## MULTI SCHEME SIP/CSIP FACILITY APPLICATION FORM



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 $\label{total formula} \mbox{Toll Free}: 1-800-270-7000/\ 1-800-22-7000 \ \ | \ \ \mbox{sms `GAIN' to 567679} \ \ | \ \ \mbox{Email: connect@birlasunlife.com}$ 

Received from Mr. / Ms. \_

BSLAMC Stamp & Signature

FOR CEN	D D M M Y Y Y GENDER	☐ MALE ☐ FEMALE	
	ON DETAILS (Refer Instruction No. E-14)		
I/We do hereb Nominee (upo	by nominate the undermentioned Nominee to receive th on such documentation) shall be a valid discharge by th		/We also understand that all payments and settlements made  Date Of Birth (in case of minor): / /
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		il over nomination details provided in Common Application form or r	registered in the folio. In case Nominee details are not prov
single/sole no considered fo	ominee detail, if available in the Common Application F	orm (CAF) or in the registered folio would be considered as a nominee s are not provided. (For complete details refer to terms & conditions –	for insurance. Multiple nominees if available in CAF or folio v
DECLARA	ATION(S) & SIGNATURE(S)		
that the info requirement PDC Clearin responsible. have read ar different cor For Century For Micro S	ormation provided by me/us may be shared with third ts. I/We hereby declare that the particulars given abow.  If the transaction is delayed or not effected at all fo I/We will also inform, about any changes in my bank and agreed to the terms and conditions mentioned overlempeting Schemes of various Mutual Funds from among I/SIP: I/We hereby opt for Birla Sun Life Century SIP and	sed service provider to debit the above bank account by NACH/ Auto I I parties for facilitating transaction processing through NACH/ Auto I e are correct and complete and express my/our willingness to make p or reasons of incomplete or incorrect information, I/We will not hold B account immediately. I/We undertake to keep sufficient funds in the ful eaf. The ARN holder has disclosed to me/us all the commissions (in the gst which the Scheme is being recommended to me/us. I agree and confirm to have read, understood and accepted the Terms a ing Micro SIPs which together with the current application in rolling 1 tion no: C-19)	Debit /PDC Clearing or for compliance with any legal or reg payments referred above through participation in NACH/ Auto SCLAMC/MF or their appointed service providers or represer nding account on the date of execution of standing instruction e form of trail commission or any other mode), payable to him and Conditions of Century SIP and Insurance Cover.
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re(s)	Name of First Unit Holder	Name of Second Unit Holder	Name of Third Unit Holder
Signature(s)	First Applicant	Second Applicant	Third Applicant
		(To be signed by All Applicants if mode of operation is Joint)	
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