

Distributor Code & ARN No.
ARN-23258

Sub-Broker Code & ARN No.

Collection Centre (For Office use Only)



(PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING UP THE FORM)

COMMON APPLICATION FORM For Resident Indians and NRIs/Flis

Application No. _____

1. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to section 4. Applicable details and Mode of holdings will be as per the existing Folio Number)

Folio No. _____	DATE OF BIRTH <small>(Mandatory in case of Minor)</small>
DD MM YYYY	
NAME OF FIRST / SOLE APPLICANT	
Mr. Ms. M/s. _____	
NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / CONTACT PERSON & DESIGNATION (in case of non-individual Investors)	
Mr. Ms. M/s. _____	

2. STATUS (of First / Sole Applicant) [Please tick (✓)] Refer Inst. No. 2(iv) for documents to be submitted <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Club/Society <input type="checkbox"/> NRI <input type="checkbox"/> HUF <input type="checkbox"/> Company <input type="checkbox"/> AOP <input type="checkbox"/> Trust <input type="checkbox"/> Minor through guardian <input type="checkbox"/> Body Corporate <input type="checkbox"/> BOI <input type="checkbox"/> Flis <input type="checkbox"/> Others _____ (please specify)	MODE OF HOLDING [Please tick (✓)] Refer Inst. No. 2(v) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor	OCCUPATION (of First / Sole Applicant) [Please tick (✓)] <input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Others _____ (Please Specify)
---	--	--

3. UNIT HOLDER INFORMATION (Refer Instruction 2)

NAME OF THE SECOND APPLICANT
Mr. Ms. M/s. _____
NAME OF THE THIRD APPLICANT
Mr. Ms. M/s. _____
MAILING ADDRESS OF FIRST / SOLE APPLICANT (P. O. Box Address may not be sufficient) (Indian Address in case of NRIs/Flis)

City _____ State _____ Pin Code _____

OVERSEAS ADDRESS (in case NRIs/Flis) (P. O. Box Address may not be sufficient)

CONTACT DETAILS OF FIRST / SOLE APPLICANT	STD Code _____
Tele (Office) _____	Tele (Resi.) _____
Fax _____	E-Mail _____
	Mobile _____

4. PAN & UIN DETAILS PAN Details of mandatory, as per SEBI Regulations (Refer Instruction No. 3)

(PAN with supporting OR Form 60/61 with address proof is mandatory for an application amount of Rs. 50,000/- and above)		UNIQUE IDENTIFICATION NUMBER (UIN)
PAN (with PAN supporting)	OR Form 60/61 (with address proof) <small>(Provided in this booklet)</small>	
FIRST / SOLE APPLICANT / GUARDIAN	QR <input type="checkbox"/> (please tick ✓) Form 60/61 attached	_____
SECOND APPLICANT	QR <input type="checkbox"/> (please tick ✓) Form 60/61 attached	_____
THIRD APPLICANT	QR <input type="checkbox"/> (please tick ✓) Form 60/61 attached	_____

5. BANK ACCOUNT DETAILS Please note that as per SEBI Regulations it is mandatory for investors to provide bank account details of First / Sole applicant (Refer Instruction 3)

Name of the Bank _____	Branch _____
Account No. _____	Bank Address _____
	Pin _____
Account Type [Please tick (✓)]	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR

.... continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Received from Mr / Ms / M/s _____						Application No. _____	
Sl. No.	*Cheque / DD Favouring Scheme Name	Plan / Option	Amount Invested	Net Amount	Payment Details		Signature & Stamp
					Cheque / DD No.	Bank and Branch	
1			Less DD Charges				
2			Less DD Charges				
3			Less DD Charges				

*All purchases are subject to realisation of Cheque / DD.

6. INVESTMENT DETAILS

No.

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option. Details of the same are available on page no. 6, 7 & 8 in the instruction section. (Please refer Instruction No. 9)

Sl. No.	*Cheque / DD Favouring Scheme Name(refer instruction 4)	Plan / Option	Amount Invested	Net Amount Paid	Payment Details		Type of Account #
					Cheque / DD No.	Bank and Branch	
1			Less DD Charges				
2			Less DD Charges				
3			Less DD Charges				

(Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR)

7. REDEMPTION / DIVIDEND REMITTANCE (Refer Instruction no. 7)

Unit holders having bank account with ABN Amro Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC, ICICI Bank, IDBI Bank, Standard Chartered Bank, UTI Bank will receive their Redemption/Dividend Payments (if any) directly into their bank account.

In case Unit holders wish to receive a cheque/demand draft (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. (Please in this box)

ELECTRONIC CLEARING SERVICE (ECS) for Dividends only

I authorise Birla Mutual Fund to credit my dividend payments through ECS

(Please Tick Yes No)

Please quote 9 Digit Code No. of your Bank and Branch Corresponding to Bank Account Details given in Section 5 above.

(This number appears on every leaf of your chequebook after your cheque number)

IMPORTANT: Please attach a blank "cancelled" Cheque or a clear photocopy of a cheque issued by your bank verifying of the Code No.

8. E-MAIL COMMUNICATION/ON LINE ACCESS (Refer Instruction no. 10 & 12)

I/We wish to receive the following via e-mail Account Statement Quarterly Newsletter & Annual Report Transaction Confirmation

I would like to get on-line access which is subject to the terms & conditions mentioned in instruction no.12 & I/We agree to abide by the same. Yes No

9. NOMINATION (Refer instruction no. 6)

I/We do hereby nominate the person more particularly described hereunder to receive the amount to my / our credit in event of my / our death :

NOMINEE DETAILS

Name : _____

Address : _____

Date of Birth (In case nominee is minor) :

Relationship : _____

Name of Guardian (In case nominee is minor) : _____

Address of Guardian : _____

Signature of the Guardian : _____

Unit holder(s) :

Name Signature

1) _____

2) _____

3) _____

Witness(es) - (could be the same for all unit holders):

Name and Address Signature

1) _____

2) _____

3) _____

10. DECLARATION

The Trustee, Birla Mutual Fund

Dear Sirs,

Having read and understood the contents of the offer document(s) of the scheme(s), I/We hereby apply to the Trustee of Birla Mutual Fund for units of scheme(s) of Birla 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/Flis 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.

SPECIMEN SIGNATURES(Refer Instruction no.1)

First Applicant

Second Applicant

Third Applicant