TRANSACTION FORM For Existing Investors Only



1. DISTRIBUTOR INFORMATION (Refer Section 1 under instructions) FOR OFFICE USE ONLY																														
	Broker Code					e / ARN			EUIN No).		N	/IO Code			CO C	ode	;		Bank	(Sei	ial N	lo./I	Bran	ch St	tamp	/Rec	eipt D	ate	
ARN - 171669							E	E-344021																						
I/We hereby confirm that the EUIN box has been intentionally left bla							lank by me/us as this is an "execution-or																							
the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees o this transaction.														ees on																
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1 st applicant/Guardian/Authorised Signatory/POA 2 rd applicant/Authorised Signatory 3 rd applicant/Authorised Signatory												-	tory																	
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. 2. UNIT HOLDER DETAILS* (MANDATORY) (Please fill in BLOCK Letters) (Refer Section 2 under instructions)																														
	e of Sole /First App	•		Mr.														FOLIO NO.												
																									-	+			=	
3 4		HASE	REOLI	FST	(Ref	fer Se	ction	3 un	der ins	struct	lions	:)																		
3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under instructions) 3 A. SCHEME DETAILS																														
Scheme	e Name										T	Т					Т			Т						T				
Plan			++	Ħ		Op	tion		\square	$\overline{\Box}$		Ť					Ť		T	1		STF	o (Inc	case cont	the ac	dition	nal pur existin	chase	is	
Plan Option Image: Street of the additional purchase is for continuation of existing STP) 3 B. INVESTMENT & PAYMENT DETAILS																														
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Refer	SID/ SAI. • Investmen	nt shoul	d be thro	ugh th	ne ba	nk acco	unt reg	istered																	_	_				
4 S	WITCH REQUEST	(Refe	r Secti	on 4	une	der ins	struct	ions)																						
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designe AXA Mut	d for the purpose of an ual Fund, its Investme	ny contra ent Mar	avention nager an	or eva d its a	asion	of any s to dis	Act, Ru close d	les, Re letails	gulation of my in	ns, Not nvestm	ificat	ions o m	s or Dire	tions)/BOI	issu AXA	ed by Muti	any Jal I	regi	ilato 's ba	ory ai ank(utho s) ar	rity i	n Ind	lia. strib	/We utor ,	here /Brol	by au ker / I	horis	e BOI ment	
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.																														
Applicat through	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 co	nfirm that the ARN hold	der has	disclose	d to m	ie/us	all the	commis	sions	(in the for	or non	trailo	com	mission	or any	othe	ermo	de),	paya	able	to hi	m fo	r the								
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. SIGNATURE(S)*																														
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	TIONAL PURCHASE REQU		STP*						NREQUE	ST			SWITCH F	EOUES	ST ST															
(*Incase of existing	the additional purchase is (STP)	REDEMPTION REQUEST																												
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Plan

Option

(IN WORDS)

Plan

Option

Amount

Amount (Rs.)

Drawn on

TRANSACTION FORM For Existing Investors Only



7. UNIT HOLDER DETAILS* (MANDATORY) (Please fill in BLOCK Letters) (Refer Section 7 under instructions)																										
Name of Sole / F	nt	🗌 Mr	. 🗆	Ms.	☐ M/s.							EXIS	FING	G FOLIO NO.												
8. CHANGE IN	NOMINAT	ION# (FRES	H / /	ADDIT	TION /	CANC	ELLAI	rion c	OF NO	MIN	ATION	N) (Re	efer S	iecti	on 8	3 und	ler in	stru	ctions)					
Name & Address of Nominee(s) Date of Birth						N	lame &	Addres	s of the	e Guardi		Signature of Guardian									Proportion (%) by which the unit will be shared by					
								(To b	e furnis	shed in	the No	I Nominee is a Minor)									each Nominee (should aggregate to 100%)					
# In case of SIP S	biold only t	bo fire	+ nom	inco	chall	ha aan	aidoro	4																		
	shield, only i	ne ms	t nom	mee	Slidii		siderei	u.																		
9. EMAIL COM	IMUNICATI	ON (Re	fer Se	ction	9 un	der ins	tructio	ns)																		
I/We wish to rece							1	nt Stat	omont	1		vs Lett	or		Annus	al Rep	ort		All of	hor Sta	tutory	& oth	or Inf	ormation		
e-mail in lieu of p	hysical doci	ument(s) [Ple	ease	(√)]		JACCOU	nt State	ement			vs Lett	ei	IL '	-iniuc	arnep	JUIT				lutory	a oui	er min	Jination		
10. CHANGE C	OF ADDRES	S (Ref	er Se	ction	10	under i	nstruc	ctions	;)																	
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#Address of																										
1st Applicant																										
Landmark									City											Pir	۱					
State																	#	Pleas	e pro	vided se	elf atte	ested	proof	of adress		
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	OF CONTAC		AILS (I	Refe	r Sec	tion 11	L unde	er inst	tructio	ons)																
Tel No. 1 st Applicant	STD Code Mobile No.			_		Res.		nail ID		+	0	ff.	_		_			Fa	ix 🛛			$\left \right $	_			
12. DECLARATION	AND SIGN	ATURE	(S)* (I	Mand	atory	- If left	t blank	, appl	icatio	n will I	be re	jecte	d) (R	lefer S	Secti	ion 6	unde	er ins	truc	tions)						
I/We have read and cannot invest" and "F																										
I/We hereby declare designed for the purp	that I/We am	/are aut	thorised	d to m	ake thi	is investi	ment ar	nd that	the amo	ount inv	/este	d in the	e Sche	eme is t	hrou	gh leg	itimat	e sour	rces o	nly and	does	not in	volve a	and is not		
AXA Mutual Fund, its Advisor. I/We have n	Investment I	Manage	r and it	s age	nts to	disclose	details	of my	investm	nent to	my b	ank(s)	/BOI A	XA Mu	itual	Fund'	s banl	k(s) aı	nd /o	r Distrik	outor /	Broke	er / In	vestment		
is correct, complete a	ind truly stated	ł.					0					0								0						
from funds in my/our	r NRE/NRO/F	CNR Acc	count. I,	/We u	inderta	sident Indian/Person of Indian Origin and that I/We have ake that all additional purchases made under this Folio																	oved banking channels or			
from abroad through I/ We confirm that th		-									trailo	ommi	ission	orany	othe	er mo	de) na	avabl	e to	DATE		DI	и м	Y Y		
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SIGNATURE(S)*																										
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Call us at (Toll Free) Alternate Number Email us at											W	Website														
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