

# COMON APPLICATION FORM



PLEASE FILL ALL FIELDS WITH BLACK BAL 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 Page no. 7, Instruction no. 1)					FOR OFFICE USE ONLY	
Distributor ARN	Sub-Agent Name & Code/ Bank Branch Code	EUIN No.	CO Code	MO Code	Registrar Serial No.	Date/Time of Receipt
ARN-171669		E-344021				

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

## 2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Page no. 7, 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 Page no. 7, Instruction No. 2(a))

Folio No.	Name of First Unit Holder
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## 4 FIRST APPLICANT'S DETAILS Mr. Ms. M/s (Refer Page no. 7, Instruction No. 2(b))

Name (1<sup>st</sup>) \_\_\_\_\_

Date of Birth DD / MM / YY PAN \_\_\_\_\_  KYC Proof Enclosed | Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_

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

Name of the Guardian (if minor)/ Contact person for non individuals/ PoA holder name \_\_\_\_\_ PAN \_\_\_\_\_  KYC Proof Enclosed

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Overseas Correspondence address (Mandatory for NRIs/ FIIs/ PIOs) \_\_\_\_\_ Country \_\_\_\_\_

Email ID \_\_\_\_\_ Mobile +91 \_\_\_\_\_ Tel. \_\_\_\_\_

Status  Individual  Partnership Firm  Trust  FII  NRI  Minor  PIO  Society  HUF  Company/Body Corporate  Proprietor  Other \_\_\_\_\_ Specify \_\_\_\_\_

Occupation Pvt. Sector Service  Public Sector  Gov. Service  Housewife  Defence  Professional  Retired  Business  Agriculture  Student  Forex Dealer  Other \_\_\_\_\_ Specify \_\_\_\_\_

Gross Annual Income OR Net-worth\* in \_\_\_\_\_ as on DD / MM / YY  <1L  1-5L  5-10L  10-25L  >25L  <1L  1-5L  5-10L  10-25L  >25L  25L-1C  >1C

\*Not older than one year  Politically Exposed Person (PEP)  Related to a PEP

Any other information \_\_\_\_\_

Is the entity involved in any of the following:  
 Foreign Exchange/Money Changer  Yes  No  
 Gaming/ Gambling/ Lottery  Yes  No  
 (casinos, betting syndicates)  
 Money Lending/ Pawning  Yes  No

## SECOND APPLICANT'S DETAILS Mr. Ms. M/s Mode of Holding: Joint Anyone or Survivor (Default) | Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_

Name (2<sup>nd</sup>) \_\_\_\_\_

PAN \_\_\_\_\_  KYC Proof Enclosed | Mobile +91 \_\_\_\_\_ Email \_\_\_\_\_

Status  Resident Individual  FII  NRI  PIO  HUF  Company/Body Corporate  Proprietor  Trust  Society  Other \_\_\_\_\_ Specify \_\_\_\_\_

Occupation Pvt. Sector Service  Public Sector  Gov. Service  Housewife  Defence  Retired  Professional  Business  Agriculture  Student  Forex Dealer  Other \_\_\_\_\_ Specify \_\_\_\_\_

Gross Annual Income OR Net-worth\* in \_\_\_\_\_ as on DD / MM / YY  <1L  5L  10L  10-25L  >25L

Not older than one year  Politically Exposed Person (PEP)  Related to a PEP

Any other information \_\_\_\_\_

## THIRD APPLICANT'S DETAILS Mr. Ms. M/s Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_

Name (3<sup>rd</sup>) \_\_\_\_\_

PAN \_\_\_\_\_  KYC Proof Enclosed | Mobile +91 \_\_\_\_\_ Email \_\_\_\_\_

Status  Resident Individual  FII  NRI  PIO  HUF  Company/Body Corporate  Proprietor  Trust  Society  Other \_\_\_\_\_ Specify \_\_\_\_\_

Occupation Pvt. Sector Service  Public Sector  Gov. Service  Housewife  Defence  Retired  Professional  Business  Agriculture  Student  Forex Dealer  Other \_\_\_\_\_ Specify \_\_\_\_\_

Gross Annual Income OR Net-worth\* in \_\_\_\_\_ as on DD / MM / YY  <1L  5L  10L  10-25L  >25L

Not older than one year  Politically Exposed Person (PEP)  Related to a PEP

Any other information \_\_\_\_\_

## ACKNOWLEDGEMENT SLIP (TO BE FILED 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

**EMAIL COMMUNICATION INFORMATION**

(Refer Page no. 7, 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

**5B BANK ACCOUNT DETAILS-Mandatory (Payout Bank- If left blank, application will be rejected)**

(Refer Page no. 7, Instruction No. 3)

Name of the Bank																														
Account Number											A/C Type (Please ✓) Savings	Current	NRE	NRO	FCNR	<input type="checkbox"/> Others ____														
Branch Address																														
City											State											PIN Code								
MICR Code										(Please enter the 9 digit number that appears after your cheque number)																Please attach a cancelled cheque OR a clear photocopy of a cheque				
IFSC Code (RTGS/NEFT)											(Mandatory for Credit via NEFT/RTGS). (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your Bank)																			

**REDEMPTION/DIVIDEND REMITTANCE**

(Refer Page no. 7, 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

**6 DEMATA ACCOUNT DETAILS (Please ensure that these 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 Page no. 8, Instruction No. 1)

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.																									

**7 SCHEME AND PAYMENT DETAILS (Payment through Cash/Non-MICR Cheques/Outstation Cheques not accepted)**

(Refer Page no. 7 & 8, Instruction No. 4, 8 & 14)

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*	<input type="checkbox"/> S/B	<input type="checkbox"/> NRE* Current	<input type="checkbox"/> NRO/FCNR*	*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) evidencing source of funds																							
Please (✓) RTGS	<input type="checkbox"/>	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> Letter dated	D	D	M	M	Y	Y	Bank A/c No.																	

**8 DIVIDEND TRANSFER FACILITY (Please tick to elect this facility)**

(Refer Page no. 7, Instruction No. 4(e)(4))

This facility is available only under Dividend Payout option if the \_\_\_\_\_ unit holder chooses to transfer the amount \_\_\_\_\_ of the dividend receivable by them into any of the open ended scheme - Target Scheme \_\_\_\_\_

**9 NOMINATION DETAILS for Individuals [Minor/HUF/POA Holder/Non individuals cannot Nominate]**

(Refer Page no. 7, Instruction No. 6)

I/we do wish to nominate as under.  I/we do not wish to nominate.

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship with Unit Holder	@% of share
1.		D D M M Y Y Y Y			
2.		D D M M Y Y Y Y			
3.		D D M M Y Y Y Y			

¶ If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

Sole/1 <sup>st</sup> applicant/Guardian	2 <sup>nd</sup> applicant	3 <sup>rd</sup> applicant
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**10 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.  
**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.  
**Applicable to citizen of USA/ Canada:** I/We hereby confirm that I/We am/are not restricted persons resident in Canada or in Countries which are non-compliant with FATF Agreements or in the United States of America (USA), or corporations, or partnerships or any other entity created or organised in or under the laws of USA or any person/entity falling within the definition of the term 'US Person' under the US Securities Act of 1933, (as amended). I/We hereby confirm that I/We are not giving a false confirmation and/or disguising my/our country of residence. I/We confirm that BOI AXA Investment Managers Pvt. Ltd. is relying upon this confirmation and in no event shall members of the BOI AXA Group and /or their directors, officers and employees be liable for any direct, indirect, special, incidental or consequential damages arising out of false confirmation/information.  
 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.

First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory	Second Applicant/ Authorised Signatory	Third applicant/ Authorised Signatory
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