SYSTEMATIC INVESTMENT APPLICATION FORM SIP (WITH MICRO SIP) / CENTURY SIP



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Received from Mr. / Ms. _

One India Bulls Centre , Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013

Date :

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

BSLAMC Stamp & Signature

D DOG	ST DATED CHEQUE DETAILS (TO BE	F FILL ED DV INIVESTADO MULO M	OU TO INVEST TURQUOU POOT	DATED OUTOUTO DI FACE ATTA	NU THE OHEOHEO WITH THIS	FODAN)			
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	n on Bank			Donk A/C	la .				
Bran				Bank A/C I	NO .				
4. FOR	R CENTURY SIP (Please read detailed 7		ling CSIP) Mandat	torv					
DECLARA	ATION OF GOOD HEALTH (All the fie				I Be Invalid (Ref. Instruction	on No. F-17)			
1. Have y	ou ever been treated for symptoms of hi	gh blood pressure, diabete	es, heart attack or heart (disease, stroke, chest pain	, kidney disease, AIDS	or AIDS related complex,	☐ Yes ☐ No		
	r or tumor, asthma or respiratory disease, r rou within the last 2 years taken any form of		,	, ,	order, disorder of the bo	nes, spine or muscie?	☐ Yes ☐ No		
	ou within the last 2 years taken any formo				·flu2		Yes No		
Lunderstand	d and agree that the answers to the questio	ons in this Declaration of Go	ood Health are true and co	mplete to the best of my kn	owledge and belief. I aut	horize any medical practit	oner, hospital, employer,		
	r any other person, to disclose to Birla Sun question in this Declaration truthfully will r			lating to my health or emplo	yment now or at any tim	e in the future. I understan	d and agree that failure to		
Date of Birt	h D D M M Y Y Y	ture Life red			Date D D N	1 M Y Y			
GENDER	☐ MALE ☐ FEMALE	Signature of the Life Assured			Place				
NOMINAT	TION DETAILS (Refer Instruction No. F-14)		below, shall be consid	ered and prevail over n	omination details pro	vided in Common Appl	ication Form.		
	eby nominate the undermentioned Nomine			o. in the event of my / our de	ath. I/We also understa	nd that all payments and s	ettlements made to such		
,	pon such documentation) shall be a valid	discharge by the AMC / Mu			Data Of Bi	alle e e e e	,		
	me : Guard	dian / Parent Name (in case of				rth (in case of minor):/	/		
Address :						Circustum of Naminas on Daw	ant / Ourselling		
	ne:					Signature of Nominee or Pare	ent / Guardian		
						Signature of the Wit	ness		
- DEI	AAT AGGGUNT DETAILG (ODTIONA	D. e.							
	MAT ACCOUNT DETAILS (OPTIONA				th that of the A/c. held with t	he depository participant.) Refe	r Instruction No. E (27)		
NSD	L: Depository Participant Name:		DPID N	lo.: I N	Bene	ficiary A/c No.			
CDS	L: Depository Participant Name:			Beneficiary A/c No).				
6. DEC	CLARATION(S) & SIGNATURE(S)								
	ereby authorise Birla Sun Life Mutual Fund an								
hereby	nation provided by me/us may be shared with y declare that the particulars given above an	e correct and complete and	express my/our willingnes	s to make payments referred	I above through participa	tion in ECS/ NECS/ RECS/	Auto Debit/ PDC Clearing. If th		
	ction is delayed or not effected at all for reaso vill also inform, about any changes in my bank		* *		,				
	onditions mentioned overleaf. RN holder has disclosed to me/us all the comi	missions (in the form of trail (commission or any other me	ode) navable to him for the di	fferent competing Schem	es of various Mutual Funds f	rom amonast which the Schem		
is bein	ig recommended to me/us. entury SIP: I/We hereby opt for Birla Sun Life C						om amongot which the contri		
For Mi	icro SIP only: I hereby declare that I do not ha						result in aggregate investment		
	ding₹50,000 in a year. am / are aware and understand that if, at the t Ventures Limited would have to be submitte	time of availing the Micro SIF	? I / we hold a valid Perman	ent Account Number (PAN) is	sued by the Income Tax [Department of India, a KYC a	cknowledgment letter issued b		
CDSL Instruc	Ventures Limited would have to be submitte ction no: E-23)	ed by me / us to MF/AMC. A	ccordingly I / we understa	nd and agree that I / we shal	be responsible for the c	onsequences of non-subm	ssion of the same, if any. (ref		
(s)	Name of First Unit Ho	older	Name of	Second Unit Holder		Name of Third	Unit Holder		
Signature(s)	First Applicant		Sec	ond Applicant		Third Ap	plicant		
Sig			(To be signed by All Applic	cants if mode of operation is J	pint)				
			CHECK	LIST					
	Particulars	Regular	SIP	Century SIP (with	Life Insurance)		(Upto ₹ 50,000 ent in a year)		
Declaration of	F Good Health	Not Applicable		Mandatory Requireme	nt	Not Applicable	,		
Nomination	Tuodu Ticaliii	Not Required		Mandatory Requireme		Not Required	**		
First Purchase	e through cheque/ DD	Recommended		Mandatory Requireme	nt	Recommended			
Different amou	unt for first cheque and subsequent	Allowed							
				Not allowed		Allowed			
Common Appl	ication Form	Required only for new	Investors	Not allowed Mandatory Requireme	nt for All Investors	Allowed Required only for ne	ew Investors		
Investment ter		Investor's choice / Def	ault	Mandatory Requireme Tenure = 55years (Le	ss) Current age	Required only for no Investor's choice / I	Default		
Investment ter		Investor's choice / Def Mandatory Requireme	ault nt	Mandatory Requireme Tenure = 55years (Le Mandatory Requireme	ss) Current age nt	Required only for no Investor's choice / I If having a PAN, KYI	Default C is mandatory		
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Additional Micro SIP in same folio

Amount (₹) _