

# COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs



**Birla Sun Life**  
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Application No.

**TE04761**

District <b>ARN-2405</b>	Sub Broker Name / No.	Collection Centre
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Ref. Instruction No. 9

ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor.

**EXISTING UNITHOLDER please fill in your Folio No. & Name and then proceed to Section 5 (Applicable details and Mode of holding will be as per the 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)

Mobile No.		Folio No.	
Email Id			
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 Completed	Date of Birth**							
Sole / First Applicant		<input type="checkbox"/>	D	D	M	M	Y	Y	Y	Y
Second Applicant		<input type="checkbox"/>	D	D	M	M	Y	Y	Y	Y
Third Applicant		<input type="checkbox"/>	D	D	M	M	Y	Y	Y	Y
Guardian/POA Holder		<input type="checkbox"/>	D	D	M	M	Y	Y	Y	Y

\*\* Mandatory in case the First / Sole Applicant is 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 Instruction No. 2(ii))										
ISD CODE		TEL: OFF.	S	T	D		TEL: RESI	S	T	D

**STATUS** (Please tick (✓))

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FIIs	<input type="checkbox"/> NRI - NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club / Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body
<input type="checkbox"/> Trust	<input type="checkbox"/> NRI - NRE	<input type="checkbox"/> Bank & FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Others	(Please Specify)		

**OCCUPATION** (Please tick (✓))

<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Others	(Please Specify)		
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**MODE OF HOLDING** (Please tick (✓)) (Please Refer Instruction No. 2(v))

<input type="checkbox"/> Joint	<input type="checkbox"/> Single	<input type="checkbox"/> Anyone or Survivor (Default option is Anyone or survivor)
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**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
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**Overseas Address (For NRIs/FIIs)** (For NRI / FI application in addition to mailing address above)

STATE	COUNTRY	CITY	PIN CODE
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**2. COMMUNICATION** (Please tick (✓)) (Refer Instruction No. 10)

I/We wish to receive the following document(s) via E-mail instead of Physical mode	<input type="checkbox"/> Account Statement	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other Statutory Information
ONLINE ACCESS** (this enables you to access your investment portfolio through our website - www.birlasunlife.com)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Please tick (✓))

**3. Documents Submitted** (Please tick (✓)) (Refer Instruction No. 2 (iv))

<input type="checkbox"/> Board / Committee Resolution / Authority Letter	<input type="checkbox"/> Memorandum & Articles of Association	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Bye-laws	<input type="checkbox"/> Overseas Auditor's certificate
<input type="checkbox"/> List of Authorised Signatories with names, designations & specimen signature	<input type="checkbox"/> Third Party Declaration (Refer Instruction no. 5)				

**ACKNOWLEDGEMENT SLIP** (To be filled in by the Investor)

**COMMON APPLICATION FORM**



**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 56161 | Email: connect@birlasunlife.com

Application No.

**TE04761**

Collection Centre /  
BSLAMC Stamp & Signature

Received from Mr. / Ms. \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

I/We tick (✓) ENCLOSED  PAN Proof  KYC Complied  NECS Form  Yes  No

**4. 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

First Account Holders Name (as appearing in Bank Records) \_\_\_\_\_

Name of the Bank \_\_\_\_\_

Branch Address \_\_\_\_\_

Pin Code \_\_\_\_\_ City \_\_\_\_\_

Account Type  SAVINGS  CURRENT  NRE  NRO  FCNR  OTHERS (please specify) \_\_\_\_\_

Account No. \_\_\_\_\_ MICR CODE \_\_\_\_\_

IFSC CODE \_\_\_\_\_ (This is an 11 Digit no. available in Cheque copy)

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

**5. INVESTMENT DETAILS**  (Please tick (✓) if) (Refer Instruction No. 5 & 14)

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 / Sub Option.

S. No.	*Cheque / DD Favouring Scheme Name (refer Instruction 5)	Plan / Option	Sweep to (applicable only for Dividend option)	Amount Invested (₹)	DD Charges	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number
1.	BSL		Scheme Name Plan / Option					
2.	BSL		Scheme Name Plan / Option					
3.	BSL		Scheme Name Plan / Option					
4.	BSL		Scheme Name Plan / Option					

# (Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) \*All purchases are subject to realization of cheque/DD

**6. REDEMPTION / DIVIDEND REMITTANCE** (Please attach a copy of cancelled cheque Refer Instruction No.8 & 13)

Electronic Payment  Cheque Payment

It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/destination branch corresponding to the Bank details mentioned in Section 4.

If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

**7. NOMINATION DETAILS** (Refer Instruction No. 7) In case of multiple nominees - more than 1 up to 3 - fill a separate nomination form available in this booklet or on our website (www.birlasunlife.com)

- 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.
- I/We hereby DO NOT wish to nominate (ONLY sign in the box alongside, if you do not wish to nominate)



Signature of First / Sole Applicant

Nominee Name : \_\_\_\_\_ Address : \_\_\_\_\_

Relationship : \_\_\_\_\_ Date of Birth(In Case of Minor) \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian/parent Name (in case of minor): \_\_\_\_\_ Witness Name: \_\_\_\_\_

Address \_\_\_\_\_

I have attached the nomination details separately with this application form (Please tick if applicable)

Signature of Nominee or Parent / Guardian

Signature of the Witness

**8. DECLARATION(S) & SIGNATURE(S)** (Refer Instruction No. 1)

To,  
The Trustee,  
Birla Sun Life Mutual Fund

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 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 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.

Date DD MM YY YY

First Applicant / Authorised Signatory

Second Applicant

Third Applicant



S. No.	Scheme Name	Plan / Option	Sweep to (applicable only for Dividend option)		Net Amount Paid (₹)	Payment Details	
						Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.	BSL		Scheme Name	Plan / Option			
2.	BSL		Scheme Name	Plan / Option			
3.	BSL		Scheme Name	Plan / Option			
4.	BSL		Scheme Name	Plan / Option			

# SYSTEMATIC INVESTMENT APPLICATION FORM

SIP (WITH MICRO SIP) / CENTURY SIP



Birla Sun Life  
Mutual Fund

**INVESTMENT THROUGH NECS/DIRECT DEBIT/PDC** (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. PLEASE ENSURE COMPLETION OF SECTION 4 IN CASE OF CENTURY SIP)

Investment Scheme & ARN <b>ARN-2405</b>	Sub-Broker's Name & ARN	Stamp & Sign Official Acceptance Point	Date	D	D	M	M	Y	Y	Y	Y
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Ref. Instruction No. G-3

ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor.

Existing Investor Folio No.	Application No. <b>TE04761</b>
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(New Folio will be Generated for CSIP)

**Request for**

Registration of SIP/CSIP

Renewal of SIP

Change in Bank Details

Additional Micro SIP in same folio

**1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)**

Mobile No.	Email Id
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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 Complied	Date of birth**	Document Type* (Photo Id/ Address Proof)	Document No.* (Mandatory for Micro SIP not for additional Micro SIP in same folio)
Sole / First Applicant		<input type="checkbox"/>	D D M M Y Y Y Y		
Second Applicant		<input type="checkbox"/>	D D M M Y Y Y Y		
Third Applicant		<input type="checkbox"/>	D D M M Y Y Y Y		
Guardian/POA Holder		<input type="checkbox"/>	D D M M Y Y Y Y		

Ref. Instruction No. G-2 \* For Micro SIP Only \*\* Mandatory in case the First/Sole Applicant is Minor

**NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)**

Mr. Ms. M/s.

RELATIONSHIP OF GUARDIAN (Refer to Instruction No. E.24)

**2. INVESTMENT DETAILS (PLEASE REFER INSTRUCTIONS D & F-1 FOR INFORMATION ON ELIGIBLE SCHEMES. ONLY ONE SCHEME PER APPLICATION FORM)**

<input type="checkbox"/> Birla Sun Life Frontline Equity Fund	PLAN	OPTION
<input type="checkbox"/> Birla Sun Life Dividend Yield Plus	PLAN	OPTION
<input type="checkbox"/> Birla Sun Life '95 Fund	PLAN	OPTION
<input type="checkbox"/> Any Other Scheme BSL	PLAN	OPTION
<b>SWEEP TO Refer G-4</b>	<b>SCHEME</b>	<b>PLAN/OPTION</b>

(Please tick (✓) any ONE of the below as your Installment amount OR enter the amount of your choice. In case of multiple entries, the highest amount will be chosen.

Each Installment Amount (₹) ₹ 20,000/-  ₹ 10,000/-  ₹ 6,000/-  ₹ 3,000/-  Amount

Investment Start Date D D M M Y Y Y Y Frequency MONTHLY (max 4 debit dates) (Only one date for CSIP)

Investment Dates 1st  7th  10th  14th  20th  21st  28th

At Birla Sun Life Mutual Fund, we provide YOU the flexibility to discontinue your SIP at ANYTIME. Call us at 1800-270-7000/1800-22-7000 or email us at connect@birlasunlife.com to know how.

**SELECT YOUR SIP PERIOD** Refer Instruction E-11 & F-5

Till you instruct Birla Sun Life Mutual Fund to  OR Enter SIP End Date D D M M Y Y Y Y

CSIP Tenure: 55 years - Your Current Age  years =  years Frequency: Monthly Only.

First Installment through Cheque / DD. (MANDATORY FOR CSIP) 1st Cheque / DD No. 1st Cheque Dated D D / M M / Y Y Y Y

Drawn on Bank Amount (₹) (in figures)

Branch City

**3. BANK DETAILS (PLEASE FILL ONLY EITHER A OR B. IN CASE INVESTOR FILLS BOTH, THE FORM IS LIABLE TO BE REJECTED. IN CASE OF THIRD PARTY PAYMENTS REFER INSTRUCTION NO. (G, 7(ii))**

**A. NECS / DIRECT DEBIT BANK ACCOUNT DETAILS (TO BE FILLED BY INVESTORS WHO WISH TO INVEST THROUGH NECS / DIRECT DEBIT)**

Bank Account No. Bank Name

Branch City PIN

MICR Code Account Type Savings  Current  Others (Please Specify)

**AUTHORISATION OF 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 toward's my / our investment in Birla Sun Life Mutual Fund shall be made from my/our above mentioned bank account with your bank. I/We authorise the representative carrying the NECS mandate to get it verified and executed. Mandate verification charges if any, may be charged to my/our account. Below is to be signed by all applicants if mode of Operation is JOINT.

Name of First Account Holder	Name of Second Account Holder	Name of Third Account Holder
First Account Holder	Second Account Holder	Third Account Holder

Signature verified & Debit mandate received  Yes  No Authorisation of Branch Manager & Date

**ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM**



**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 56161 | Email: connect@birlasunlife.com

Application No.

**TE04761**

Collection Centre /  
BSLAMC Stamp & Signature

Received from Mr. / Ms. \_\_\_\_\_ Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**B. POST DATED CHEQUE DETAILS** (TO BE FILLED BY INVESTORS WHO WISH TO INVEST THROUGH POST DATED CHEQUES. PLEASE ATTACH THE CHEQUES WITH THIS FORM)

Cheque Dates From 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To 

D	D	M	M	Y	Y	Y	Y
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 Cheque Nos. From 

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 To 

--	--	--	--	--	--	--	--

Account Type [Please tick (✓)]  SAVINGS  CURRENT  OTHERS \_\_\_\_\_ (please specify)

Drawn on Bank 

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Branch 

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 Bank A/C No 

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**4. FOR CENTURY SIP** (Please read detailed Terms & Conditions for availing CSIP)

**Mandatory**

**DECLARATION OF GOOD HEALTH** (All the fields are mandatory) [Please tick (✓)] **Yes or No – Otherwise The Application Will Be Invalid** (Ref. Instruction No. F-17)

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	<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	Signature of the Life Assured	Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td></td><td></td></tr></table>	D	D	M	M	Y	Y					
D	D	M	M	Y	Y	Y	Y																
D	D	M	M	Y	Y																		
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Place	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

**NOMINATION DETAILS** (Refer Instruction No. F-14)

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 (in case of minor): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship : \_\_\_\_\_ Guardian / Parent Name (in case of minor): \_\_\_\_\_

Address : \_\_\_\_\_

Witness Name: \_\_\_\_\_ Address : \_\_\_\_\_

Signature of Nominee or Parent / Guardian

Signature of the Witness

**5. DECLARATION(S) & SIGNATURE(S)**

I/We hereby authorise Birla Sun Life Mutual Fund and their authorised service provider to debit the above bank account by NECS/ Direct Debit/ PDC 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 through NECS/ Direct Debit/ PDC Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NECS/ Direct Debit/ PDC Clearing. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold BSLAMC/MF or their appointed service providers or representatives responsible.

I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf.

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.

**For Century SIP:** I/We hereby opt for Birla Sun Life Century SIP and agree and confirm to have read, understood and accepted the Terms and Conditions of Century SIP and Insurance Cover.

**For Micro SIP only:** I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year.

I / we am / are aware and understand that if, at the time of availing the Micro SIP, I / we hold a valid Permanent Account Number (PAN) issued by the Income Tax Department of India, a KYC acknowledgment letter issued by CDSL Ventures Limited would have to be submitted by me / us to MF/AMC. Accordingly I / we understand and agree that I / we shall be responsible for the consequences of non-submission of the same, if any. (refer Instruction no: E-23)

Signature(s)	Name of First Unit Holder	Name of Second Unit Holder	Name of Third Unit Holder
	First Applicant	Second Applicant	Third Applicant

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

**CHECKLIST**

Particulars	Regular SIP	Century SIP (with Life Insurance)	Micro SIP (Upto ₹ 50,000 Investment in a year)
Declaration of Good Health	Not Applicable	Mandatory Requirement	Not Applicable
Nomination	Not Required	Mandatory Requirement	Not Required
First Purchase through cheque/ DD	Recommended	Mandatory Requirement	Recommended
Different amount for first cheque and subsequent installment	Allowed	Not allowed	Allowed
Common Application Form	Required only for new Investors	Mandatory Requirement for All Investors	Required only for new Investors
Investment tenure	Investor's choice / Default	Tenure = 55years (Less) Current age	Investor's choice / Default
PAN and KYC	Mandatory Requirement	Mandatory Requirement	If having a PAN, KYC is mandatory
Dates	Max upto 4 dates in a month	Only 1 date per month	Max upto 4 dates in a month
Minimum Amount Criteria (For list of eligible schemes please refer the SIP and CSIP instructions.)	Birla Sun Life Tax Relief '96 and Birla Sun Life Tax Plan - ₹ 500 / each. Other eligible Schemes- ₹ 1000/ each.	₹ 1000 per month for all eligible schemes	Birla Sun Life Tax Relief '96 and Birla Sun Life Tax Plan - ₹ 500 / each. Other eligible Schemes- ₹ 1000/ each.
Application with Minor as first applicant	Allowed	Not allowed	Allowed

We request you to read Terms and Conditions before availing Century SIP

**ACKNOWLEDGEMENT SLIP** (To be filled in by the Investor) **SYSTEMATIC INVESTMENT THROUGH NECS / DIRECT DEBIT / PDC FACILITY APPLICATION FORM**

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Sweep To:- Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Amount (₹) \_\_\_\_\_

- Request for**
- Renewal of SIP
  - Registration of SIP/CSIP
  - Change in Bank Details
  - Additional Micro SIP in same folio