

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. (EUIN)	Official Acceptance Point Stamp & Sign
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EUIN is mandatory for "Execution Only" transactions. Ref. Instruction No. D-3
I/we hereby confirm that the EUIN 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
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Request for	<input type="checkbox"/> SIP/ CSIP Change in Bank	<input type="checkbox"/> SIP/ CSIP Change in Scheme	(Please tick any one as applicable)	Date	D	D	M	M	Y	Y	Y	Y
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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:	D D M M Y Y Y Y
SIP/CSIP End Date:	D D M M Y Y Y Y
SIP/CSIP Amount:	
Frequency:	<input type="checkbox"/> Monthly OR <input type="checkbox"/> Weekly (Please specify SIP day)
SIP/CSIP Installment Date - (incase of monthly)	Any Date between 1 - 28 D D

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.

<input type="checkbox"/> 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 installments 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	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)

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.

(tick✓)	UMRN	Date	D	D	M	M	Y	Y	Y	Y
<input checked="" type="checkbox"/> CREATE	Sponsor Bank Code	Office use only	Utility Code	Office use only						
<input checked="" type="checkbox"/> MODIFY	I/We hereby authorize:	ADITYA BIRLA SUN LIFE MUTUAL FUND	to debit (tick✓)	<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> CANCEL	Bank A/c No.:									
	With Bank:	Bank Name & Branch	IFSC							
	an amount of Rupees		₹							
FREQUENCY	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly	<input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount		
Reference 1	PAN No:		Mobile							
Reference 2	Folio No/ 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									
	to	3	1	1	2	2	0	9	9	
	or	<input type="checkbox"/> Until Cancelled								

1. Sign 2. Sign 3. 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 Aditya 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 Aditya Birla Sun Life Mutual Fund or the bank where I have authorised the debit.