

SIP APPLICATION FORM

(to be filled & submitted with Common Application Form)



Birla Sun Life
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

SIP THROUGH ECS / AUTO DEBIT FACILITY Registration Cum Mandate Form for ECS (Debit Clearing)

NJ India Invest / ARN-0155	55537	Stamp & Sign
Ref. Instruction No. D-22		Official Acceptance Point

Date

Existing Investor Folio No. New Application No.

Request for Registration of SIP
 Renewal of SIP
 Change in Bank Details

1. APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. <input type="text"/>	PAN* (Mandatory for investors) <input type="text"/>	KYC Complied <input type="checkbox"/>
NAME OF THE SECOND APPLICANT Mr. Ms. M/s. <input type="text"/>	PAN* (Mandatory for investors) <input type="text"/>	KYC Complied <input type="checkbox"/>
NAME OF THE THIRD APPLICANT Mr. Ms. M/s. <input type="text"/>	PAN* (Mandatory for investors) <input type="text"/>	KYC Complied <input type="checkbox"/>
NAME OF THE GUARDIAN (in case of First / Sole Applicant is a Minor) / CONTACT PERSON – DESIGNATION (in case of non-individual Investors) Mr. Ms. M/s. <input type="text"/>	PAN* (Mandatory for investors) <input type="text"/>	KYC Complied <input type="checkbox"/>
E-mail ID <input type="text"/>	please provide your email ID for mailing of Account Statement	

Ref. Instruction No. D-21

2. SYSTEMATIC INVESTMENT PLAN (SIP)

SCHEME	PLAN	OPTION
SWEEP TO (Ref. Instruction D-23)	SCHEME	PLAN / OPTION
First Installment has to be through Cheque / DD. 1st SIP Cheque / DD No. <input type="text"/>	1st Cheque Dated <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"/>
Drawn on Bank <input type="text"/>	Amount (Rs.) (in figures) <input type="text"/>	
SIP Start Date <input type="text"/>	SIP End Date <input type="text"/>	SIP Date (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
Frequency [Please tick (✓)] <input type="checkbox"/> MONTHLY (max 4 SIP dates in a months) <input type="checkbox"/> QUARTERLY (Only one date)		
Each SIP Amount (Rs.) <input type="text"/>	Ref. Instruction No. D-26	

3. ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY)

Name of 1st Applicant as in Bank Records

Name of Bank Branch

City Pin Code Account No.

Account Type **[Please tick (✓)]** SAVINGS CURRENT OTHERS _____ (please specify) MICR CODE

This is a 9 digit number next to your Cheque Number

I/We hereby authorise Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by ECS Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing for the auto debit process or for compliance with any legal or regulatory requirements. 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. If the transaction is delayed or not effected at all reasons of incomplete information. I/We will not hold responsible. I/We will also inform, about any changes in my bank account immediately. I/We have read and agreed to the terms and conditions mentioned overleaf.

Signature(s) Sole / First Applicant Second Applicant Third Applicant

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

Authorisation of the 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 towards my/our investment in Birla Sun Life Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate Form to get it verified & executed. Mandate verification charges if any, may be charged to my / our account

Bank Account Number

Name of First Account Holder <input type="text"/>	Name of Second Account Holder <input type="text"/>	Name of Third Account Holder <input type="text"/>
First Account Holder <input type="text"/>	Second Account Holder <input type="text"/>	Third Account Holder <input type="text"/>

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

Signature verified & Debit mandate received Yes No

Authorisation of Branch Manager & Date

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SIP THROUGH ECS FACILITY 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 Tel. 43588000.
Toll Free : 1800-270-7000 | sms 'GAIN' to 56161 | Email: connect@birlasunlife.com

Collection Centre / AMC Stamp & Signature

Received from Mr. / Ms. Date : / /