox"/> KYC COMPLIED	<input type="checkbox"/> PIO <input type="checkbox"/> Minor <input type="checkbox"/> Others (Please Specify)

4. MODE OF HOLDING [Please tick (✓)]

- Joint
 Single
 Anyone or Survivor (Default option is Anyone or survivor)

5. OCCUPATION [Please tick (✓)]

- Professional
 Housewife
 Business
 Service
 Retired
 Student
 Others (Please Specify) _____

6. COMMUNICATION [Please tick (✓)] Refer Instruction No. 9I/We wish to receive the following document(s) via Physical or Electronic mode Account Statement Quarterly Newsletter Annual Report Other Information**7. 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

8. PAYMENT DETAILSPayment Option (Please (✓) any one) Post Dated Cheques (Proceed to Section 7) First Cheque + ECS Mandate (Proceed to ECS Facility Application Form)**ACKNOWLEDGEMENT SLIP** (To be filled in by the Investor) **BIRLA SUN LIFE CENTURY SIP****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 (MTNL/BSNL only) / 1800-270-7000 | SMS 'SIP' to 56767 | connect@birlasunlife.comApplication No. **C**
ESPO00695Collection Centre /
AMC Stamp & Signature

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

[Please tick (✓)] ENCLOSED PAN Proof KYC COMPLIED Date of Birth PDC ECS Facility Residence Proof (for NRIs & PIOs)

9. 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	
Total No. of CSIP	1 st Cheque	+	=	Total Installments	Cheque No. From
Century SIP Installment Amount (Rs.)		(minimum Rs. 1,000/-)		Cheque Date From	Cheque Date To
Drawn on Bank		Branch		City	
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) (For CSIP tenure ref. Instruction No. 12(vi))					

10. BANK ACCOUNT DETAILS (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details) Refer Instruction No. 3

Name of the Bank	
Branch Address	
City	Pin Code
Account No.	
MICR CODE	Account Type <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS (please specify)

11. DECLARATION OF GOOD HEALTH (All the fields are mandatory) **Please Tick (✓) For Either Yes or No – Otherwise The Application Will Be Invalid** (Ref. Instruction No. 14)

1.	Have you ever been treated for symptoms of high blood pressure, diabetes, heart attack or heart disease, stroke, chest pain, kidney disease, AIDS or AIDS related complex, cancer or tumor, asthma or respiratory disease, mental or nervous disease, liver disease, blood disease, digestive and bowel disorder, disorder of the bones, spine or muscle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you within the last 2 years taken any form of medication for more than 14 consecutive days to treat an illness or disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you within the last 2 years consulted any medical practitioner for any condition other than minor impairment such as cold or flu?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand and agree that the answers to the questions in this Declaration of Good Health are true and complete to the best of my knowledge and belief. I authorize any medical practitioner, hospital, employer, institution or any other person, to disclose to Birla Sun Life Insurance Company Limited any information relating to my health or employment now or at any time in the future. I understand and agree that failure to answer any question in this Declaration truthfully will render the insurance cover invalid and void.

Date of Birth	<input type="text"/>	Signature of the Life Assured	Date	<input type="text"/>
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Place	<input type="text"/>

If the declaration is negative, please provide details _____

12. REDEMPTION / DIVIDEND REMITTANCE Refer Instruction No. 7

Direct Credit available in Banks mentioned in Instruction No. 7: Unitholder having bank account with these banks will receive their Redemption / Dividend Payments (if any) directly into their bank account.	In case Unitholders wish to receive a cheque (instead of a direct credit into their bank account), please indicate the preference below: I/We want to receive the redemption and dividend proceeds (if any) by way of a cheque. <input type="checkbox"/> Yes <input type="checkbox"/> No
ELECTRONIC CLEARING SERVICE (ECS) for Dividends only I authorize Birla Sun Life Mutual Fund to credit my dividend payments through ECS <input type="checkbox"/> Yes <input type="checkbox"/> No	
Real Time Gross Settlement (RTGS) for redemptions only (Refer Instruction No. 15) I/We request you to activate Real Time Gross Settlement (RTGS) facility for my folio and remit the redemption proceeds through RTGS <input type="checkbox"/> Yes <input type="checkbox"/> No	It is the responsibility of the Investor to ensure the correctness of the IFSC code of the recipient / destination branch corresponding to the Bank details mentioned in Section 8. (Refer Instruction No. 14) IFSC CODE <input type="text"/>

13. NOMINATION DETAILS (Refer Instruction No. 6) In case of multiple nominees - more than 1 upto 3 - fill a separate nomination form available on our website (www.birlasunlife.com) or any of Birla Sun Life Mutual Fund branches

I/We do hereby nominate the undermentioned Nominee to receive the units to my / our credit in this folio no. in the event of my / our death. I/ We also understand that all payments and settlements made to such Nominee (upon such documentation) shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Nominee Name :	Date Of Birth : _____ / _____ / _____
Relationship : _____ Guardian / Parent Name (in case of minor): _____	Signature of Nominee or Parent / Guardian
Address : _____	
Witness Name : _____ Address : _____	Signature of the Witness
<input type="checkbox"/> I have attached the nomination details separately with this application form (Please tick if applicable)	

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

<p>To, The Trustee, Birla Sun Life Mutual Fund</p> <p>Having read and understood the contents of the Scheme Information Document and Statement of Additional Information 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 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 Instruction No. 5)</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 Birla Sun Life Asset Management Company Ltd. (Investment Manager of 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.birlasunlife.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>		Date <input type="text"/>
Signature	First Applicant / Authorised Signatory	Second Applicant
		Third Applicant

BIRLA SUN LIFE CENTURY SIP

an application for **CENTURY SIP APPLICATION FORM**

Scheme Name _____	Plan _____	Option _____
Sweep To:- Scheme Name _____	Plan _____	Option _____
CSIP Date _____	CSIP Amount (Rs.) _____	



(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

CSIP THROUGH ECS / AUTO DEBIT FACILITY FORM (Please attach cancelled cheque copy)

Application No. **C**

ESPO00695

Investment ARN-70688 & ARN	Sub-Broker's Name & ARN	Stamp & Sign Official Acceptance Point
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(Ref. Instruction No. 8)

Request for Registration of CSIP Change in Bank DetailsDate

D	D	M	M	Y	Y	Y	Y
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1. APPLICANT INFORMATION (MANDATORY)

*Refer Instruction No. 3

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s.

PAN* (Mandatory for investors)

KYC
Complied **NAME OF THE SECOND APPLICANT**

Mr. Ms. M/s.

PAN* (Mandatory for investors)

KYC
Complied **NAME OF THE THIRD APPLICANT**

Mr. Ms. M/s.

PAN* (Mandatory for investors)

KYC
Complied

E-mail ID

please provide your email ID
for mailing of Account Statement**2. CENTURY SYSTEMATIC INVESTMENT PLAN (CSIP) (Ref. Instruction No. 12)**

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 Tenure 55 yrs — Your Current Age _____ yrs = _____ yrs 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. DECLARATION(S) & SIGNATURE(S)

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 / Direct Debit Facility. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Birla Sun Life Asset Management Company Ltd. (Investment Manager to Birla Sun Life Mutual Fund), their appointed service providers or representatives responsible. I/We will also inform Birla Sun Life Asset Management Company Ltd., about any changes in my / our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

To,
The Trustee, Birla Sun Life Mutual Fund
Having read and understood the contents of the Scheme Information Document and Statement of Additional Information 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.
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. 5). I/We confirm that details provided by me/us are true and correct.

DATE	SIGNATURE/S	First / Sole Applicant	Second Applicant	Third Applicant								
<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				
D	D	M	M	Y	Y	Y	Y					

4. ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY) (Ref. Instruction No. 10 & 13)

I / We hereby authorise Birla Sun Life Asset Management Company Ltd., Investment Manager to Birla Sun Life Mutual Fund acting through their authorised service providers to debit my / our following bank a/c by ECS (Debit Clearing) / Direct Debit Facility or any other facility for collection of CSIP payments.

Name of A/c Holder as in Bank Records			
Name of the Bank			
Branch Address	City	Pin Code	
Account No.	Account Type [Please tick (✓)]	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO
MICR CODE	This is a 9 digit number next to your Cheque Number. Please attach an extra blank cancelled cheque or a clear photocopy of a cheque	<input type="checkbox"/> FCNR	<input type="checkbox"/> OTHERS _____ (please specify)

5. AUTHORISATION OF THE BANK ACCOUNT HOLDER [to be signed by the Account Holder(s)]

This is to inform I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit Facility 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 number with your bank. I / We authorise Birla Sun Life Asset Management Company Ltd. (Investment Manager to Birla Sun Life Mutual Fund), acting through their service providers and representative carrying this ECS mandate / Direct Debit Facility Form to get it verified & executed. Mandatory verification charges, if any, may be charged to my / our account.

Account Number	SIGNATURE/S	First / Sole Applicant	Second Applicant	Third Applicant								
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

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

Signature verified & debit mandate received <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorization of Branch Manager and Date
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SIP ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) BIRLA SUN LIFE CENTURY SIPApplication No. **C**

ESPO00695

**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 (MTNL/BSNL only) | 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 KYC COMPLIED