COMMON APPLICATION FORM



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

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Received from: Mr. / Ms. / M/s			an applicati	on 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 real Statement of Additional Information.	lization of cheques/Demand Dr	afts and subject to the terms and	I conditions of relevant Schem	e Information Document and

Stamp, Signature & Date

ADDITIONAL KYC DETAILS Mandat	tory (Contd)					(Refer Instruction No. 2(
Gross Annual Income Range (in R	s.) 1 st Applicant 2 nd Applican	t 3 rd Applicant Guar	rdian Gross	Annual Income Range (in Rs.)	1 st Applicant 2 nd Ap	oplicant 3 rd Applicant Guardiar
Below 1 lac] 10-25	lac		
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5-10 lac			> 1 0	r		
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)					as on	MM YYYY
EMAIL COMMUNICATION INFORM	ATION					(Refer Instruction No.
I/We wish to receive the follow	ing document(s) physically in l	ieu of Email. 🛛 Acc	count Statement	News Letter	Annual Report	Other Statutory Information
FATCA & CRS INFORMATION (for I	ndividual including Sole Prop	rietor) (Self Certification	1)			(Refer Instruction No. 1
The below information is required Address Type: Residential or I Is the applicant(s)/ guardian's Cou If Yes, please provide the following i	Business Residential Intry of Birth / Citizenship / Na			mentioned in form/existing add	dress appearing in Fo	blio)
Please indicate all countries in whic	h you are resident for tax purpo	ses and the associated 1	Tax Reference Number	s below.		
Category	First Applicant (inc	cluding 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]						
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FOR MORE INFORMATION

BOI AXA Mutual Fund

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

REDEMPTION / DIVIDEND REMITTANCE														(Ref	er Instruc	ction N	. 5)	
Electronic Payment (It is the responsibility of Cheque Payment	of the Investor to ensu	re the correctness	of the IFS	C code/	MICR	code for	Electronic	Payout at	recipien	nt/destina	tion bra	anch	corre	sponding	to the Ba	nk deta	ls.)	
DEMAT ACCOUNT DETAILS – (Please ensure ti (If E	hat the sequence of i Demat Account detai										th the l	Depo	ositoy I		nt). r Instruct	ion No	10)	
National Securities Depository Limited (NSDL)	DP Name																
		DP ID No.	I N					Be	neficiary	/ Accoun	t No.							
Central Depository Services (India) Limited (C	DSL)	DP Name		<u> </u>	_				_			_				_		
		Target ID No.																
NOMINATION DETAILS for Individuals [Minor	/ HUF / POA Holder ,	/ Non Individuals (cannot No	ominate]										(Ref	er Instruc	tion N	. 6	
[Please (\checkmark) and sign] \Box I/We do not wish	to Nominate																	
Sole/1 st Applicant/Guard	lian	_	2"	^d Applica	int						3 rd Ap	olica	nt					
			OR	, applied							0.10	priod						
I/We wish to nominate as under:																		
	Relationship	Date of Birth		Name a	and A	ddress of	Guardian			ignature				Proportion (%) in whic the units will be shared				
Name and Address of Nominee(s)	with Applicant	(to be	furnished	in case t	ase the Nominee is a minor)					(Optional)/ Guardian of Nominee (Mandatory)					each Nominee (should aggregate to 100			
Nominee 1																		
Nominee 2																		
Nominee 3																		
DECLARATION	1	1	1						1									
I/We have read and understood the contents of Additional Information of BOI AXA Mutual Fu Prevention of Money Laundering. I/We hereby a agree to abide by the terms and conditions ap authorised to make this investment and that th sources only and does not involve and is not de	and including the sec apply for Allotment/Pu plicable thereto. I/We ne amount invested in	ction on Who can urchase of Units in hereby declare th the Scheme is the	not inve the Schen nat I/We a rough legi	st and ne and m /are timate					write Ap everse of	IGN HE oplication f the Che ment Inst	Form I que / D	No. /)ema						
any Act, Rules, Regulations, Notifications or Di hereby authorise BOI AXA Mutual Fund, its Inve investment to my bank(s)/BOI AXA Mutual Fun have neither received nor been induced by a investment. I/We declare that the information gi stated.	estment Manager and d and /or Distributor / ny rebate or gifts, di	its agents to disclo 'Broker / Investmer rectly or indirectly	ose details nt Adviso , in makir	of my r. I/We ng this		Guard	le Applicant lian/ PoA/ ed Signator											
I/We are aware that the information provided/co operation of my/our investment account. I/We I with any third party as may be required by BOI me/us or for opening, continuing and operating	nereby give consent fo AXA Mutual Fund for t	or sharing my/our on the purpose of provi	data/inforr	mation														
I/ We confirm that the ARN holder has disclo commission or any other mode), payable to hin Funds from amongst which the Scheme is being	m by the different con	npeting Schemes o		Vlutual	(S)	Second	I Applicant/											

I/we authorize BOI AXA Mutual Fund, BOI AXA Investment Managers Pvt. Ltd./ Registrars to refer these details to any of the appropriate authorities including Unique Identification Authority of India (UIDAI) /KYC Registration Agency/Authentication Agencies etc. and also authorize such agencies / service providers including UIDAI to share the data as per their records, for verification purpose.

/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/ AMC/ ITS DISTRIBUTOR FOR THIS INVESTMENT.

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.

CERTIFICATION: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions above and hereby accept the same.

