

One Time Debit Mandate Form NACH/ECS/DIRECT DEBIT

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]



Birla Sun Life
Mutual Fund

ARN-3852

E029058

Request for Registration Cancellation

Date

Existing Investor Folio No.

Application No.

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

Mobile No. Email Id.

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

NAME OF THE GUARDIAN (In case of minor) Mr. Ms. M/s.

RELATIONSHIP OF GUARDIAN

NAME OF THE SECOND APPLICANT Mr. Ms. M/s.

NAME OF THE THIRD APPLICANT Mr. Ms. M/s.

First Applicant PAN*(Mandatory) KYC Mandatory Second Applicant PAN*(Mandatory) KYC Mandatory Third Applicant PAN*(Mandatory) KYC Mandatory

Guardian/POA Holder PAN*(Mandatory) KYC Mandatory I have attached cancelled copy of cheque

I/We understand that this Facility enables the Unit Holder/s of Birla Sun Life Mutual Fund ("Fund") to transact with in a simple, convenient and paperless manner by submitting OTM - One Time Mandate registration form to the Fund which authorizes my/our bank to debit my/our account up to a certain specified limit per day, as and when we wish to transact with the Fund, without the need of submitting cheque or fund transfer letter with every transaction thereafter. I/We understand that having registered for this Facility it enables starting a Systematic Investment Plan (SIP) or invest lump sum amounts in any Open Ended Scheme of the Fund by sending instructions through Transaction forms, Online facility, Short Messaging Service ('SMS') or any other mode as specified by AMC from time to time. I/We confirm that details provided by me/us are true and correct. I / We have read and understood the Scheme Information Document / Statement of Additional Information and Key Information Memorandum, Addenda issued from time to time of the Scheme(s) of Birla Sun Life Mutual Fund.

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

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

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Date

(tick ✓) UMRN Sponsor Bank Code Office use only Utility Code Office use only

CREATE MODIFY CANCEL

I/We hereby authorize: Birla Sun Life Mutual Fund to debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC OR MICR

an amount of Rupees ₹

FREQUENCY Mthly Qtly H-Yrly Yrly 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 the bank.

PERIOD From to or Until Cancelled

1. Sign 2. Sign Sign

Name (mandatory) Name (mandatory) Name (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.

Please attach a cancelled cheque/cheque copy

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Acknowledgement Investor Name: Folio No/Application No. ISC Stamp

DEBIT MANADATE FORM SIP FORM

Website : www.birlasunlife.com | E-mail : connect@birlasunlife.com | Contact Centre : 1-800-270-7000/ 1-800-22-7000