

TRANSACTION FORM

For Existing Investors Only

1. DISTRIBUTOR INFORMATION (Refer Section 1 under instructions)						FOR OFFICE USE ONLY	
Distributor ARN	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/1st applicant/Guardian/Authorised Signatory/POA 2nd applicant/Authorised Signatory 3rd applicant/Authorised Signatory

• Country of Birth / Citizenship / Nationality or Tax Residency, other than India, for any applicant? (✓): Yes / No (Mandatory to ✓). If Yes, please fill FATCA Declaration.
 • Non Individual investors should mandatorily fill separate FATCA & UBO Declarations

2. UNIT HOLDER DETAILS (MANDATORY) (Please fill in BLOCK Letters)		FOR OFFICE USE ONLY	
Name of Sole /First Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.		EXISTING FOLIO NO.	

KIN/ KYC DETAILS			
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

3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under instructions)

3 A. SCHEME DETAILS	
Scheme Name	
Plan	Option <input type="checkbox"/> STP <small>(Increase the additional purchase is for continuation of existing STP)</small>

3 B. INVESTMENT & PAYMENT DETAILS		
Investment Amount	DD Charges	Net Amount
Cheque/DD No	Cheque/DD Date	Drawn on Bank
Branch Name	A/c Type (please ✓) <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	

• Cheque should be in favour of the scheme name. • Third Party & O/S cheques will not be accepted and transaction is liable to be rejected.
 • Refer SID/ SAL. • Investment should be through the bank account registered with us.

4. 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 Section 4 under instructions)

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

5. SWITCH REQUEST (Refer Section 5 under instructions)

From	To
Scheme	Scheme
Plan	Plan
Option	Option
Dividend Sub Option	Dividend Sub Option
Dividend Frequency	Dividend Frequency
Amount	OR Number of Units
	<input type="checkbox"/> All units (Please ✓)

6. REDEMPTION REQUEST (Refer Section 6 under instructions)

Scheme	Plan	Option
Amount	OR Number of Units	OR <input type="checkbox"/> All units (Please ✓)

7. CHANGE OF CONTACT DETAILS (Refer Section 7 under instructions)

Tel No.	STD Code	Res.	Off.	Fax
1 st Applicant	Mobile No.		Email ID	

8. DECLARATION AND SIGNATURE(S) (Mandatory - If left blank, application will be rejected) (Refer Section 8 under instructions)

I/We have read and understood the contents of the Scheme Information Document(s) 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's bank(s) 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.

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.

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 for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

DATE

SIGNATURE(S)		
1 st applicant/Guardian/Authorised Signatory/POA	2 nd applicant/Authorised Signatory	3 rd applicant/Authorised Signatory

TEAR HERE

TRANSACTION FORM - ACKNOWLEDGEMENT	
To be filled in by the Investor	
Folio No.	Stamp Signature & Date
Received from Mr./ Ms./ M/s.	
Scheme	Plan
Transaction Details (Please ✓)	Option
<input type="checkbox"/> ADDITIONAL PURCHASE REQUEST	<input type="checkbox"/> SWITCH REQUEST
<input type="checkbox"/> CHANGE OF CONTACT DETAILS	<input type="checkbox"/> REDEMPTION REQUEST