

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

One Time Debit Mandate Form NACH / Auto Debit

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

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

Request for	☐ Registration	☐ Registration Cancellation	Date	D	D	M	M	Y	Y	Y	Y
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)											SECOND APPLICANT PAN* (Mandatory)											THIRD APPLICANT PAN* (Mandatory)										
	☐ KYC Mandatory										☐ KYC 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 Aditya 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, Addendum issued from time to time of the Scheme(s) of Aditya Birla Sun Life Mutual Fund.

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)

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			
☒ CREATE	Sponsor Bank Code	Office use only										Utility Code	Office use only										
☒ MODIFY	I/We hereby authorize:	ADITYA BIRLA SUN LIFE MUTUAL FUND										to debit (tick✓)	SB / CA / CC / SB-NRE / SB-NRO / Other										
☒ CANCEL	Bank A/c No.:																						
	With Bank:	Bank Name & Branch										IFSC						OR MICR					
	an amount of Rupees																₹						
FREQUENCY	☐ Monthly	☐ Quarterly	☐ Half Yearly	☐ Yearly	☒ 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 bank.

PERIOD	From											to	3 1 1 2 2 0 9 9																				
	or	☐ 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.

Acknowledgement Slip (To be filled in by the Investor)

ONE TIME DEBIT MANDATE FORM NACH / AUTO DEBIT

Application / Folio No.											Request for	☐ Registration	☐ Cancellation	Collection Centre / ABSLAMC Stamp & Signature							
Received from Mr. / Ms.											Date :										

Aditya Birla Sun Life AMC Limited (Investment Manager to Aditya Birla Sun Life Mutual Fund)
(Formerly known as Birla Sun Life Asset Management Company Limited)
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013
+91 22 4356 7000 | care.mutualfunds@adityabirlacapital.com | www.adityabirlasunlifemf.com | CIN: U65991MH1994PLC080811

Contact Us:
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adityabirlacapital.com



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