

COMMON 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:54854							

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 <input type="checkbox"/> 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. <input type="checkbox"/> 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))					
<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> 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 <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s (Refer Instruction No. 2(b))																					
Name (1 st)																					
Date of Birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> PAN <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Nationality Country of Birth						D	D	M	M	Y	Y										
D	D	M	M	Y	Y																
Status of First/ Sole Applicant [Please tick (✓)] <input type="checkbox"/> Individual <input type="checkbox"/> Non - Individual [For Non - individual - please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction No. 14 & 15) (Mandatory)																					
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> PIO <input type="checkbox"/> Company <input type="checkbox"/> Fils <input type="checkbox"/> Minor through guardian <input type="checkbox"/> BOI <input type="checkbox"/> OCI																					
<input type="checkbox"/> Body Corporate <input type="checkbox"/> LLP <input type="checkbox"/> Society / Club <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> FPI <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Others (please specify)																					
For Investments "On behalf of Minor" <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other Relationship with minor <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> 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																					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s																					
Designation PAN <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/> KYC Proof Enclosed Mobile +91																					
Please note that your address details will be updated as per your KYC record with KRA.																					
Mailing address																					
Landmark																					
City State Pin Code																					
Email ID Mobile +91 Tel.																					
SECOND APPLICANT'S DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Nationality Country of Birth Mobile +91																					
Name (2 nd)																					
PAN Email ID																					
THIRD APPLICANT'S DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Nationality Country of Birth Mobile +91																					
Name (3 rd)																					
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 Signatory/ Partners/ Directors/ Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AADHAR CARD NUMBER			
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant			
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Applicant			
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant			
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian			
Others (Please specify)								
Non-Individual Investors involved/ providing any of the mentioned services					<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above			

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

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.

Application No:

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

FOR MORE INFORMATION

BOI AXA Mutual Fund

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

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)

11 NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate] (Refer Instruction No. 6)

12 | DECLARATION

