

Birla Sun Life Savings Fund

(An Open ended Short Term Income Scheme)



Birla Sun Life
Mutual Fund

This Product is suitable for investors who are seeking*:

- reasonable returns with convenience of liquidity over short term
- investments in debt and money market instruments

*Investors should consult their financial advisers if in doubt whether the product is suitable for them



Investors understand that their principal will be at **Moderately Low** risk

(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.)

Distributor Name / ARN No.	Sub Broker Name / ARN No.	Sub Broker Code	Employee Unique ID. No. (EUIIN)	Application No.
ARN - 3280		SWSA		

EUIIN is mandatory for "Execution Only" transactions. Ref. Instruction No. 9

I/we hereby confirm that the EUIIN 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 No., Name & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.)

Existing Folio No. _____

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (1 to 10) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. _____

PAN / PEKRN (Mandatory) _____ Date of Birth** D D M M Y Y Y Y KYC

AADHAR Card Number _____

NAME OF THE SECOND APPLICANT Mr. Ms. M/s. _____

PAN / PEKRN (Mandatory) _____ Date of Birth** D D M M Y Y Y Y KYC

AADHAR Card Number _____

NAME OF THE THIRD APPLICANT Mr. Ms. M/s. _____

PAN / PEKRN (Mandatory) _____ Date of Birth** D D M M Y Y Y Y KYC

AADHAR Card Number _____

NAME OF THE GUARDIAN (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** D D M M Y Y Y Y KYC

AADHAR Card Number _____

RELATIONSHIP OF GUARDIAN (Refer Instruction No. 2(ii))

ISD CODE _____ TEL: OFF. S T D - _____
TEL: RESI S T D - _____

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 FII's NRI - NRO HUF Club / Society PIO Body Corporate Minor Government Body
 Trust NRI - NRE Bank & FI Sole Proprietor Partnership Firm QFI Provident Fund Others _____ (Please Specify)

MODE OF HOLDING [Please tick (✓)] (Please Refer Instruction No. 2(v)) Joint Single Anyone or Survivor (Default option is Anyone or survivor)

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)		Birla Sun Life Savings Fund	Application No. _____
	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 567679 Email: connect@birlasunlife.com	Collection Centre / BSLAMC Stamp & Signature	
Received from Mr. / Ms. _____ Date : ____/____/____			
[Please tick (✓)] ENCLOSED <input type="checkbox"/> PAN/PEKRN Proof <input type="checkbox"/> KYC Complied NECS Form <input type="checkbox"/> Yes <input type="checkbox"/> No			

5. DEMAT ACCOUNT DETAILS (OPTIONAL) (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. 3(B)

NSDL: Depository Participant Name: _____ DPID No.: I N _____ Beneficiary A/c No. _____

CDSL: Depository Participant Name: _____ Beneficiary A/c No. _____

Enclosed: Client Master Transaction/ Statement Copy/ DIS Copy

6. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 7)

I/We wish to nominate I/We DO NOT wish to nominate and sign here 1st Applicant Signature (Mandatory)

	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1				
Nominee 2				
Nominee 3				

To register multiple nominee please fill separate Multiple nomination Form.

7. FATCA & CRS INFORMATION [Please tick (✓)] For Individuals & HUF (Mandatory) 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)

To,
The Trustee,
Birla Sun Life Mutual Fund

Date

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 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 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 Birla Sun Life Mutual fund 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 BSLAMC / BSLMF 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.

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)

I/We confirm that details provided by me/us are true and correct.

**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. 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.

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)

Signature of First Applicant / Authorised Signatory	Signature of Second Applicant	Signature of Third Applicant
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SPECIAL PRODUCTS APPLICATION FORM

(STP / SWP)

STP

SWP



Birla Sun Life
Mutual Fund

Investor ARN - 3280 Name & ARN	Sub-Broker's Name & ARN No.	Stamp & Sign SWSA Official Acceptance Point	Employee Unique ID. No. (EUIIN)
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EUIIN is mandatory for "Execution Only" transactions
Ref. Instruction No. B-7

Request for Fresh Registration Renewal

Application / Folio No. _____ Date DD MM YYYY

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

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 Mandatory	Date of birth**
Sole / First Applicant	_____	<input type="checkbox"/>	DD MM YYYY
Second Applicant	_____	<input type="checkbox"/>	DD MM YYYY
Third Applicant	_____	<input type="checkbox"/>	DD MM YYYY
Guardian	_____	<input type="checkbox"/>	DD MM YYYY

*Ref. Instruction No. B-6 **Mandatory in case the First / Sole applicant is a Minor

NAME OF THE GUARDIAN (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)
Mr. Ms. M/s. _____

RELATIONSHIP OF GUARDIAN (Refer to Instruction No. B.9) _____

2. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME	PLAN	OPTION
Withdrawal Option [Please tick (✓)] <input type="checkbox"/> FIXED Amount (₹) (in figures) _____ or <input type="checkbox"/> APPRECIATION WITHDRAWAL		
Withdrawal Frequency [Please tick (✓)] <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY _____ (Please mention any day between Monday to Friday) <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY (Default day is Wednesday) (Only monthly and quarterly withdrawal option available for Appreciation Withdrawal)		
Dates (Only one 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	Withdrawal Period From DD MM YYYY To DD MM YYYY	
(Please attach cancelled cheque / cheque copy to opt for electronic payout.)		

3. SYSTEMATIC TRANSFER PLAN (STP) (Refer to Instruction No. D)

FROM SCHEME (SOURCE)	PLAN	OPTION
TO SCHEME (TARGET)	PLAN	OPTION
(For Daily STP and Value STP Target schemes, investor may choose only Growth Option)		
<input type="checkbox"/> STP Frequency [Please tick (✓)] <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY _____ (Please mention any day between Monday to Friday, default day is Wednesday) <input type="checkbox"/> MONTHLY (max 4 STP dates in a months) <input type="checkbox"/> Quarterly Amount per transfer: _____ Transfer Period From DD MM YYYY No of Transfers _____ OR <input type="checkbox"/> Till Further Instruction In case of Daily STP minimum no of transfers is 20	<input type="checkbox"/> Value STP Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly Amount per transfer: _____ Transfer Period From DD MM YYYY No of Transfers _____ OR <input type="checkbox"/> Till Further Instruction	<input type="checkbox"/> Capital Appreciation Transfer Plan Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly Transfer Period From DD MM YYYY Transfer Period To DD MM YYYY OR <input type="checkbox"/> Till Further Instruction
Dates [Please tick (✓)] <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 (Please select 4 dates in case of Fast Forward STP. Applicable only for Monthly STP)		

4. DECLARATION AND SIGNATURES

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the scheme(s), I/We hereby apply to the Trustee of Birla Sun Life Mutual Fund for units of scheme(s) of Birla Sun Life 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/FCIs 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.

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 style="writing-mode: vertical-rl; transform: rotate(180deg);">Signature (s)</p> <div style="border: 1px solid black; height: 50px; margin-top: 10px; display: flex; align-items: center; justify-content: center;"> <p>Sole / Unit Holder / First Applicant</p> </div>	<div style="border: 1px solid black; height: 50px; margin-top: 10px; display: flex; align-items: center; justify-content: center;"> <p>Second Unit Holder / Second Applicant</p> </div>	<div style="border: 1px solid black; height: 50px; margin-top: 10px; display: flex; align-items: center; justify-content: center;"> <p>Second Unit Holder / Third Applicant</p> </div>
<p>(To be signed by All Applicants if mode of operation is Joint)</p>		

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SPECIAL PRODUCTS APPLICATION FORM Application No. _____

	<p>Birla Sun Life Asset Management Company Limited</p> <p>One India Bulls Centre , Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013</p> <p>Toll Free : 1-800-270-7000/ 1-800-22-7000 sms 'GAIN' to 567679 Email: connect@birlasunlife.com</p>	<p>Collection Centre / BSLAMC Stamp & Signature</p>
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Received from Mr. / Ms. _____ Date : ____ / ____ / ____

SPECIAL PRODUCTS APPLICATION FORM

(STP / SWP)

■ STP

■ SWP



Birla Sun Life
Mutual Fund

Investor **ARN - 3280** ne & ARN

Sub-Broker's Name & ARN No.

Stamp & Sign
SWSA
Official Acceptance Point

Employee Unique ID. No. (EUIIN)

EUIIN is mandatory for "Execution Only" transactions
Ref. Instruction No. B-7

Request for Fresh Registration Renewal

Application / Folio No. _____ Date DD MM YYYY

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

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 Mandatory	Date of birth**
Sole / First Applicant		<input type="checkbox"/>	DD MM YYYY
Second Applicant		<input type="checkbox"/>	DD MM YYYY
Third Applicant		<input type="checkbox"/>	DD MM YYYY
Guardian		<input type="checkbox"/>	DD MM YYYY

*Ref. Instruction No. B-6 **Mandatory in case the First / Sole applicant is a Minor

NAME OF THE GUARDIAN (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)
 Mr. Ms. M/s. _____
 RELATIONSHIP OF GUARDIAN (Refer to Instruction No. B.9) _____

2. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME	PLAN	OPTION
Withdrawal Option [Please tick (✓)] <input type="checkbox"/> FIXED Amount (₹) (in figures) _____ or <input type="checkbox"/> APPRECIATION WITHDRAWAL		
Withdrawal Frequency [Please tick (✓)] <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY _____ (Please mention any day between Monday to Friday) <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY (Default day is Wednesday) (Only monthly and quarterly withdrawal option available for Appreciation Withdrawal)		
Dates (Only one 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 Withdrawal Period From DD MM YYYY To DD MM YYYY		

(Please select 4 dates in case of Fast Forward SWP. Applicable only for monthly SWP.) (Please attach cancelled cheque / cheque copy to opt for electronic payout.)

3. SYSTEMATIC TRANSFER PLAN (STP) (Refer to Instruction No. D)

FROM SCHEME (SOURCE)	PLAN	OPTION
TO SCHEME (TARGET)	PLAN	OPTION
(For Daily STP and Value STP Target schemes, investor may choose only Growth Option)		
<input type="checkbox"/> STP Frequency [Please tick (✓)] <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY _____ (Please mention any day between Monday to Friday, default day is Wednesday) <input type="checkbox"/> MONTHLY (max 4 STP dates in a months) <input type="checkbox"/> Quarterly Amount per transfer: _____ Transfer Period From DD MM YYYY No of Transfers _____ OR <input type="checkbox"/> Till Further Instruction In case of Daily STP minimum no of transfers is 20 Dates [Please tick (✓)] <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 (Please select 4 dates in case of Fast Forward STP. Applicable only for Monthly STP)	<input type="checkbox"/> Value STP Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly Amount per transfer: _____ Transfer Period From DD MM YYYY No of Transfers _____ OR <input type="checkbox"/> Till Further Instruction	<input type="checkbox"/> Capital Appreciation Transfer Plan Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly Transfer Period From DD MM YYYY Transfer Period To DD MM YYYY OR <input type="checkbox"/> Till Further Instruction

4. DECLARATION AND SIGNATURES

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the scheme(s), I/We hereby apply to the Trustee of Birla Sun Life Mutual Fund for units of scheme(s) of Birla Sun Life 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/FCIs 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.

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.

Signature (s) _____
 Sole / Unit Holder / First Applicant

 Second Unit Holder / Second Applicant

 Second Unit Holder / Third Applicant

 (To be signed by All Applicants if mode of operation is Joint)

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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
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Collection Centre / BSLAMC Stamp & Signature

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

SPECIAL PRODUCTS APPLICATION FORM

(STP / SWP)

STP

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Birla Sun Life
Mutual Fund

Investor **ARN - 3280** & ARN

Sub-Broker's Name & ARN No.

Stamp & Sign
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Sole / First Applicant	_____	<input type="checkbox"/>	DD MM YYYY
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Dates (Only one 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 Withdrawal Period From DD MM YYYY To DD MM YYYY (Please select 4 dates in case of Fast Forward SWP. Applicable only for monthly SWP.)		(Please attach cancelled cheque / cheque copy to opt for electronic payout.)

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Dates [Please tick (✓)] <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 (Please select 4 dates in case of Fast Forward STP. Applicable only for Monthly STP)		

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For NRIs/FCIs 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.

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.

Signature (s) _____
 Sole / Unit Holder / First Applicant

 Second Unit Holder / Second Applicant

 Second Unit Holder / Third Applicant

(To be signed by All Applicants if mode of operation is Joint)

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SPECIAL PRODUCTS APPLICATION FORM Application No. _____

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 567679 | Email: connect@birlasunlife.com

Collection Centre / BSLAMC Stamp & Signature

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

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

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Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No:

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From	Scheme:		
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Redemption Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Redemption Request: I /We wish to redeem Rs. _____ Or _____ Units From Scheme:

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