## **MUTUAL FUNDS** Aditya Birla Sun Life Mutual Fund



## COMMON TRANSACTION FORM (for One Transaction Only)

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.)

Distributor Name / ARN No. / RIA No.		Name / ARN No.		at the CUINI	Sub Brok		v loft blo	nk hu	Employee Unique ID. No. (EUIN)						ARN Declaration - Upfront commission shall be paid directly by the investor to the registered Distributors based on the investors assessment of various factors includis service rendered by the distributor.  ansaction without any interaction or advice by the employee/relationship manager,									g the
person of the above distributor or notwiths be signed by all applicants, if mode of holdings	tanding the advi	ce of in-appro	y confirm the oriateness, if	any, provided	d by the empl	loyee/relati	y tert blan onship ma	anager/s	ous as the sales per	son of the	distributo	r and the	distribu	i withou itor has	not ch	arged a	on or a ny advi	sory fees	on this t	ransac	eiduonsi tion. (ref	er inst r	idger/s no. A-4	) [To
ARN-16709 itholder /	Second Unitholder																							
FOLIO NUMBER (Mandatory) :											Date: D D M M V V													
1st Unith	older Name			2nd Unitholder Name									3rd Unitholder Name											
PAN / PEKRN (Mandatory)					RN (Mandat	ory)								PEKRN	(Manda	atory)								
Number (Prefix if any)	digit CKYC Nu	umber		CKYC Number	Prefix i	if any	1	4 digit	CKYC N	umber			CKYC Numbe		Prefix i	f any		14 d	igit CK	/C Nur	nber			
ADDITIONAL PURCHASE (Cheque / D	D payment favouring	g "Scheme Name")	Refer Instructio	n Section B																				
Scheme: ABSL				an :				ption:								•								
Payment Mode: OTM (One Time Mandate)  Amount (₹):  Chq/DD No.:  In case you do not mention the Plan and Option, ur	/ UTR /	/ REF. No	DD Charges	:		N	et Amour	nt (₹):	M M	the above	e scheme	drawn o	on (Bank	Name	& Branc	ch Addre	ess)		M	andato	ry for OT	M		
SWITCH																								
I/We would like to switch ₹								unit	S															
FROM SCHEME / PLAN ABSL		Option		то	SCHEME / I	PLAN ABS	iL			Option	n			Sw	eep to	(applic	able o	nly for D	ividend	Option	ı)			_
ALLOT UNITS IN DEMAT MODE (OPT							held with th	e deposito	ry participa															
NSDL: Depository Participant Name:						I N eneficiary A	/c No			Benefic	iary A/c N	0.						nclosed: ransactio				Copy [		
CDSL: Depository Participant Name:						ononoidi y 7.																		
DECLARATION(S) & SIGNATURE(S)  To, The Trustee, Aditya Birla Sun Life Mutual I Having read and understood the contents of the Stat through legitimate sources only and does not involv from time to time. I/We have understood the details different competing Schemes of various Mutual Fun any regulatory action, damage or liability that they not seem to be supported to the second of	ement of Additiona e and is not designe of the scheme & I/ ds from amongst wh	ed for the purpose we have not rece hich the Scheme i	of the contrave ived nor have be s being recomm	ntion of any Act een induced by ended to me/us	, Rules, Regulat any rebate or gi s. I / We acknow	ions, Notificat ifts, directly or ledge that the	ions or Dire indirectly i RIA has ent	ctions of t in making tered into	he provision this invest an agreem	ons of the Inc ment. The Al ent with the	come Tax Ac RN holder h AMC / MF for	t, Anti Mor as disclos r acceptin	ney Laund ed to me/o g transact	ering Lav us all the ion feeds	vs, Anti Co commiss under th	orruption sions (in 1 ne code. I	Laws or the form / We her	any other a of trail om	applicable mission o	laws ena	acted by th er mode),	e govern payable :	ment of to him fo	f India or the
First Unitholder / Authorised Signatory Second Unitholder									ler															
——— <i>*</i> ——-												_									<b>→</b>			
Acknowledgement Slip (To be filled in by the Investor)														С	OMN	I NON				FORM	M			
Folio No.:  Scheme: ABSL  From Scheme (in case of switch)		- Pui		Switch		Ar							_ or Uni	ts			AB	Col SLAM	lectio C Sta			nature	9	



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## COMMON TRANSACTION FORM (for One Transaction Only)

(PLEASE READ THE INSTRUCTIONS REFORE FILLING UP THE FORM.)

FOLIO NUMBER (Mandatory) :											Date: D D M M V											Y					
1st Unitholder Name						2nd Unitholder Name										3rd Unitholder Name											
REDEMPTION																											
Scheme: ABSL				Plan	n:									0pt	ion:												
Please redeem (₹):			or											uni	ts.												
If you have registered for multiple bank accor released to the default bank account register			ve folio ple	ase spec	cify the ba	nk det	ails in wh	hich you	wish t	o receive	the rede	mption p	rocee	eds. The	bank acco	ount :	should	be one	of the	registe	red b	oank ac	count in	the fol	lio else t	he payo	ut will b
Bank Name		10.	$\top \top$	П		T					П		Τ	A	ccount No	o	П				Т	П	$\neg$	П			П
DECLARATION(S) & SIGNATURE(S)									•				•					•									
To,																											
Having read and understood the contents of th invested in the scheme is through legitimate s Corruption Laws or any other applicable laws e The ARN holder has disclosed to me/us all the of that details provided by me/us are true and cor	ources only nacted by to commission	and does r	not involve ment of Ind	and is no	ot designe time to tim	d for tl e. I/W	he purpos e have ur	se of the o	contra d the d	vention of tetails of t	of any Act the scher	Rules, Ro ne & I/we	egulat have	tions, No not rece	tification eived nor h	s or D nave b	irection been in	ns of th duced l	ne provi by any	isions o rebate o	f the or gift	Income ts, direc	Tax Act, tly or ind	Anti Mo directly	oney Laı in maki	ındering ng this i	g Laws, Ai nvestmei
First Unitholder / /		gnatory																									
A. Common Instructions:																											
Please read the Scheme related docume     KYC: According to guidelines issued by Solog on to www.birlasunlife.com before in	SEBI under '	The Preven	rtion of Mo	ney Laun	ndering Act	, 2002														subscrip	otion	of units	. For moi	e infor	mation	on KRA-I	KYC, plea
3. If the broker details are changed / re-wri	itten, pleas	e countersi;	ign near the	e broker l	box for cor	firma	tion.																				
<ol> <li>Employee Unique Identification Numb person of the Distributor interacting wit or his/her sub broker. If the distributor h form. EUIN is not required to be provided</li> </ol>	h the inves as not give	tor. Providir n any advic	ng appropr ce pertainir	iate EUIN	would as:	sist in	tackling t	the probl	em of	mis-sellir	ng even if	the Sales	perso	onnel or	whose a	dvice	the tra	nsactio	n was	execute	ed by	investo	r leaves t	the em	ployme	nt of the	distribut
5. In case ARN No/ Broker Code is mentioned																		respec	tive sch	heme, sı	ubjec	t to it b	eing com	plete i	n all oth	er aspec	ts. Furth
where application is received for 'Regula B. Specific Instructions For Additional Purc		out Distribu	utor code o	r 'Direct'	mentione	d in th	e ARN Col	umn, the	applic	cation wil	l be proce	ssed und	er 'Dir	rect Plan	of the sc	heme	2.										
To make an additional purchase, the fir- required by the Mutual Fund, if this is not	st unit hold											count us	ed for	r issuing	the paym	nents	to the	Mutual	Fund.	Unithol	der s	hould a	ttach ne	cessar	y suppoi	ting doo	cuments
2. Additional Purchase request should nec	essarily me	ntion the pa	ay-in bank	account	details i.e	. ассоі	unt numb	er and ba	ank, br	anch nam	ne used fo	rissuing	the pa	ayments	to the Mu	tual f	Fund.										
<ol> <li>Payment through Stock invest, outstati charges so borne by the AMC would be re</li> </ol>						-	d. D.D. ch	narges, if	any, w	ould be b	orne by t	he AMC o	nly foi	r the inv	estors res	siding	at plac	ces whi	ch are	not cov	ered	by our o	ffices / a	ıuthori	sed cen	res. The	e maximu
C. Specific Instructions For Redemption/Sw sufficient amount/ units, the balance avail transaction processing.																											
			— —			_			_							_		_	_		_				*		
Acknowledgement Slip	(To be	filled in	by the	Invest	or)															CON	ИМ	ON 1	RANS	SACT	ΓΙΟΝ	FORM	М
Folio No.:		_	Redemption	n Da	ate:				_												VBC		lection C Star				
Scheme: ABSL			•						Amou	nt (₹)					Ωr	Units				,	יםכי	الاالحماد	Jolai	iib c	z oigi	acult	
		_								. "/																	
																				L							┙