





### Bank Account Details of Holder no.1

<b>Bank Name</b>																															
<b>Account number</b>																															
<b>A/C type</b>	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<b>9-Digit MICR No.</b>																									
<b>11-Digit IFSC</b>											<b>Name of bank branch</b>																				
<b>City</b>											<b>Pin</b>																				

Please attach & tick✓ any one of the following to validate your bank details :

- Cancelled cheque with claimant's name & account pre-printed
  Bank Statement/Passbook having claimant's name  
 Certification of the bank account details - on bank's letterhead or in Form Annexure 1a.

### Additional KYC details Holder no.1 (Please tick✓)

<b>Occupation Details</b>	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	
	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Home Maker	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others Please specify_____
<b>The claimant is</b>	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Related to a Politically Exposed Person	<input type="checkbox"/> Neither (not applicable)			
<b>Gross Annual Income (₹)</b>	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 25 Lacs-1crore	<input type="checkbox"/> >1 crore

### FATCA and CRS details

<b>Country of Birth</b>											<b>Place of Birth</b>										
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Nationality\_\_\_\_\_ Are you a tax resident of any country other than India?  Yes  No

If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below

Country	Tax-Payer Identification Number	Identification Type

Nomination@ (Please ✓ one of the options below)

<input type="checkbox"/> I <b>DO NOT</b> wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)
<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described in the <b>attached Nomination Form</b> to receive the Units held my/our folio in the event of my / our death.



### Declaration and Signature of Claimant/s

- I / We confirm that the information provided above is true and correct to the best of my knowledge and belief.
- I /we undertake to keep the APEX SIF/ its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.
- I / We hereby authorize Aditya Birla Sun Life AMC Limited Fund & its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the APEX SIF Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the APEX SIF & its AMC/RTA to provide any of the information provided by me/us including my unit holdings to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Signature of Claimant 1 (new Holder no.1)

Signature of Claimant 2 (new Holder no.2)

### Attachments:

1.  Copy of Death Certificate of the deceased unitholder
2.  Copy of PAN Card of Claimant
3.  Cancelled cheque of the new first unit holder with name pre-printed OR  
 Statement/Passbook of the new first unit holder OR  
 Bank Attestation of signature & bank account details of the claimant as per Annexure-1a
4.  KYC of the surviving unit holder(s), **if not already complied earlier.**
5.  Nomination Form duly completed.