

PROTECTING INVESTING FINANCING ADVISING

Special Facilities Application Form (STP / SWP)

Distributor Nos	SWP			(KULTIUNS B	EFORE FILLING UP THE FORM	
Distributor Name & ARN/ RIA No.		Sub Broker Nam	ne & ARN/ RIA No.	Employee Unique ID. No. (EUI	N) 0	Official Acceptance Point Stamp & Sign	
				Е			
EUIN is mandatory for "Execut							
Request for	Fresh Registration	F	tenewal				
Application / Folio No	o.			Date D	D M M Y	/ Y Y Y	
FIRST / SOLE APPLI	CANT INFORMATION (MANDA	ATORY)					
NAME OF FIRST / SOLE	APPLICANT Mr. Ms. M/s						
NAME OF THE SECOND	APPLICANT Mr. Ms. M/s						
NAME OF THE THIRD AP	PPLICANT Mr. Ms. M/s						
	N (In case First / Sole Appli	cant is minor) / CONTAC	T PERSON - DESIGNATION /	PoA HOLDER (In case of Non-individual	Investors)		
Mr. Ms. M/s.							
ELATIONSHIP OF GUARDIAN (Refer to Instruction No. B.9)							
Applicant	pplicant PAN/PEKRN* (Mandatory)			CKYC Number		Date of birth**	
Sole / First Applicant			Prefix if any	(14 digit WKYC No.)		D D M M Y Y Y	
Cassad Applicant				(14 digit (KYC No.)			
Second Applicant			Prefix if any			D D M M Y Y Y	
Third Applicant			Prefix if any	(14 digit KYC No.)		D D M M Y Y Y	
Guardian			Prefix if any	(14 digit WKYC No.)		D D M M Y Y Y	
Ref. Instruction No. B-6	**Mandatory in case the First / S	ole applicant is a Minor					
SYSTEMATIC WITH	IDRAWAL PLAN (SWP)						
SCHEME			PLAN		OPTION		
Withdrawal Option [Ple	ease tick(🗸)] 🔲 FIXED	Amount (₹) (in figu	ires)	or \[\]	PPRECIATION WITHDR	RAWAL	
Withdrawal Frequency			Fil. \/D (. lt		QUARTERLY	☐ HALF YEARLY ☐ YEARLY	
		14th 20th	Friday) (Default day is Wednesday) 21st 28th Withdr	awal Period From D D M M Y	Y Y Y	on available for Appreciation Withdrawal) To	
	NSFER PLAN (STP) (Refer			(i tease a	ttacii cancettea cheque	e / cheque copy to opt for electronic payout	
FROM SCHEME (SOUR	RCE)		PLAN		OPTION		
TO SCHEME (TARGET)	,				OPTION		
(For Target scheme under	r Daily STP, Daily Dividend option n	ot available and for Value STF	, only Growth Option available)				
STP			r.	Value STP		Capital Appreciation Transfer Plan	
Frequency [Please tick(//)] DAILY WEEKLY			☐ MONTHLY	equency [Please tick(/)] Quarterly	☐ MONTHLY	Frequency [Please tick(√)] ☐ Quarterly	
(Please mention any day between Monday to Friday, default day is Wednesday) MONTHLY (max 4 STP dates in a months) Quarterly			Amount per transfe	r:	Transfer Period	From D D M M Y Y Y	
Amount per transfer:			Transfer Period From	n D D M M Y Y Y	Transfer Period	To D D M M Y Y Y	
Amount per transfer:							
Transfer Period From	D D M M Y Y	У У	No of Transfers	OR		OR	
	D D M M Y Y	Y Y Till Further Instruction	☐ Till Further Inst			OR Till Further Instruction	
Transfer Period From	OR OR		Till Further Inst		Monthly STP)		
Transfer Period From No of Transfers	OR		Till Further Inst	ruction	Monthly STP)		
Transfer Period From No of Transfers Dates [Please tick(~/)] DECLARATION AN Having read and understor Aditya Birla Sun Life Mutu that I/we heave not receive I/We hereby declare that I or Directions of the provisi For NRIs/Fils only: I/We Account/FONR account/	OR 1st 7th 10th	t of Additional Information , agree to abide by the terms ission or brokerage or any o me(s) is through legitimate : evention of Money Launder Residents of Indian Nation	Till Further Inst 21st 28th (Please select / Scheme Information Docume, conditions, rules and regulation their incentive in any form, dire sources only and does not invoing Act, 2002, Prevention of Cality/origin and that I/We have	A dates in case of Fast Forward STP. Applicable only for nt of the scheme(s), I/We hereby apply to the ons of the scheme (s). I/We hereby declare the tyl or indirectly, for subscribing to units issued live and is not designed for the purpose of any orruption Act, 1988 or any other applicable law e remitted funds from abroad through approv	Trustee of Aditya E at the particulars gi d under any of the s contravention or e se enacted by the G ed banking channe	Birla Sun Life Mutual Fund for units of scheme(siven herein are correct and complete. I/We conscheme(s).	
Transfer Period From No of Transfers Dates [Please tick(-/)] DECLARATION AN Having read and understor Aditya Birla Sun Life Mutu that I/we have not receive //We hereby declare that t or Directions of the provisi For NRIs/Fils only: I/We Account/FCNR account/N The ARN holder has discle being recommended to me	OR 1st 7th 10th	t of Additional Information agree to abide by the terms ission or brokerage or any ome(s) is through legitimate evention of Money Launder Residents of Indian Nation ons (in the form of trail cor	Till Further Inst 21st 28th (Please select 2scheme Information Docume, conditions, rules and regulati ther incentive in any form, dire sources only and does not inve ing Act, 2002, Prevention of C ality/origin and that I/We have mmission or any other mode),	A dates in case of Fast Forward STP. Applicable only for nt of the scheme(s), I/We hereby apply to the ons of the scheme (s). I/We hereby declare the tyl or indirectly, for subscribing to units issued live and is not designed for the purpose of any orruption Act, 1988 or any other applicable law e remitted funds from abroad through approv	Trustee of Aditya E at the particulars gi d under any of the si contravention or e se enacted by the G ed banking channes of various	Till Further Instruction Birla Sun Life Mutual Fund for units of scheme(siven herein are correct and complete. I/We conscheme(s). Vasaion of any Act, Rules, Regulations, Notificat sovernment of India from time to time.	