SPECIAL PRODUCTS APPLICATION FORM

(STP / SWP)







Collection Centre / BSLAMC Stamp & Signature

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Investment Advisor's Name & ARN				Of?cial Acceptance				Employee Unique ID. No. (E							
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Request for	Fresh Registration	on [Renewa	al											
Application / Folio No.							Da	te D D) M N	/ Y					
FIRST / SOLE APPLI	CANT INFORMATION (1	MANDATORY)													
NAME OF FIRST / SOLE	APPLICANT Mr. Ms. M/s	3.													
NAME OF THE SECOND															
NAME OF THE THIRD AP															
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Applicant	PAN*(Man	datory)	Mandate	ory	Date of bi	rth**									
Sole / First Applicant				D D I	ЛМГҮ	YY	Y								
Second Applicant				D D I	Л M Y	YY	Υ								
Third Applicant				D D I	л M Y	YY	Υ								
Guardian				D D I	л M Y	YY	Y								
Ref. Instruction No. B-6	**Mandatory in cas	e the First / Sole ap	plicant is a l	Minor											
NAME OF THE GUARDIA	AN (In case First / Sole A	pplicant is minor) /	CONTACT F	PERSON - DESIG	NATION / Po	A HOLDER	(In case	of Non-in	dividual lı	vestor	s)				
Mr. Ms. M/s.															
RELATIONSHIP OF GU <i>i</i>	ARDIAN (Refer to Instruction	No. B.9)													
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Birla Sun Life Asset Management Company Limited

Birla Sun Life Mutual Fund

Received from Mr. / Ms.

One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013

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Date : __