## **COMMON APPLICATION FORM**



## PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND ALL FIELDS ARE MANDATORY

Investors must read the KIM, In:	structions and	d Product Labelin	g on front p	age befor	e completi	ng thi:	s Form.					Applic	ation I		nstri	uctio	n No	. 1)		FOF	R OFFI	CE U	SE O	NLY	
Distributor ARN/ RIA	Sub-A	Agent Code/	Sub Ans	ent ARN C	ode	FI	JIN No.			C	) Code			IV	10 C	ode			S	ales (	Code		Date/		
,	Bank B	Branch Code	our rigo				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0000					000				uioo	5000	╀	of Re	ceip	)t_
ARN:54854	directly by the	a investor to the	AMEL regiet	arad Diatri	hutara baa	od on	the inv	ootoro'			of vorio	un for	toro in	aludi	n a +b		m.i.o.a			bu th	o diotri	L			_
Upfront commission shall be paid  [] I/We hereby confirm that the EUIN without any interaction or advice by t broker or notwithstanding the advi	l box has been in he employee/re ice of in-appro							Sole/1 <sup>st</sup>	appli	cant/G	uardian/ ry/POA	us rac		pplic		Autho			aerea		applica		uthoris	sed	
manager/sales person of the distribute TRANSACTION CHARGES FOR	or/sub broker.																			(Pofe	er Instr	zueti	an Ma	1/-	211
In case the purchase / subscription						ive Tra	neaction	Charge	e the	same s	ire deduc	tihle [	7 I.a	onfir	m th	at I a	ım a	First		•	tor acre				- 11
as applicable from the purchase/si												]	_								or in N				
EXISTING UNIT HOLDER INFO	RMATION [Ple	ease fill in your l	Folio Numb	er and pr	oceed to S	chem	e and F	aymer	t Det	ails]										(Refe	er Instr	ructio	on No	. 2(a	a))
Folio No.																									
MODE OF HOLDING & KIN/ KY	C DETAILS																		(Ref	er Ins	structio	on N	o. 9(a	1 & I	0))
Single Joint		Anyone or Survivo	or (Default)			_			_																_
First Applicant KYC Identific		` ′		$\perp \perp$					_			Proof	Enclos	ed		[		KRA	KYC I	Proof	Enclos	sed			_
Second Applicant KYC Ident		` ′		$\perp$					_		_=		Enclos			]	=				Enclos				_
Third Applicant KYC Identifi	cation Numbe	er (KIN)							<u> </u>			Proof	Enclos	ed				KRA			Enclos				
FIRST APPLICANT'S DETAILS	M	Ar. Ms.	M/s																	(Refe	er Instr	uctio	n No	. 2(l	0))
Name (1st)																									
Date of Birth D D M N	V Y F	PAN					Natio	onality									Co	ountry	of Bi	irth					_
Status of First/ Sole Applicant	[Please tick (	(√)] □	Individual	☐ Non	- Individ	ual [F	or Non	ı - indi	vidua	l - ple	ase att	nch F	ATCA,	CRS	& L	Jltima	ate I	Bene	ficial	0wn	ership	(UE	0) S	elf	_
	. B										truction		,	•		.,	٦					_	· 		
Resident Individual NRI	Society /	_	epatriation gn National		_					_	. PIO .   □ No				_				nroug		a <b>rdian</b> ease sp			Ш	U
			_		_	_	_			uranip	_		_						_						
For Investments "On behalf of NAME OF GUARDIAN (in case	_	Birth Certificate				•		O		1 0200			ship wi				Fat			Moth	er _		egal G	iuar	dia
Mr. Ms. Ms.		C Applicant is a r	VIIIOI) / NA	IME OF CC	MINGIFE	nour	1 - DESI	UNAII	וו) אוט	Last	1 11011-1	IIUIVIC	luai iii	VESIU	113]/	FUA	1101	LDEN	L	ILO		Т	Т	Т	_
Designation		P/	AN			$\dashv$		$\forall$		—l □ KY	C Proof	nclos	ed   Ma	bile	+91			+		Ħ	一	十	$\pm$	+	_
Please note that your address	details will be			record wi	th KRA.									ا ۳۰۰۰		1				ш		_		_	_
Mailing address			ĺ																			Т	Т		
								П												П		$\top$	$\top$		
Landmark																				П		T	$\top$		
City					State												P	Pin Co	ode	П	$\Box$	T			
Email ID							Mob	oile +	91					T					Tel.						
SECOND APPLICANT'S DETAIL	S Mr.	Ms.   Nat	ionality			Co	ountry o	f Birth					Mo	bile	+91	1		Τ	Τ			Т	Т		_
Name (2 <sup>nd</sup> )			ТТ						Т		П	T		T				T		П	一	十	十		_
PAN	+++		Emai	I ID										!			<u> </u>								_
THIRD APPLICANT'S DETAILS	☐ Mr	Ms.   Nat				] Cc	ountry o	f Rirth						bile	<b>⊥</b> 01	1	Π	T		$\overline{\Box}$	$\overline{}$	$\overline{}$	$\top$		_
Name (3 <sup>rd</sup> )	<del> </del>					] "			$\perp$	_	<del></del>	$\overline{}$	IVIC	ן שווענ	T 3			+	_	H	+	+	+	+	_
` '	+++		1					Ш												Ш	Щ	_	_	_	=
PAN PARTICIPAL (VA RETAIL & (MA			Emai	עו ו																(D. 1				0/	- >>
ADDITIONAL KYC DETAILS (Ma	**	Ond A . "	or ·	allian of	0 "		D 11			10	(5=-	\ .1 -1					. 55	D		<u> </u>	er Instr			<u> </u>	
Occupation details for Private Sector Service	1 <sup>st</sup> Applicant	t 2 <sup>nd</sup> Applicant	: 3" Ap	plicant	Guardia	un		pplicar		ed Pers	on (PEP	) deta	IIS:				a PE	۲_	Rel	lated t	to PEP	I NO	ot App		ble
Public Sector Service								Applica							+		旹		$\vdash$	믐		+	늗		_
Government Service Business				1				pplicar	it						$\perp$										
Professional								rdian	Signa	itory/ E	artners/	Diroc	tors/ 0	thore	+		<u>-</u>		-	<u> </u>		+	<u> </u>		_
Agriculturist							Auti	1011580	oiyHa	itul y/ F	ai tiitis/		ADHAF		_		BER								
Retired Housewife								pplicar							Ī	Ī	Ī	Ī			Ī				
Student								Applica							$\bot$	$\bot$	$oldsymbol{\perp}$	$oldsymbol{\Box}$	П	$oldsymbol{\perp}$	$\bot$	$\perp$	П	4	_
Proprietorship Others (Please specify)								opplicar rdian	Iť						+	+	+	+	$\vdash$	$\dashv$	+	+	$\vdash$	$\dashv$	_
						 			hann	e / Mor	iey Char	nger S	ervices	<u> </u>	+	Gami	ina /	Gam	hling	/ L n#	tery / C	lasin	n Ser	vice	
Non-Individual Investors invo	lved/ providi	ing any of the me	entioned se	rvices				ley Len				iger o						he ab		, Lon				VICC	_
A	CKNOWL	EDGEMENT.	SLIP (T	O BE FIL	LED IN B	Y TH	IE SOL	E/FIR	ST AF	PPLIC	ANT)				Ap	plic	ati	on l	No:						
ceived from: Mr. / Ms. / M/s								an a	applic	ation	for allot	ment	of uni	ts											
ceived from: Mr. / Ms. / M/s ler Scheme		, Pla	ın				, Opti	ion																	
eque/DD No	Da	ated/	/	Amou	nt (₹) _								Draw	/n											
Bank and Branch																									
se note: All unit allotments are subject ement of Additional Information.	to realization of	of cheques/Deman	d Drafts and	subject to	the terms ar	nd con	iditions o	of releva	nt Sch	neme In	formatio	n Docu	ment a	nd			8	Stam	ıp, Si	ignat	ture &	, Da	te		

ADDITIONAL KYC DETAILS Mandate	ory (Contd)									(Refer Instru	ıction No. 2(c))
Gross Annual Income Range (in Rs	.) 1st Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guar	dian	Gross Annu	al Income Range (in Rs.	) 1st Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	t Guardian
Below 1 lac						10-25 lac					
1-5 lac						25 lac- 1 cr					
5-10 lac						> 1 cr					
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)								_	as on DD M	<u>                                     </u>	MY
EMAIL COMMUNICATION INFORMA	TION									(Refer Ins	struction No. 7)
☐ I/We wish to receive the followi	ng document(s)	physically in lie	u of Email.	Acc	ount Statemei	nt [	News Letter	Annual Repo	ort [	Other Statuto	ory Information
FATCA & CRS INFORMATION (for In	dividual includi	ng Sole Propri	etor) (Self Cert	ification)	)					(Refer Inst	ruction No. 14)
The below information is required the Address Type: Residential or B Is the applicant(s)/ guardian's Could fee, please provide the following in Please indicate all countries in which	usiness Re atry of Birth / Cit aformation [man	sidential  B tizenship / Nati datory]	onality / Tax R	esidency	other than I	ndia? 🗌 Y	′es □ No	ddress appeari	ng in Folio)		
Category	First	Applicant (incl	uding Minor)			Second Appli	icant/ Guardian		Third	d 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	r is not available	, kindly provide	its functional e	quivalent	i						
BANK ACCOUNT DETAILS - Mandat	ory (Payout Ban	k - If left blank	, application w	rill be rej	ected)					(Refer Ins	struction No. 3)
Name of the Bank											
Account Number					A/C Ty	pe (Please ✓)	Savings C	urrent NR	E NRO	FCNR	Others
Branch Address							<del></del>				
City			Star	te		+++	<del>                                     </del>		PIN Code		
MICR Code		(Please	enter the 9 digi		r that annears	after your che	aue number)				
IFSC Code (RTGS/NEFT)		(1.10000	and and a digi	1			our cheque leaf)			opy of a cheque returned through	equired in case of gh cheque
SCHEME AND PAYMENT DETAILS (	Pavment throug	h Cash/Non-Mi	CR Cheques/0	utstation	r Cheques no	t accepted)				(Refer Instru	ction No.4 & 8)
Scheme Name											
Plan				Ор	otion			+++			+++
Sub Option				Div	vidend Freque	ncy					<del>                                      </del>
Investment Amount (₹)	+++		DD		if any (₹)	$\top$	Net Amor	ınt (₹)		+++	+++
Cheque/ DD No.	Dra	wn Bank					Branch/City				
Account Type* S/B NI			FCNR* *Kir	ndly provi	ide photocopy	of the paymer	nt Instrument or Foreign I	nward remittanc	e Certificate (F	IRC) evidencin	g source of funds
Please (✓) RTGS	Fund Transfer	Letter d	ated D	D M	M Y Y	Bank A/c	No.				
					+ + +	-					

## FOR MORE INFORMATION

## **BOI AXA Mutual Fund**

 $Add: B/204, Tower \ 1, Peninsula \ Corporate \ Park, Ganpatrao \ Kadam \ Marg, Lower \ Parel, Mumbai \ 400013$ 

Cheque Payment		ire the correctness	of the IFSC co	de/ MICI	R code for Electron	ic Payou	t at recipient/destination branch co	orresponding to the Bank de		
EMAT ACCOUNT DETAILS – (Please ensure	e that the sequence of If Demat Account detai							toy Participant). (Refer Instruction N		
, l	ir Bolliat Addouilt actai	DP Name	low, units wii	DC anot	ou by uclault in c	Cottonio	mode omy)	(Holor Histraction )		
National Securities Depository Limited (NSI	DL)	DP ID No.	I N	П			Beneficiary Account No.			
		DP Name	1 1 1 1				,			
Central Depository Services (India) Limited	(CDSL)	Target ID No.		П						
NOMINATION DETAILS for Individuals [Min	or / HUE / POA Holder	/ Non Individuals	cannot Nomir	atel				(Refer Instruction		
[Please (√) and sign]				]				(		
[Floads (* ) and sign]	on to Normitato									
Sole/1st Applicant/Gu	ıardian	_	2 <sup>nd</sup> Ap	olicant			3 <sup>rd</sup> Applicant			
- IAM			OR							
☐ I/We wish to nominate as under:		ı	ı							
Name and Address of Naminos(s)	Relationship with	Date of Birth	Na	me and i	Address of Guardia	n	Signature of Nominee	Proportion (%) in whether the units will be share		
Name and Address of Nominee(s)	Applicant	(to be	furnished in o	ase the N	lominee is a minor	)	(Optional)/ Guardian of Nominee (Mandatory)	each Nominee (should aggregate to 1		
								(		
Nominee 1										
Nominee 2										
Nominee 3										
Prevention of Money Laundering. I/We heret agree to abide by the terms and conditions authorised to make this investment and that sources only and does not involve and is not applied to the province of the	applicable thereto. I/We at the amount invested in designed for the purpos	hereby declare the the Scheme is the e of any contravent	nat I/We am /a rough legitima ion or evasion	re te of			se write Application Form No. / Fo e reverse of the Cheque / Demand Payment Instrument.)			
any Act, Rules, Regulations, Notifications or hereby authorise BOI AXA Mutual Fund, its Ir	Directions issued by an		itv in india. i/v		1					
investment to my bank(s)/BOI AXA Mutual F have neither received nor been induced by investment. I/We declare that the information stated.	Fund and /or Distributor , y any rebate or gifts, di	its agents to disclo /Broker / Investmer rectly or indirectly	ose details of r nt Advisor. I/V , in making th	ny /e is	First/ Sole Applic Guardian/ PoA Authorised Signa	/				
have neither received nor been induced by investment. I/We declare that the information	Fund and /or Distributor, y any rebate or gifts, di n given in this application I/collected in this applica We hereby give consent for OI AXA Mutual Fund for t	its agents to disclo /Broker / Investmer rectly or indirectly form is correct, co tion form is necess or sharing my/our of the purpose of provi	ose details of r nt Advisor. I/V , in making th implete and tru ary in relation data/information	ny /e is ly to	Guardian/ PoA	/				
have neither received nor been induced by investment. I/We declare that the information stated.  I/We are aware that the information provided operation of my/our investment account. I/W with any third party as may be required by Bo	Fund and /or Distributor, y any rebate or gifts, din given in this application I/collected in the I/collected I/collected in the I/collected I/collect	its agents to disclo /Broker / Investmer irectly or indirectly form is correct, co tion form is necess or sharing my/our of the purpose of provi ccount/folio. commissions (in- npeting Schemes o	use details of rate Advisor. I/V , in making the implete and true arry in relation data/informaticiding services	ly /e is ly	Guardian/PoA Authorised Signa	dory				
have neither received nor been induced by investment. I/We declare that the information stated.  I/We are aware that the information provided operation of my/our investment account. I/W with any third party as may be required by Bu me/us or for opening, continuing and operatin I/ We confirm that the ARN holder has discommission or any other mode), payable to	Fund and /or Distributor, y any rebate or gifts, din given in this application of the properties of th	its agents to disclo (Broker / Investmer irectly or indirectly of orm is correct, co tion form is necess or sharing my/our of the purpose of provi ccount/folio. commissions (in npeting Schemes o t/us. s Pvt. Ltd./ Registra attion Authority of In e such agencies / s	use details of rate Advisor. I/V i, in making the implete and true ary in relation data/information iding services the form of true f various Mutures to refer the dia (UIDAI)/K	ly /e is ly	Guardian/ PoA	/ tory				
have neither received nor been induced by investment. I/We declare that the information stated.  I/We are aware that the information provided operation of my/our investment account. I/W with any third party as may be required by BI me/us or for opening, continuing and operatin I/We confirm that the ARN holder has discommission or any other mode), payable to Funds from amongst which the Scheme is be I/we authorize BOI AXA Mutual Fund, BOI AX details to any of the appropriate authorities in Registration Agency/Authentication Agencie	Fund and /or Distributor, y any rebate or gifts, din given in this application of the property	its agents to disclo (Broker / Investmer irectly or indirectly of indirectly of orm is correct, co tion form is necess or sharing my/our the purpose of provi coount/folio. commissions (in neeting Schemes o tylus. s Pvt. Ltd./ Registra ation Authority of In e such agencies / s purpose. COMMUNICATED A	use details of rate Advisor. I/V, in making the implete and true arry in relation data/information data/information iding services the form of true f various Mutuars to refer the dia (UIDAI) /K'ervice provide	SIGNATURE(S)	Guardian/PoA Authorised Signa	/ tory				
have neither received nor been induced by investment. I/We declare that the information stated.  I/We are aware that the information provided operation of my/our investment account. I/W with any third party as may be required by BI me/us or for opening, continuing and operatii  I/ We confirm that the ARN holder has discommission or any other mode), payable to Funds from amongst which the Scheme is be  I/we authorize BOI AXA Mutual Fund, BOI AX details to any of the appropriate authorities in Registration Agency/Authentication Agencie including UIDAI to share the data as per their I/WE HEREBY CONFIRM THAT I/WE HAVE PORTFOLIO AND/ OR ANY INDICATIVE YI	Fund and /or Distributor, y any rebate or gifts, din given in this application of the property	its agents to disclo //Broker / Investmer irectly or indirectly form is correct, co tion form is necess or sharing my/our of the purpose of provi ccount/folio. commissions (in npeting Schemes o t/us. s Pvt. Ltd./ Registra ation Authority of In the such agencies / s purpose. COMMUNICATED A MC/ ITS DISTRIBU t Indian/Person of I ty channels or from the smade under this	use details of rate Advisor. I/V , in making the implete and true arry in relation data/information iding services  the form of true form of true form of true arry in refer the dia (UIDAI)/K ervice provide any INDICATIV ITOR FOR THE INDIGATION origin a funds in my/of Folio will also	SIGNATURE(S)	Guardian/PoA Authorised Signa	nt/				