Mutual Funds

Aditya Birla Sun Life Mutual Fund



PROTECTING INVESTING FINANCING ADVISING

Special Facilities Application Form (STP / SWP)

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	Distributor Name & ARN/ RIA No.		Sub Broker Name & ARN/ RIA No.			Employee Unique ID. No. (EUIN)		Official Acceptance Point Stamp & Sign
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Request fo			<u> </u>	Renewal				
Application	n / Folio No.					Date	D D M M	Y Y Y Y
FIRST / SO	DLE APPLIC	ANT INFORMATION (MAND	ATORY)					
NAME OF FIR	RST / SOLE A	APPLICANT Mr. Ms. M/s	s					
NAME OF THE	IE SECOND A	PPLICANT Mr. Ms. M/s	S.					
NAME OF THE	IE THIRD APP	PLICANT Mr. Ms. M/s	s.					
		N (In case First / Sole Appli	icant is minor) / CON	TACT PERSO	ON - DESIGNATION	PoA HOLDER (In case of Non-indiv	dual Investors)	
Mr. Ms. M/s	S							
RELATIONS	HIP OF GUA	RDIAN (Refer to Instruction No.	B.9)	\perp				
Applicant		PAN/PEKRN* (M	andatory)			CKYC Number		Date of birth**
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				Prefix if a	any			
Second Applicant	cant					(14 digit UKYC No.)		
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Third Applicant	nt					(14 digit UKYC No.)		
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Guardian						(14 digit UKYC No.)		
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Ref. Instruction		**Mandatory in case the First / S	Sole applicant is a Minor					
SYSTEMA	ATIC WITHI	DRAWAL PLAN (SWP)						
SCHEME					PLAN		OPTION	
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