

# MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



## ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

SIPCHG 12/16 -V1

# SIP/CSIP Change in Bank/Change in Scheme Application Form

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

Distributor Name & ARN/ RIA No.	Sub Broker Name & ARN/ RIA No.	Employee Unique ID. No. (EUIIN)	Official Acceptance Point Stamp & Sign

EUIIN is mandatory for "Execution Only" transactions. Ref. Instruction No. D-3  
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

Request for  SIP/ CSIP Change in Bank  SIP/ CSIP Change in Scheme (Please tick any one as applicable) Date  DD  MM  YY  YY  YY

### TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction D (8))

In case of subscriptions through SIPs, transaction charge of ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted and paid to your distributor if opted to receive the transaction charges. In such cases the transaction charge shall be recovered in 3-4 installments but only where total commitment (i.e. amount per SIP installment x No. of installments) amounts to ₹ 10,000/- or more. Units will be issued against the balance of the installment amounts invested.

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

Existing Investor Folio No.

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

### 2. EXISTING SIP/CSIP DETAILS

SIP  CSIP (Please tick any one as applicable)

Existing Scheme Name:

Plan/ Option:

SIP/CSIP Start Date:  DD  MM  YY  YY  YY  YY SIP/CSIP End Date:  DD  MM  YY  YY  YY  YY SIP/CSIP Amount:

Frequency:  Monthly  Weekly (Please specify SIP day)  SIP/CSIP Installment Date:  1st  7th  10th  15th  20th  28th

### 3. NEW SCHEME DETAILS

New SIP/ CSIP Scheme:

Plan/ Option:

### 4. DETAILS OF EXISTING BANK MANDATE

Bank Name:  Bank Account Number:

### 5. Please fill in the new Bank Details in the mandate form in case of Change in Bank details.

Use existing One Time Mandate (To be filled in case of more than one OTM registration)

Bank Name:  Bank Account Number:

### 6. DECLARATION & SIGNATURES

I/We hereby authorise Aditya Birla Sun Life Mutual Fund and their authorised service provider to debit the bank account by NACH/ Auto 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 through NACH/ Auto Debit 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 NACH/ Auto Debit 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. 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. Having read and understood the contents of scheme related documents and details above I/We hereby request you to change bank account or change in scheme for future instalments or cancel the existing registrations as stated above and agreed to abide by terms and conditions, rules and regulations of the relevant Scheme(s).

Signature(s) Name of First Unit Holder First Applicant	Signature(s) Name of Second Unit Holder Second Applicant	Signature(s) Name of Third Unit Holder Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

### 7. DEBIT MANDATE-ONE TIME MANDATE / NACH / AUTO DEBIT

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.

Date  DD  MM  YY  YY  YY

UMRN

(tick ✓)  
 CREATE Sponsor Bank Code  Office use only Utility Code  Office use only  
 MODIFY I/We hereby authorize: **BIRLA SUN LIFE MUTUAL FUND** to debit (tick✓)  SB / CA / CC / SB-NRE / SB-NRO / Other  
 CANCEL  
 Bank A/c No.:

With Bank:  Bank Name & Branch IFSC  OR MICR

an amount of Rupees  ₹

FREQUENCY  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 Folio No:  Mobile

Reference 2 Appln No:  Email:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

PERIOD From  DD  MM  YY  YY  YY to  DD  MM  YY  YY or  Until Cancelled

1. Sign ..... 2. Sign ..... Sign .....

Name as in bank records (mandatory) Name as in bank records (mandatory) Name as in bank records (mandatory)

**Declaration:** This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Birla Sun Life Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Birla Sun Life Mutual Fund or the bank where I have authorised the debit.

INTENTIONALLY LEFT BLANK

#### INSTRUCTIONS FOR ONE TIME MANDATE FORM

- Investors who have already submitted an NACH/AUTO DEBIT form or already registered for NACH/AUTO DEBIT facility should not submit NACH/AUTO DEBIT form again as NACH/AUTO DEBIT registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for NACH/AUTO DEBIT facility, may fill the NACH/AUTO DEBIT form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of NACH/AUTO DEBIT Facility, SIP registration through NACH/AUTO DEBIT facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Birla Sun Life Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format
- Please mention the amount in figures and words.
- Please fill all the required details in the Debit Mandate Form for NACH/Auto Debit. The sole/first holder must be one of the holders in the bank account.
- The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
- The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.

<b>Acknowledgement</b> Investor Name: _____ <input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM	Folio No./Application No. _____	ISC Stamp
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