Aditya Birla Sun Life Mutual Fund



Special Facilities Application Form (STP / SWP)

STP SWP			(PLEASE READ THE INST	RUCTIONS	BEFORE FILLING UP THE FORM)
Distributor Name & ARN/ RIA No.	Sub Broker Name & AR	N/ RIA No.	Employee Unique ID. No. (EUI		Official Acceptance Point Stamp & Sign
ARN-181211			E E528682		
_			^E E528682		
EUIN is mandatory for "Execution Only" transactions					
Request for Fresh Registration	Renewal				
Application / Folio No.			Date		Y Y Y Y
1. FIRST / SOLE APPLICANT INFORMATION (MANDATO	DRY)				
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.					
NAME OF THE GUARDIAN (In case First / Sole Applica	nt is minor) / CONTACT PERSO	DN - DESIGNATION / P	oA HOLDER (In case of Non-individual	Investors)	
Mr. Ms. M/s.					
RELATIONSHIP OF GUARDIAN (Refer to Instruction No. B.S	3)				
Applicant PAN/PEKRN* (Mand	atory)		CKYC Number		Date of birth**
Sole / First Applicant			(14 digit (KYC Mo.)		
	Prefix if a	any			
Second Applicant			(14 digit KYC No.)		
	Prefix if a	any			
Third Applicant			(14 digit IKYC No.)		
	Prefix if a	any			
Guardian			(14 digit IKYC No.)		
	Prefix if a	any			
*Ref. Instruction No. B-6 **Mandatory in case the First / Solo	e applicant is a Minor				
2. SYSTEMATIC WITHDRAWAL PLAN (SWP)		1		1	
SCHEME		PLAN		OPTION	
Withdrawal Option [Please tick()] FIXED	Amount (₹) (in figures)			PPRECIATION WITH	DRAWAL
Withdrawal Frequency Please[tick()]		lefault day is Wednesday)		PPRECIATION WITH	
Withdrawal Frequency Please[tick()]		(Please sele	Only Monthly, Quarterly, Half Only Monthly, Quarterly, Half Only Monthly, Quarterly, Half	PPRECIATION WITH QUARTERLY Yearly and Yearly op	
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Sole / Unit Holder / First Applicant

Signature(s)

Second Unit Holder / Second Applicant

Second Unit Holde / Third Applicant