



DISTRIBUTOR EMPANELMENT FORM

1. Contact Details

Distributor Name: _____

Contact Person: _____

Contact Address: _____

City: _____ State: _____ Pin Code: _____

Email ID: _____

Telephone:(O): _____ (R): _____

Fax: _____ (M): _____

Recent Photograph
Only for Individual &
Sole Proprietorship
(Please Sign Across
the photo)

2. Business Details

PAN: _____ Date of Birth/Incorporation date: _____ ARN: _____

GST Number*: _____ UID (Adhaar) Number: _____

Status: Individual Sole Proprietorship Partnership Firm Public Ltd. Co.
 Society/Trust Private Ltd. Co. HUF Others: _____

No. of Branches: _____ No. of Agents Associated/Sub-brokers: _____

No. of Employees: a) Field _____ b) Office _____

Business expected to be mobilized for Birla PMS over next 3 years

Current Year		2 nd Year		3 rd Year	
No. of Clients	Amt	No. of Clients	Amt	No. of Clients	Amt

*Attached Annexure- I needs to be signed and submitted in case GST number is not obtained.

3. Bank Details (Please enclose a copy of a cancelled cheque of the below bank account)

Bank Name: _____ Bank Branch: _____

City: _____ Account Type: Savings Current Others: _____

Account No. : _____ IFSC Code: _____



DISTRIBUTOR EMPANELMENT FORM

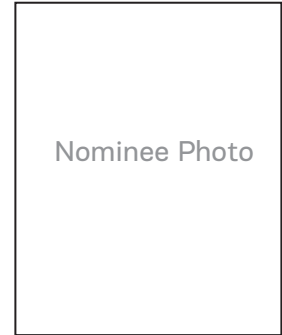
4. Nominee Details (For Individual Only)

Nominee Name: _____ DOB: _____

Guardian Name (In case nominee is minor): _____

Relationship with Distributor: _____

Address of Nominee / Guardian (In case nominee is minor): _____



Specimen Signature of
Nominee/Guardian (In case
nominee is minor)

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

Date: _____ Place: _____ Signature of Distributor: 

For ABSLAMC Use Only:

Relationship Manager Signature: _____ Branch Name: _____

Branch Head/Channel Head Signature & Remarks _____

Approving Authority Signature & Remarks: _____

Checklist		
IFA	Partnership Firm	Corporate
<input type="checkbox"/> PAN Card	<input type="checkbox"/> Partnership Deed & Resolution	<input type="checkbox"/> MOA & AOA
<input type="checkbox"/> Address proof	<input type="checkbox"/> Authorised Signatory List	<input type="checkbox"/> Authorised Signatory List
<input type="checkbox"/> Bank Proof	<input type="checkbox"/> Address Proof of Firm	<input type="checkbox"/> Board Resolution
<input type="checkbox"/> Adhaar Card	<input type="checkbox"/> Bank Proof of firm	<input type="checkbox"/> Address & Bank Proof of Company
	<input type="checkbox"/> PAN card & Adhaar card of partners	<input type="checkbox"/> PAN card & Adhaar of ASL

***Self-attested copy of PAN, Address Proof, Adhaar Card and ARN Card (If Available)**



Annexure-I

On letter head of distributor/IFA

Date: _____

To,
Aditya Birla Sun life AMC Ltd
One Indiabulls Centre, Tower- I, 17th Floor,
Jupiter Mill Compound, 841, Senapati Bapat Marg,
Elphinstone Road, Mumbai- 400013.

Declaration for not having GST Registration Number

This is to declare that I/We are not liable to pay Goods & Service Tax (GST) in respect of distribution services being provided by us as on date since I/We are of the opinion that having regard to value and nature of services and in accordance with provisions of various enactments, rules and notifications governing GST law in India, there is no requirement for us to pay GST or register for GST. Thus as on date, we have not obtained GST registration.

I/We also confirm that in case, we obtain such registration in future, we will intimate you in this regard in writing, giving GST registration details in prescribed format. We understand that, once we are registered for GST, we will need to furnish tax invoice to Aditya Birla Sun Life AMC Ltd for the value of taxable distribution services provided to AMC and AMC will be able to release consideration for such services only on receipt of such invoice.

Authorised signatory

Sign:

Distributor/IFA Name