

# TRANSACTION FORM

1. DISTRIBUTOR INFORMATION (Refer Section 1 under instructions)				FOR OFFICE USE ONLY	
Broker Name / ARN	Sub Broker Code / ARN	EUIIN No.	MO Code	CO Code	Bank Serial No. / Branch Stamp/Receipt Date
SGSSL - 54854		E026651			
<input type="checkbox"/> I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of 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 on this transaction.					
1 <sup>st</sup> applicant/Guardian/Authorised Signatory/POA		2 <sup>nd</sup> applicant/Guardian/Authorised Signatory/POA		3 <sup>rd</sup> applicant/Guardian/Authorised Signatory/POA	
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)					
Name of Sole /First Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			EXISTING FOLIO NO.		
<div style="border: 1px solid black; padding: 2px;">             F I R S T N A M E           </div>			<div style="border: 1px solid black; padding: 2px;">             M I D D L E N A M E           </div>		
<div style="border: 1px solid black; padding: 2px;">             L A S T N A M E           </div>					
3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under instructions)					
3 A. SCHEME DETAILS					
Scheme Name					
Plan					
Option					
<input type="checkbox"/> STP (Incase the additional purchase is for continuation of existing STP)					
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. • Separate cheque/demand draft is required for investment in each scheme/plan					
4. SWITCH REQUEST (Refer Section 4 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		
			OR <input type="checkbox"/> All units (Please ✓)		
5. REDEMPTION REQUEST (Refer Section 5 under instructions)					
Scheme		Plan		Option	
Amount		OR Number of Units		OR <input type="checkbox"/> All units (Please ✓)	
6. DECLARATION AND SIGNATURE(S) (Refer Section 6 under instructions) (* Mandatory - If left blank, application will be rejected)					
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.					
SIGNATURE(S)					
1 <sup>st</sup> applicant/Guardian/Authorised Signatory/POA		2 <sup>nd</sup> applicant/Guardian/Authorised Signatory/POA		3 <sup>rd</sup> applicant/Guardian/Authorised Signatory/POA	

TEAR HERE

## TRANSACTION FORM - ACKNOWLEDGEMENT

To be filled in by the Investor

Trustee : BOI AXA Trustee Services Private Limited  
Investment Manager : BOI AXA Investment Managers Private Limited

Folio No.				(To be filled in by the First applicant/Authorized Signatory) :			
<div style="border: 1px solid black; padding: 2px;">             TRANSACTION DETAILS           </div>							
<input type="checkbox"/> ADDITIONAL PURCHASE REQUEST <input type="checkbox"/> STP* <small>(*Incase the additional purchase is for continuation of existing STP)</small>				<input type="checkbox"/> REDEMPTION REQUEST <input type="checkbox"/> SWITCH REQUEST			
<input type="checkbox"/> NEW BANK DETAILS							
Cheque/DD No		From		To		ACCOUNT NO.	
Date		Scheme		Scheme			
Amount (Rs.)		Plan		Plan			
Drawn on		Option		Option			
		<input type="checkbox"/> Amount (IN WORDS)		<input type="checkbox"/> Units (IN FIGURES)			
						BANK NAME	
Stamp Signature & Date							



8. <input type="checkbox"/> CHANGE IN NOMINATION* (FRESH / ADDITION / CANCELLATION OF NOMINATION) (Refer Section 8 under instructions)				
Name & Address of Nominee(s)	Date of Birth	Name & Address of the Guardian	Signature of Guardian	Proportion (%) by which the unit will be shared by each Nominee (should aggregate to 100%)
	(To be furnished in case the Nominee is a Minor)			

\* In case of SIP Shield only the first nominee shall be considered.

10. ■ CHANGE OF ADDRESS (Refer Section 10 under instructions)																													
Local																													
*Address of 1st Applicant																													
Landmark																													
State																													

\*Please provided self attested proof of adress

12. DECLARATION AND SIGNATURE(S) (*Mandatory - If left blank, application will be rejected) (Refer Section 12 under instructions)		
<p>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.</p> <p>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.</p> <p>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.</p>		
DATE		
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 5px;">Y</div> </div>		
SIGNATURE(S)		
1 <sup>st</sup> applicant/Guardian/Authorised Signatory/POA	2 <sup>nd</sup> applicant/Guardian/Authorised Signatory/POA	3 <sup>rd</sup> applicant/Guardian/Authorised Signatory/POA



**Principal Trustee** : BOI AXA Trustee Services Private Limited  
**Investment Manager** : BOI AXA Investment Managers Private Limited

1st APPLICANT																														Stamp Signature & Date	
SERVICE APPLICATION FORM	<input type="checkbox"/> CHANGE IN NOMINATION		<input type="checkbox"/> EMAIL COMMUNICATION INFORMATION																												
	<input type="checkbox"/> CHANGE OF ADDRESS		<input type="checkbox"/> CHANGE OF CONTACT DETAILS																												

Alternate Number  
**020-4011 2300**