



DISTRIBUTOR EMPANELMENT FORM

Form No. _____

1. CONTACT DETAILS*

Distributor Name																								
Contact Person	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	F	I	R	S	T	N	A	M	E	M	I	D	D	L	E	N	A	M	E				
	L	A	S	T	N	A	M	E																
Contact Address (for all communication, brokerage, structure, intimation & cheques)																								
City													State											
Pin					Email																			
Telephone No.	STD Code					(Office)					(Res.)													
(Mobile)					(Fax)																			
Status	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Public Ltd.Co.	<input type="checkbox"/> Bank	<input type="checkbox"/> Pvt.Ltd.Co.	<input type="checkbox"/> Society/Trust	<input type="checkbox"/> Others _____																

Photo required only for individual distributors

2. AMFI REGISTRATION DETAILS*

AMFI Registration No.	A	R	N	-					ARN Issue Date	D	D	M	M	Y	Y	ARN Valid upto	D	D	M	M	Y	Y
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3. BANK DETAILS*

Bank Name																										
Bank Branch													A/c No.													
Bank Address																										
													City											Pin		
A/c Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	MICR No.					(This is 9 digit no.next to cheque no on your cheque leaf)																		
IFSC					Mode of Brokerage Payment	<input type="checkbox"/> Electronic Mode	<input type="checkbox"/> Warrant/Cheque																			

Please enclose a copy of a cancelled cheque of the above bank account.

PAN No.									Service Tax No.												
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4. HELP US KNOW YOU BETTER

Individual: Date of Birth	D	D	M	M	Y	Y	Y	Y	Anniversary	D	D	M	M	Y	Y	Y	Y	No. of children			Ages		
Corporate: Date of Incorporation	D	D	M	M	Y	Y	Y	Y															
Authorised Person													Designation										

5. AWARDS & ACHIEVEMENTS

Special achievements / awards in last three years _____

6. INFORMATION UPDATES VIA (Please tick) SMS Email

7. NOMINATION DETAILS FOR BROKERAGE / COMMISSION* (Incase of Individual Agents Only)

I hereby nominate the person named below to receive the amounts of brokerage to my credit in the event of my death.

Nominee Name																												
Date of Birth (If Minor)	D	D	M	M	Y	Y	Y	Y	Relationship																			
Guardian's Name (Incase of Minor)																												
Address of Nominee/Guardian																												
City															State							Pin						
Specimen Signature of Nominee/Guardian														Signature of the Distributor														

8. DECLARATION*

I/We undertake that the information provided is correct and true to my/our knowledge. I/We have read and understood the below Terms & Conditions of my appointment. My/our application for empanelment may accordingly be considered. My/our appointment shall be subject to any guidelines, notification, regulations etc. that may be framed or issued by Birla Sun Life Mutual Fund/Birla Sun Life Asset management Co. Ltd./AMFI, SEBI or regulatory authority.

Date	D	D	M	M	Y	Y	Y	Y	Place											Signature										
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FOR OFFICE USE (BY THE BRANCH RECOMMENDING DISTRIBUTOR APPOINTMENT)

Nearest Cams Location											City classifications: 1/2/3/4 (For All Contact Data Updates), Class 1: Mumbai Delhi, Class2: Kolkata, Pune, AHM., Bang., Chennai Class 3: Rest of branches., Class4: Franchise Locations										
Reporting Branch											Empanelment From Date	D	D	M	M	Y	Y				
Distributor Name											Dist. Code										
Service Managers Name											Emp. Code										
Relationship Manager Name																					
Comments & Recommendation by Branch Head																					

Brokerage Category																	
Signature of Relationship Manager											Date	D	D	M	M	Y	Y
Signature of Regional Head											Date	D	D	M	M	Y	Y
Approved by Vertical Head											Date	D	D	M	M	Y	Y

FOR OFFICE USE (BY THE CORPORATE OFFICE)

Signature											Application Received On	D	D	M	M	Y	Y
											Date of Updation	D	D	M	M	Y	Y

FOR REGISTRAR'S USE ONLY

Master Updation by											Date of Receipt of Application	D	D	M	M	Y	Y
Signature											Date of Updation	D	D	M	M	Y	Y

CHECKLIST

	For IFAS	For Corporates for Partnership Firms
Please check if the following documents are enclosed		
<input type="checkbox"/> Copy of the AMFI Certificate	<input type="checkbox"/> Copy of the AMFI Certificate	<input type="checkbox"/> Copy of the AMFI Certificate
<input type="checkbox"/> Copy of the AMFI Letter & ARN Card	<input type="checkbox"/> Copy of the AMFI Letter & ARN Card	<input type="checkbox"/> Copy of the AMFI Letter & ARN Card
<input type="checkbox"/> Cancelled Cheque	<input type="checkbox"/> MOA / AOA	<input type="checkbox"/> Partnership Deed & Resolution
<input type="checkbox"/> KYD Copy	<input type="checkbox"/> Authorised Signatory List	<input type="checkbox"/> Authorised Signatory List
	<input type="checkbox"/> Board Resolution	

Fields marked with * are mandatory.