



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

**COMMON APPLICATION FORM** For Resident Indians and NRIs/FIIs

Application No. \_\_\_\_\_

**1. EXISTING UNIT HOLDER INFORMATION** (Please fill in your Folio No. & Name and then proceed to section 4. Applicable details and Mode of holdings will be as per the existing Folio Number)

Folio No. \_\_\_\_\_ DATE OF BIRTH (Mandatory in case of Minor) DD MM YYYY  
 NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. \_\_\_\_\_

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / CONTACT PERSON & DESIGNATION (in case of non-individual Investors) Mr. Ms. M/s. \_\_\_\_\_

**2. STATUS** (of First / Sole Applicant) [Please tick (✓)] Refer Inst. No. 2(iv) for documents to be submitted

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Club/Society	<input type="checkbox"/> NRI
<input type="checkbox"/> HUF	<input type="checkbox"/> Company	<input type="checkbox"/> AOP	<input type="checkbox"/> Trust
<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> BOI	<input type="checkbox"/> FIIs
<input type="checkbox"/> Others _____	(please specify)		

**MODE OF HOLDING** [Please tick(✓)] Refer Inst. No. 2(v)

Single  
 Joint  
 Anyone or Survivor

**OCCUPATION** (of First / Sole Applicant) [Please tick (✓)]

Service  Student  Professional  
 Housewife  Business  Retired  
 Agriculture  
 Others \_\_\_\_\_ (Please Specify)

**3. UNIT HOLDER INFORMATION** (Refer Instruction 2)

NAME OF THE SECOND APPLICANT Mr. Ms. M/s. \_\_\_\_\_  
 NAME OF THE THIRD APPLICANT Mr. Ms. M/s. \_\_\_\_\_

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P. O. Box Address may not be sufficient) (Indian Address in case of NRIs/FIIs)

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

OVERSEAS ADDRESS (in case NRIs/FIIs) (P. O. Box Address may not be sufficient)

CONTACT DETAILS OF FIRST / SOLE APPLICANT

STD Code \_\_\_\_\_  
 Tele (Office) \_\_\_\_\_ Tele (Resi.) \_\_\_\_\_ Mobile \_\_\_\_\_  
 Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**4. PAN & Other Details** PAN details are mandatory, as per SEBI Regulations (Refer Instruction No. 3)

(PAN with supporting OR Form 60/61 with address proof is mandatory for an application amount of Rs. 50,000/- and above)

<b>PAN (with PAN supporting)</b>	<b>OR Form 60/61 (with address proof)</b> (Provided in this booklet)	<b>Documents submitted</b>
FIRST / SOLE APPLICANT / GUARDIAN _____	OR <input type="checkbox"/> (please tick ✓) Form 60/61 attached	
SECOND APPLICANT _____	OR <input type="checkbox"/> (please tick ✓) Form 60/61 attached	
THIRD APPLICANT _____	OR <input type="checkbox"/> (please tick ✓) Form 60/61 attached	<input type="checkbox"/> Board Committee Resolution/Authority Letter <input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Trust Deed <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Bye-laws <input type="checkbox"/> List of authorised Signatories with names, designations & Specimen Signature <input type="checkbox"/> Overseas Auditor's certificate

**5. BANK ACCOUNT DETAILS** Please note that as per SEBI Regulations it is mandatory for investors to provide bank account details of First / Sole applicant (Refer Instruction 3)

Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_  
 Account No. \_\_\_\_\_ Bank Address \_\_\_\_\_ Pin \_\_\_\_\_

Account Type [Please tick (✓)]  SAVINGS  CURRENT  NRE  NRO  FCNR  NRSR

.... continued overleaf

**ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)**

Received from Mr / Ms / M/s \_\_\_\_\_ Application No. \_\_\_\_\_

Sl. No.	*Cheque / DD Favouring Scheme Name	Plan / Option / Sub Option	Amount Invested	Net Amount	Payment Details		Signature & Stamp
					Cheque / DD No.	Bank and Branch	
1			Less DD Charges				
2			Less DD Charges				
3			Less DD Charges				

\*All purchases are subject to realisation of Cheque / DD.

**6. INVESTMENT DETAILS**

No.

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option. Details of the same are available on page no. 5, 6, 7 & 8 in the instruction section. (Please refer Instruction No. 8)

Sl. No.	*Cheque / DD Favouring Scheme Name(refer instruction 4)	Plan / Option / Sub Option	Amount Invested	Net Amount Paid	Payment Details		Type of Account #
					Cheque / DD No.	Bank and Branch	
1			Less DD Charges				
2			Less DD Charges				
3			Less DD Charges				

# (Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR)

**7. REDEMPTION / DIVIDEND REMITTANCE (Refer Instruction no. 7)**

Unit holders having bank account with ABN Amro Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC, ICICI Bank, IDBI Bank, Standard Chartered Bank, UTI Bank will receive their Redemption/Dividend Payments (if any) directly into their bank account.

**In case Unit holders wish to receive a cheque/demand draft (instead of a direct credit into their bank account), please indicate the preference below:**

I/We want to receive the redemption and dividend proceeds (if any) **by way of a cheque.**  (Please  in this box)

**ELECTRONIC CLEARING SERVICE (ECS) for Dividends only**

I authorise Birla Mutual Fund to credit my dividend payments through ECS  
(Please Tick  Yes  No)

**Please quote 9 Digit Code No. of your Bank and Branch Corresponding to Bank Account Details given in Section 5 above.**  
(This number appears on every leaf of your chequebook after your cheque number)

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**IMPORTANT: Please attach a blank "cancelled" Cheque or a clear photocopy of a cheque issued by your bank verifying of the Code No.**

**8. E-MAIL COMMUNICATION/ON LINE ACCESS (Refer Instruction no. 9 & 11)**

I/We wish to receive the following via e-mail }  Account Statement  Quarterly Newsletter & Annual Report  Transaction Confirmation

I would like to get on-line access which is subject to the terms & conditions mentioned in instruction no.11 & I/We agree to abide by the same.  Yes  No

**9. NOMINATION (Refer instruction no. 6)**

I/We do hereby nominate the person more particularly described hereunder to receive the amount to my / our credit in event of my / our death :

**NOMINEE DETAILS**

Name : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Date of Birth : \_\_\_\_\_  
 (In case nominee is minor) D D M M Y Y Y Y  
 Relationship : \_\_\_\_\_

Name of Guardian (In case nominee is minor) : \_\_\_\_\_  
 Address of Guardian : \_\_\_\_\_  
 Signature of the Guardian : \_\_\_\_\_

**Unit holder(s) :**

	Name	Signature
1)	_____	_____
2)	_____	_____
3)	_____	_____

**Witness(es) - (could be the same for all unit holders):**

	Name and Address	Signature
1)	_____	_____
2)	_____	_____
3)	_____	_____

**10. DECLARATION**

The Trustee, Birla Mutual Fund  
 Dear Sirs,  
 Having read and understood the contents of the offer document(s) of the scheme(s), I/We hereby apply to the Trustee of Birla Mutual Fund for units of scheme(s) of Birla Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the scheme (s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the scheme(s).  
 I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time.  
**For NRIs/FIIs only:** I/We confirm that I am/we are Non Residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-resident External Account/FCNR account/NRO/NRSR Account.

DD MM YYYY

**SPECIMEN SIGNATURES( Refer Instruction no.1)**

First Applicant	
Second Applicant	
Third Applicant	



## Power of Attorney

TO ALL TO WHOM THESE PRESENTS SHALL COME, I/WE \_\_\_\_\_

residing in India at \_\_\_\_\_

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(hereinafter referred to as the "Client", which shall unless it be repugnant to the meaning or context thereof, be deemed to mean and include it's heirs, executors, administrators and permitted assigns) have registered with the login ID \_\_\_\_\_

on the web site [www.timesofmoney.com](http://www.timesofmoney.com), hereinafter referred to as the Website") and enrolled for service(s) offered by Times Online Money Limited, a company incorporated under the Companies Act 1956 with its registered office at 1st Floor, Times of India Building, Dr. D.N. Road, Fort, Mumbai 400 001 (hereinafter referred to as the "Company", which shall unless it be repugnant to the meaning or context thereof, be deemed to mean and include its successors in title and assigns) and has/have read, understood and agreed to be bound by the Terms and Conditions of the service(s), appearing on the Website or as specified by the Company, as amended from time to time. I/W e do hereby jointly and severally nominate, constitute and appoint the Company, acting through any of its officer(s) and/or agent(s) as my/our true and lawful attorney (hereinafter referred to as 'the Attorney') for me/us, in my/our name and on my/our behalf and at my/our risk and costs to do, perform or execute all or any of the following acts, deeds, matters and things.

1. To subscribe to and/or redeem units of mutual funds schemes of Asset Management Companies in India on my/our behalf and to pay for the same.
2. To confirm having read and understood the contents of the offer documents of various schemes of mutual funds in which the Company may invest on behalf of me/us and not to hold the mutual fund liable for any transaction processed on the basis of information provided by the Company.
3. To receive statements and other documents and items pertaining to the above units and to acknowledge receipt of the same.
4. To sign all such application forms, transfer deeds, redemption requests, depository forms, and other writings and do all such acts as may be required for all or any of the above purposes.
5. To correspond with and give notice to the corresponding asset management company/body corporate[s]/issuer including giving instructions with regard to nomination/change in investment plans/any other changes that may be necessitated.
6. To do or omit to do all such acts and things as the Company may in its discretion consider to be necessary or desirable in order to exercise its powers hereunder or to comply with any laws, orders rules, regulations or directions of any government or regulatory or other authorities.
7. To make necessary application(s) on my/our behalf to any officials or authorities in India, in connection with my/our purchase/sale and to represent me/us in all respects before such authority or authorities and establish without encumbrance the ownership of the mutual fund units in my name.

AND generally to do, perform and execute all such other acts, deeds, instruments, matters and things for on my/our behalf as the said Attorney may think fit in respect of the above

matters as fully and effectually and to all intents and purposes as I/we myself/ourselves could do if I/we were personally present AND for the further, better and more effectually doing, effecting, executing and performing the several matters and things aforesaid I/we hereby give and grant unto the said Attorney full power and authority from time to time to appoint one or more substitute and substitutes to do, execute and perform all or any of such matters and things as aforesaid and the substitute or substitutes at pleasure to remove and to appoint another or others in his/her place AND I/we hereby ratify and confirm and agree and undertake to ratify and confirm whatsoever the said Attorney shall lawfully do or cause to be done by virtue of these presents.

AND I/We hereby agree that the Company shall exercise the powers and authorities conferred under the above Power of attorney only pursuant to the instructions in the behalf given by me/us. These instructions may be given electronically through the internet to the Company and shall be admissible in evidence and shall not be questioned by me/us and shall be conclusive and binding against me/us.  
AND I/we hereby agree that all such acts done by me/our above mentioned attorney shall be deemed to be acts done by me/us and if necessary shall be ratified by me/us on the instructions of the Attorney.

IN WITNESS WHEREOF I/W e \_\_\_\_\_

have hereunto set our hand[s] at \_\_\_\_\_ this \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_.

SIGNED, SEALED AND DELIVERED

By the within names

X \_\_\_\_\_

X \_\_\_\_\_

Date: \_\_\_\_\_