

APPLICATION FORM



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND ALL FIELDS ARE MANDATORY

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

Application No: _____

1 DISTRIBUTOR INFORMATION (Refer Instruction No. 1)						FOR OFFICE USE ONLY	
Distributor ARN/ RIA	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt
ARN - 30156							

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sole/1 st applicant/Guardian/ Authorised Signatory/POA	2 nd applicant/Authorised Signatory	3 rd applicant/Authorised Signatory
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2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. 1(a))

In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible I confirm that I am a First time investor across Mutual Funds. as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. I confirm that I am an existing investor in Mutual Funds.

3 EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number and proceed to Scheme and Payment Details] (Refer Instruction No. 2(a))

Folio No. _____

4 MODE OF HOLDING & KIN/ KYC DETAILS (Refer Instruction No. 9(a & b))

Single Joint Anyone or Survivor (Default)

First Applicant KYC Identification Number (KIN)						<input type="checkbox"/> Proof Enclosed	<input type="checkbox"/> KRA KYC Proof Enclosed
Second Applicant KYC Identification Number (KIN)						<input type="checkbox"/> Proof Enclosed	<input type="checkbox"/> KRA KYC Proof Enclosed
Third Applicant KYC Identification Number (KIN)						<input type="checkbox"/> Proof Enclosed	<input type="checkbox"/> KRA KYC Proof Enclosed

5 FIRST APPLICANT'S DETAILS (Refer Instruction No. 2(b))

Name (1st) _____

Date of Birth

D	D	M	M	Y	Y
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 PAN _____ Nationality _____ Country of Birth _____

Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual [For Non - individual - please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction No. 14 & 15) (Mandatory)

Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company Fils Minor through guardian BOI OCI Body Corporate LLP Society / Club Foreign National Resident in India FPI Sole Proprietorship Non Profit Organisation Others (please specify) _____

For Investments "On behalf of Minor" Birth Certificate School Certificate Passport Other | Relationship with minor Father Mother Legal Guardian

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)/ POA HOLDER DETAILS

Mr. Ms. M/s _____

Designation _____ PAN _____ KYC Proof Enclosed | Mobile +91 _____

Please note that your address details will be updated as per your KYC record with KRA.

Mailing address _____

City _____ State _____ Pin Code _____

Email ID _____ Mobile +91 _____ Tel. _____

SECOND APPLICANT'S DETAILS (Refer Instruction No. 2(b))

Name (2nd) _____

PAN _____ Email ID _____

THIRD APPLICANT'S DETAILS (Refer Instruction No. 2(b))

Name (3rd) _____

PAN _____ Email ID _____

6 ADDITIONAL KYC DETAILS (Mandatory) (Refer Instruction No. 2(c))

Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)	_____	_____	_____	_____				

Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above

ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)

Application No: _____

Received from: Mr. / Ms. / M/s _____ an application for allotment of units under Scheme _____, Plan _____, Option _____

Cheque/DD No _____ Dated ____/____/____ Amount (₹) _____ Drawn on Bank and Branch _____.

Please note: All unit allotments are subject to realization of cheques/Demand Drafts and subject to the terms and conditions of relevant Scheme Information Document and Statement of Additional Information.

Stamp, Signature & Date

6 ADDITIONAL KYC DETAILS Mandatory (Contd...) (Refer Instruction No. 2(c))

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year) _____

as on DD MM YYYY

EMAIL COMMUNICATION INFORMATION (Refer Instruction No. 7)

I/We wish to receive the following document(s) physically in lieu of Email. Account Statement News Letter Annual Report Other Statutory Information

7 FATCA & CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer Instruction No. 14)

The below information is required for all applicant(s)/ guardian
Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)
Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency			
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

8 BANK ACCOUNT DETAILS - Mandatory (Payout Bank - If left blank, application will be rejected) (Refer Instruction No. 3)

Name of the Bank _____
 Account Number _____ A/C Type (Please ✓) Savings Current NRE NRO FCNR Others ____
 Branch Address _____
 City _____ State _____ PIN Code _____
 MICR Code _____ (Please enter the 9 digit number that appears after your cheque number)
 IFSC Code (RTGS/NEFT) _____ (11 Character code appearing on your cheque leaf)

Cancelled copy of a cheque required in case of investments not through cheque

9 SCHEME AND PAYMENT DETAILS (Payment through Cash/Non-MICR Cheques/Outstation Cheques not accepted) (Refer Instruction No.4 & 8)

Scheme Name _____
 Plan _____ Option _____
 Sub Option _____ Dividend Frequency _____
 Investment Amount (₹) _____ DD Charges if any (₹) _____ Net Amount (₹) _____
 Cheque/ DD No. _____ Drawn Bank _____ Branch/City _____
 Account Type* S/B NRE* Current NRO FCNR* *Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) evidencing source of funds
 Please (✓) RTGS Fund Transfer Letter dated DD MM YY Bank A/c No. _____

FOR MORE INFORMATION

BOI AXA Investment Managers Pvt. Ltd.

Add: B/204, Tower 1, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400013

Call us at (Toll Free)
1800-103-2263 & 1800-266-2676

Alternate Number
020-4011 2300 & 020-6685 4100

Email us at
service@boi-axa-im.com

Website
www.boi-axa-im.com

REDEMPTION / DIVIDEND REMITTANCE

(Refer Instruction No. 5)

- Electronic Payment (It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/destination branch corresponding to the Bank details.)
 Cheque Payment

10 DEMAT ACCOUNT DETAILS – (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

(If Demat Account details are provided below units will be allotted by default in electronic mode only)

(Refer Instruction No. 10)

National Securities Depository Limited (NSDL)	DP Name																		
	DP ID No.	I	N									Beneficiary Account No.							
Central Depository Services (India) Limited (CDSL)	DP Name																		
	Target ID No.																		

11 NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate]

(Refer Instruction No. 6)

[Please (✓) and sign] I/We do not wish to NominateSole/1st Applicant/Guardian2nd Applicant3rd Applicant

OR

 I/We wish to nominate as under:

Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

12 DECLARATION

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information of BOI AXA Mutual Fund including the section on Who cannot invest and Prevention of Money Laundering. I/We hereby apply for Allotment/Purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am /are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorise BOI AXA Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/BOI AXA Mutual Fund and /or Distributor /Broker / Investment Advisor. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated.

I/We are aware that the information provided/collected in this application form is necessary in relation to operation of my/our investment account. I/We hereby give consent for sharing my/our data/information with any third party as may be required by BOI AXA Mutual Fund for the purpose of providing services to me/us or for opening, continuing and operating my/our investment account/folio.

I/ We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him by the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/ AMC/ ITS DISTRIBUTOR FOR THIS INVESTMENT.

Applicable to NRI only: I/We confirm that I am/we are Non-Resident Indian/Person of Indian Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We undertake that all additional purchases made under this Folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account.

CERTIFICATION: I/ We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/ We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions above and hereby accept the same.

SIGN HERE

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

First/ Sole Applicant/
Guardian/ PoA/
Authorised Signatory

SIGN

Second Applicant/
Authorised Signatory

SIGN

Third Applicant/
Authorised Signatory

SIGN

SIGNATURE(S)

