

Contact: Save Tax Get Rich
+91 94 8300 8300



Birla Sun Life
Mutual Fund

Key Information Memorandum & Common Application Form

Continuous Offer of Open Ended Scheme(s) at NAV Based Prices

Solutions for your varied financial needs



Savings Solutions



Tax Savings Solutions

Contact: Save Tax Get Rich
+91 94 8300 8300



Regular Income Solutions



Wealth Creation Solutions

The Financial Solution(s) stated above is ONLY for highlighting the many advantages perceived from investments in Mutual Funds but does not in any manner, indicate or imply, either the quality of any particular Scheme or guarantee any specific performance/returns. Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

Connect with us on  <https://www.facebook.com/BSLMF>  <https://twitter.com/BSLMF>  <https://www.linkedin.com/company/bslmf>

Product Labeling 

SPONSORS: Aditya Birla Financial Services Private Limited, Indian Rayon Compound, Veraval, Gujarat - 362 266. Sun Life (India) AMC Investments Inc., 150 King Street West, Toronto, ON Canada M5H 1J9. **INVESTMENT MANAGER:** 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. CIN: U65991MH1994PLC080811. **REGISTRAR & TRANSFER AGENTS:** Computer Age Management Services Pvt. Ltd. (CAMS), Unit: Birla Sun Life Mutual Fund, New No. 10, Old No. 178, M.G.R. Salai, Nungambakkam, Chennai - 600 034. This Common Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. **For further details of the scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, Investor's rights & services, risk factors, penalties & pending litigations etc. investors should, before investment, refer to the Scheme Information Document and Statement of Additional Information available free of cost at any of the Investor Service Centres or distributors or from the website www.birlasunlife.com. The Scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this Common KIM. This Common KIM is dated October 09, 2015.**

2. GO GREEN (Please tick (✓)) (Refer Instruction No. 10)

SMS Transact Online Access **Mobile No.** +91 _____ I/ We would like to register for my/our SMS Transact and/ or Online Access

Email Id _____

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Account Statement Annual Report Other Statutory Information

Facebook Id _____

Twitter Id _____

3. 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(A)

Name of the Bank _____
 Branch Address _____
 Pin Code _____ City _____
 Account No. _____
 Account Type (Please tick (✓)) SAVINGS CURRENT NRE NRO FCNR OTHERS (please specify) _____
 11 Digit IFSC Code _____ 9 Digit MICR Code _____

4. INVESTMENT DETAILS (Please tick (✓)) (Refer Instruction No. 5, 9 & 14) (If this section is left blank, only folio will be created)

Separate cheque/ demand draft must be issued for each investment drawn in favour of respective scheme name and the instrument should be crossed "A/c Payee Only".
 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 Tax Plan	Growth/ Growth	Scheme Name _____ Plan / Option _____					

(Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) *All purchases are subject to realization of funds ^Refer to Instruction No. 5 (vi)

KYC DETAILS (Mandatory)

OCCUPATION (Please tick (✓))

FIRST APPLICANT Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife
 Student Forex Dealer Others (please specify)

SECOND APPLICANT Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife
 Student Forex Dealer Others (please specify)

THIRD APPLICANT Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife
 Student Forex Dealer Others (please specify)

GROSS ANNUAL INCOME (Please tick (✓))

FIRST APPLICANT Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore
 Net worth (Mandatory for Non - Individuals Rs. _____ as on DDMMYYYY [Not older than 1 year])

SECOND APPLICANT Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore OR Net Worth _____

THIRD APPLICANT Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore OR Net Worth _____

For Individuals

I am Politically Exposed Person
 I am Related to Politically Exposed Person
 Not Applicable

For Non-Individual Investors (Companies, Trust, Partnership etc.)

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration) Yes No

Foreign Exchange / Money Charger Services Yes No

Gaming / Gambling / Lottery / Casino Services Yes No

Money Lending / Pawning Yes No



S. No.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details	
				Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.	BSL				

5. DEMAT ACCOUNT DETAILS (OPTIONAL) (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. 3(B)

NSDL: Depository Participant Name: _____ DPID No.: I N _____ Beneficiary A/c No. _____
 CDSL: Depository Participant Name: _____ Beneficiary A/c No. _____

Enclosed: Client Master Transaction/ Statement Copy/ DIS Copy

6. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 7)

I/We wish to nominate I/We DO NOT wish to nominate and sign here 1st Applicant Signature (Mandatory)

	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1			100%	

To register multiple nominee please fill separate Multiple nomination Form.

7. FATCA & CRS INFORMATION (Please tick (✓) For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA detail form

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Name of Applicant			
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.

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

To, Date DD MM YY YY
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.

FATCA & CRS Declaration: I/ We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/ us on this Form is true, correct, and complete. I/ We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer Inst. No. 14)

Signature of First Applicant / Authorised Signatory	Signature of Second Applicant	Signature of Third Applicant
---	-------------------------------	------------------------------

SYSTEMATIC INVESTMENT APPLICATION FORM

SIP (WITH MICRO SIP) / CENTURY SIP



INVESTMENT THROUGH NACH/ECS/NECS/RECS/AUTO DEBIT/PDC.

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. PLEASE ENSURE COMPLETION OF SECTION 4 IN CASE OF CENTURY SIP)

Investment Advisor's Name & ARN ARN-74461	Sub-Broker's Name & ARN No.	Official Acceptance Point Stamp & Sign	Employee Unique ID. No. (EUN) E063566
--	-----------------------------	--	--

EUN is mandatory for "Execution Only" transactions. Ref. Instruction No. G-3
I/we hereby confirm that the EUN box has been intentionally left blank my 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 Registration of SIP Registration of CSIP Renewal of SIP Change in Bank Details Additional Micro SIP in same folio Date DDMMYY

TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction G (9))

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.

Existing Investor Folio No. Application No. (New Folio will be Generated for CSIP)

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Mobile 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 Mandatory	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"/>	DDMMYY		
Second Applicant		<input type="checkbox"/>	DDMMYY		
Third Applicant		<input type="checkbox"/>	DDMMYY		
Guardian/POA Holder		<input type="checkbox"/>	DDMMYY		

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)

Separate cheque/ demand draft must be issued for each investment drawn in favour of respective scheme name and the instrument should be crossed "A/c Payee Only". 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 (Refer G-4) (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 Tax Plan	Growth/ Growth	Scheme Name Plan / Option					

(Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) *All purchases are subject to realization of funds ^Refer to Instruction No. 5 (vi)

(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

3. DEBIT MANDATE - NACH/ECS/DIRECT DEBIT/ONE TIME MANDATE [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Please attach a cancelled cheque/cheque copy.

UMRN Date DDMMYY

(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 Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No: Mobile

Reference 2 Appln No: Email:

I agree to 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 DDMMYY to 31122099
 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)

*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. I have understood that I am authorized 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. For Debit Mandate: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of NACH/ECS/NECS/RECS/AUTO DEBIT facility offered by Birla Sun Life Mutual Fund and as amended from time to time and of NACH/ECS (Debits)/Direct Debits/Standing Instructions. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV. This is to confirm that the declaration has been carefully read, understood and made by me/us. Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in Birla Sun Life Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of Birla Sun Life Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SYSTEMATIC INVESTMENT THROUGH NACH/ NECS / DIRECT DEBIT / PDC 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
 Toll Free : 1-800-270-7000/ 1-800-22-7000 | sms 'GAIN' to 567679 | Email: connect@birlasunlife.com

Collection Centre / BSLAMC Stamp & Signature

Received from Mr. / Ms. _____ Date : ____/____/____

