APEXSIF | ADITYA BIRLA CAPITAL ASSET MANAGEMENT

Annexure B

DECLARATION FROM SIF DISTRIBUTORS (AMFI REGISTERED ARN HOLDER): (Declaration to be taken annually)

- I/We _____(Name) _____ having valid ARN _____ (including my agents, sub-distributors, employees etc.) empanelled with Aditya Birla Sunlife Asset Management Company ("ABSLAMC") hereby undertake, represent and warrant that I/We have obtained necessary consents, approvals and licenses for carrying on the activities of distribution of APEX SIF units.
- I/We are aware that ABSLAMC / APEX SIF have neither filed any of its constitution / scheme related documents nor registered its Units in any jurisdiction / region except India.
- I/We hereby confirm that I / We have not, directly/indirectly through any modes of communication, marketed / solicited / sold units of Investment Strategies of APEX SIF in jurisdictions outside India wherein the Investment Strategies of APEX SIF are not registered and wherein ABSLAMC is not permitted to accept investments.
- I/We hereby undertake to obtain the specified declarations from the investors as stated in the Application Form for investments made through all modes viz; online and offline
- I/ We hereby agree to provide any additional information / documentation to ABSLAMC, its agents, employees, it's Registrar etc. that may be required in connection with the investments made under my / our ARN.
- I/We shall indemnify ABSLAMC/APEX SIF/ABSLTC and its Sponsor/Group/ Associates, its Officers/Directors/Employees in respect of any loss, cost, charge, expenses and such other claims which may be incurred due to my misdemeanour not being limited to mis-selling, misrepresentation, misleading, false/inaccurate/ incomplete information to the investors in relation to the investments made by these investors in the Investment Strategies of APEX SIF.

Signature

Stamp has to be affixed in case of non-individual distributor.

Acknowledgement Slip (To be filled in by the Distributor)

Application No. | | | | | | | | | | | | |

Received from Mr. / Ms. _____ Date : ____/____/_____

Collection Centre / ABSLAMC Stamp & Signature