

Date

## Know Your Client

## Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)

Fields marked with '\*' are mandatory fields

Application ☐ New

Type\*

☐ Update

KYC Number\*

KYC Type\*

☐ Normal (PAN is mandatory)☐ PAN Exempt Investors (Refer instruction K)

## 1. Identity Details (Please refer instruction A at the end)

PAN 

Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country <input type="text"/>	Country Code <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector		
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student		
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised		

Photo

Signature/  
Thumb Impression

## 2. Proof of Identity (Pol)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C &amp; K at the end)

(Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

## 3. Proof of Address (PoA)\*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address			
Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	Zip / Post Code*	State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	Country*	Country Code	<input type="text"/> as per ISO 3166
Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
(Certified copy of <u>any one</u> of the following Proof of Address [PoA] needs to be submitted)			
Proof of Address*	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

☐ 3.2 Correspondence / Local Address Details\* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	Zip / Post Code*	State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	Country*	Country Code	<input type="text"/> as per ISO 3166

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID 



  
Mobile 



 Tel. (Off) 



 Tel. (Res)

**5. FATCA/CRS Information** (Tick if Applicable)☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence\* 



 Country Code of Jurisdiction of Residence 



 as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)\* 



Place / City of Birth\* 



 Country of Birth\* 



 Country Code 



 as per ISO 3166

Address  
Line 1\* 



  
Line 2 



  
Line 3 



 City / Town / Village\* 



  
District\* 



 Zip / Post Code\* 



 State/UT Code 



 as per Indian Motor Vehicle Act, 1988  
State/UT\* 



 Country\* 



 Country Code 



 as per ISO 3166

**6. Details of Related Person** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available\*) 



  
Related Person Type\* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative  
Name\* Prefix 



 First Name 



 Middle Name 



 Last Name 



  
(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [Pol] of Related Person\* (Please see instruction **(H)** at the end)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number 



 Passport Expiry Date 



  
☐ B- Voter ID Card 



  
☐ C- PAN Card 



  
☐ D- Driving Licence 



 Driving Licence Expiry Date 



  
☐ E- Aadhaar Card 



  
☐ F- NREGA Job Card 



  
☐ Z- Others (any document notified by the central government) 



 Identification Number

**7. Remarks (If any)**



**8. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: 



Place: 





[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use Only****Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date 



  
Emp. Name 



  
Emp. Code 



  
Emp. Designation

[Employee Signature]

**In-Person Verification (IPV) Carried Out by (Refer Instruction J)**

Date 



  
Emp. Name 



  
Emp. Code 



  
Emp. Designation

[Employee Signature]

**Institution Details**

Name 



  
Code 



  
Emp. Branch

[Institution Stamp]

**Institution Details**

Name 



  
Code 



  
Emp. Branch

[Institution Stamp]



# KYC Details Change form (For Individuals Only)



Place for  
Intermediary Logo

Application No. :

South Gujarat ARN: 54854

Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

## A Name of Applicant (Mandatory as per original KYC records)

Title ☐ Mr. ☐ Ms. ☐ Other (Please specify) \_\_\_\_\_ Aadhaar Number, if any: \_\_\_\_\_ PAN \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth 

d	d
/	
m	m
/	
y	y
y	y

Please Provide the new KYC details which should be updated in your KYC records.

## B. Mandatory fields for KYCs done before 1<sup>st</sup> January 2012

1. Father's/Spouse Name \_\_\_\_\_

2. Current Marital status ☐ Single ☐ Married

3. Current Nationality ☐ Indian ☐ Other (Please specify) \_\_\_\_\_

Note "FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should be mandatorily filled for changes to Identity and Address details.

## C. Identity Details (please see guidelines overleaf)

1. New Name (As appearing in supporting identification document).  
Name \_\_\_\_\_

2. New Status Please tick (✓) ☐ Resident Individual ☐ Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. PAN \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

4. Proof of Identity submitted for PAN exempt cases Please Tick (✓)  
☐ Aadhaar Card ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others \_\_\_\_\_ (Please see guideline 'D' overleaf)

## D. Address Details (please see guidelines overleaf)

1. New Address for Correspondence

City / Town / Village \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

2. Contact Details

Tel. (Off.)	(ISD)	(STD)	Tel. (Res.)	(ISD)	(STD)
Mobile	(ISD)	(STD)	Fax	(ISD)	(STD)
E-Mail Id.					

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.  
☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ \*Latest Bank A/c Statement/Passbook  
☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Gas Bill ☐ Others (Please specify) \_\_\_\_\_  
 \*Not more than 3 Months old. Validity/Expiry date of proof of address submitted 

d	d
/	
m	m
/	
y	y
y	y

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.  
☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ \*Latest Bank A/c Statement/Passbook  
☐ \*Latest Telephone Bill (only Land Line) ☐ \*Latest Electricity Bill ☐ \*Latest Gas Bill ☐ Others (Please specify) \_\_\_\_\_  
 \*Not more than 3 Months old. Validity/Expiry date of proof of address submitted 

d	d
/	
m	m
/	
y	y
y	y

6. Any other information: \_\_\_\_\_

## SIGNATURE OF APPLICANT

Old signature as per original KYC  
Wherever Applicable

## DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place: \_\_\_\_\_

Date: 

d	d
/	
m	m
/	
y	y
y	y

## SIGNATURE OF APPLICANT

## FOR OFFICE USE ONLY

IPV Done ☐ on 

d	d
/	
m	m
/	
y	y
y	y

AMC/Intermediary name OR code \_\_\_\_\_

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received  
Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name  
Designation  
Name of the Organization  
Signature  
Date

Seal/Stamp of the intermediary should contain

Staff Name  
Designation  
Name of the Organization  
Signature  
Date

# FATCA & CRS Annexure for Individual Accounts

South Gujarat ARN: 54854

(Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)



## FIRST / SOLE APPLICANT / GUARDIAN

Name																											
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	PAN						Occupation	<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others															
Father's Name																											
Folio No.																											

**Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes**

Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office																							
Permissible documents are	<input type="checkbox"/> Passport	<input type="checkbox"/> Election ID Card	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Govt. ID Card	<input type="checkbox"/> Driving License	<input type="checkbox"/> UIDAI Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text" value="specify"/>																		
Date of Birth	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Place of Birth																		
Country of Birth									Nationality																		

**Are you a tax resident of any country other than India?** ☐ Yes ☐ No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country <sup>#</sup>	Tax Identification Number <sup>*</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA <sup>\*</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

## SECOND APPLICANT

Name																											
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	PAN						Occupation	<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others															
Father's Name																											
Folio No.																											

**Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes**

Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office																							
Permissible documents are	<input type="checkbox"/> Passport	<input type="checkbox"/> Election ID Card	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Govt. ID Card	<input type="checkbox"/> Driving License	<input type="checkbox"/> UIDAI Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text" value="specify"/>																		
Date of Birth	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Place of Birth																		
Country of Birth									Nationality																		

**Are you a tax resident of any country other than India?** ☐ Yes ☐ No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country <sup>#</sup>	Tax Identification Number <sup>*</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA <sup>\*</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

## THIRD APPLICANT

Name																											
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	PAN						Occupation	<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others															
Father's Name																											
Folio No.																											

**Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes**

Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office																							
Permissible documents are	<input type="checkbox"/> Passport	<input type="checkbox"/> Election ID Card	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Govt. ID Card	<input type="checkbox"/> Driving License	<input type="checkbox"/> UIDAI Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text" value="specify"/>																		
Date of Birth	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Place of Birth																		
Country of Birth									Nationality																		

**Are you a tax resident of any country other than India?** ☐ Yes ☐ No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country <sup>#</sup>	Tax Identification Number <sup>*</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA <sup>\*</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

## CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA &amp; 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 &amp; CRS Terms and Conditions below and hereby accept the same

## SIGNATURES

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date <input type="text" value="D"/>		
Place <input type="text" value="D"/>		

(Please fill in all column including email id in **BLOCK CAPITAL LETTERS**)

South Gujarat ARN: 54854



## Mutual Fund

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

**To:**

BOI AXA Mutual Fund

[illegible]

- I/We request BOI AXA Mutual Fund to update my/our following details for the above Folios. 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.
- In case of any correction/change in name/address/mobile number/date of birth etc. recorded with UIDAI, please update the change with UIDAI's Aadhaar Self Service Update Portal, currently, <https://ssup.uidai.gov.in/web/quest/update> and also with BOI AXA MF.

[illegible]

2nd Holder/ Authorised Signatory																													
Name																													
Aadhaar No.												Enclosed	<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Number																
PAN												Date of birth		D	D	M	M	Y	Y	Y	Y								
Mobile No:												e-mail ID																	

[illegible]

Signature of 1st holder/ Authorised Signatory	Signature of 2nd holder/ Authorised Signatory	Signature of 3rd holder/ Authorised Signatory
---	---	---

Checklist (For All holders / Authorised Signatory/s)	
<input type="checkbox"/>	Form has been completed and signed by all the holders. (Self attested)
<input type="checkbox"/>	The copy of AADHAR card or Letter issued by UIDAI containing Aadhaar Number. (Self attested)



Mutual Fund

Received, subject to verification Form for Updation of AADHAAR

[illegible]

From Mr/ Mrs/ Ms :

### Acknowledgement of Form for Updation of AADHAAR

To be filled in by the Investor

Stamp Signature & Date

## 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.boiaxa-im.com](http://www.boiaxa-im.com)