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Know Your Client Application Form (Fo (Please fill the form in English ar Fields marked with '*' are mandato	nd in BLOCK Letters)	Type*	New Update KYC Number* Investment I Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)	Vanagers
1. Identity Details (Please r	refer instruction A at the e	end)		
PAN			a duly attested copy of your PAN Card	
	Prefix	FirstName	Middle Name Last Name	
Name* (same as ID proof)				+
Maiden Name (If any*)				+++
Father / Spouse Name*				
Mother Name*				
Date of Birth*		YYY	Photo	
Gender*	M- Male		F-Female T-Transgender	
Marital Status*	Married		Unmarried Others	
Citizenship*	IN- Indian		Others – Country Country Code	
Residential Status*	Resident Individual		Non Resident Indian	
	Foreign National		Person of Indian Origin	
Occupation Type*	S-Service Priva		Public Sector Government Sector	
	O-Others Prof	fessional	Self Employed Retired Housewife Student Signature Thumb Impresent	
	B-Business	L	X-Not Categorised	
2. Proof of Identity (Pol)* (f (Certified copy of <u>any one of</u> a	•		copy not provided) (Please refer instruction C & K at the end)	
A- Passport Number			Passport Expiry Date	V
B- Voter ID Card		+		<u> </u>
D- Driving Licence			Driving Licence Expiry Date D D - M M - Y Y Y	Y
E- Aadhaar Card				
🗌 F- NREGA Job Card				
Z- Others (any docume	ent notified by the centra	al government)) Identification Number	
3. Proof of Address (PoA)*	•	_		
3.1 Current / Permanent	/ Overseas Address Deta	ails (Please see in:	instruction D at the end)	
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Line 1*				
Line 2				++
Line 3 District*	7	p / Post Code*	City / Town / Village*	
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Driving Licence			Driving Licence Expiry Date D D - M M - Y Y Y	Υ
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NREGA Job Card				
Others (any document	,		Identification Number	
3.2 Correspondence / Lo				
Same as Current / Perma	inent / Overseas Addres	SS details (In case o	se of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proc	of)
Line 2				++
Line 3	++++++			+++
District*	71	p / Post Code*		
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4. Contact Details (All	communic	ations	will be s	ent on	provi	ded	Mobil	le no	b. / Ei	mail-I[D) (I	Pleas	e ref	er i	nstru	ictic	on F	at	the	enc	d)										
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FATCA & CRS Annexure for Individual Accounts(Including Sole Proprietor) (Refer to instructions)
(Please consult your professional tax advisor for further guidance on your tax residency, if required)



South Gujarat ARN: 54854

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FORM FOR UPDATION OF AADHAAR

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

South Gujarat ARN: 54854



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To:

BOI AXA Mutual Fund

Call us at (Toll Free) 1800-103-2263 & 1800-266-2676

Name of 1st Holder /Entity																	
Folio No.		T															

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/guest/update and also with BOI AXA MF.

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Email us at