## **COMMON APPLICATION FORM**



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

1	Investors must read the KIM, Instructions and Product Labeling on front page before completing this F DISTRIBUTOR INFORMATION													Form		Application No: (Refer Instruction No. 1) FOR OFFICE									ICE US	USE ONLY													
	Distribut	Distributor ARN/ RIA Sub-Ag				Sub-Agent Code/ Bank Branch Code					Sub Agent ARN Code				de EUIN No.					CO Code				MO Code					Sales Code			Date/Time of Receipt							
	ARN:64917												E-434563																			ooipt							
	Upfront commission shall be paid directly by the inve [We hereby confirm that the EUIN box has been intenti without any interaction or advice by the employee/relation broker or notwithstanding the advice of in-appropriat manager/sales person of the distributor/sub broker.					nvest entior tionst riaten	tor to the AMFI registered Distributor nally left blank by me/us as this transacti ng manager/sales person of the above ess, if any, provided by the employ					rs based on the investors' a ion is executed distributor/sub ree/relationship				1 <sup>st</sup> apj						rs including the service render 2 <sup>nd</sup> applicant/Authorised Signatory				dered	ered by the distributor. 3 <sup>rd</sup> applicant/Aut Signatory			uthorised									
2	TRANSACTIC							THR	OUGH	I DIST	RIBL	JTOR	S/AC	GENT	'S 01	ILY																		(Ref	er Ins	tructio	n No	. 1(a))	
	In case the pur																								uctib	le 🗌	-											l Funds.	
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4			& K	N/ KY	C DFT	AII S	:																										(Re	fer Ir	istruct	ion No	. 9(a	1 & h))	
-	MODE OF HOLDING & KIN/ KYC DETAILS Single Joint Anyone or Survivor (Default)												(Refer Instruction No. 9(a &																										
	First Appl	icant K			ation	_				Ì		Ť												Г	] Pro	of Ei	Enclosed KRA					KYC	Proof						
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	Third App	licant K	YC I	dentifi	cation	Nu	mber	(KIN	)																] Pro	of Ei	nclos	sed				KRA	KYC	YC Proof Enclosed					
5	FIRST APPLI	CANT'S	DET	TAILS			Mr.		Ms.		M/:	s																						(Ref	tructio	uction No. 2(b))			
	Name (1 <sup>st</sup> )					Т	Т																													$\neg$	Т		
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	Name (3 <sup>rd</sup> )																																						
	PAN										E	mail	ID																										
6	ADDITIONAL	KYC DE	etaii	LS (Ma	andato	ory)																												(Ref	er Insi	tructio	n No	. 2(c))	
					1 <sup>st</sup> Ap	oplic	ant	2 <sup>nd</sup>	Appli	cant	3'	d App	lican	ıt	G	uardi	an			itically		sed	Pers	on (Pl	EP) d	letails	S:			ls	a PE	P	Re	lated	to PEF	' Not	Арр	licable	
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	Retired Housewife								<u> </u>					_		<u> </u>			1 <sup>st</sup> /	Applic	ant											T	1		-	TT			
	Student			_													Applic		int																				
	Proprietorsh		cifu)											_						Applic	ant	nt							_		_	+			+	+	$\rightarrow$		
	Others (Please specify)           Non-Individual Investors involved/ providing any of the mentioned services									Guardian Gambling / Lottery / Casino Services Gambling / Lottery / Casino Services Money Lending / Pawning None of the above																													
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Received from: Mr. / Ms. / M/s				an applica	tion for allotment of units
under Scheme		_, Plan		, Option	
Cheque/DD No	Dated	<u> </u>	Amount (₹)		Drawn
on Bank and Branch			·		
Please note: All unit allotments are subject to a Statement of Additional Information.	realization of cheques/	Demand Drafts a	and subject to the terms and	conditions of relevant Scher	me Information Document and

Stamp, Signature & Date

ADDITIONAL KYC DETAILS Manda	tory (Contd)				(Refer Instruction No. 2(c))
Gross Annual Income Range (in F	Rs.) 1 <sup>st</sup> Applicant 2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant Guardia	an Gross Annual Income	Range (in Rs.) 1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant 3 <sup>rd</sup> Applicant 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)				a	s on 
EMAIL COMMUNICATION INFORM	IATION				(Refer Instruction No. 7)
I/We wish to receive the follow	ving document(s) physically in lie	eu of Email. 🗌 Accou	unt Statement 📃 News Le	tter 🗌 Annual Report	t Other Statutory Information
FATCA & CRS INFORMATION (for	Individual including Sole Propri	etor) (Self Certification)			(Refer Instruction No. 14)
The below information is required Address Type: Residential or Is the applicant(s)/guardian's Cou If Yes, please provide the following Please indicate all countries in whic	Business Residential E untry of Birth / Citizenship / Nat information [mandatory]	ionality / Tax Residency o	_	m/existing address appearing ] No	in Folio)
Category	First Applicant (incl		Second Applicant/ Gua	rdian	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 Numb	per is not available, kindly provide	e its functional equivalent.			
BANK ACCOUNT DETAILS - Manda	itory (Payout Bank - If left blank	, application will be rejec	cted)		(Refer Instruction No. 3
Name of the Bank					
Account Number			A/C Type (Please ✓) Sav	ings Current NRE	NRO FCNR Others
	+++++	+			
Branch Address					
City		State			PIN Code
MICR Code	(Please	enter the 9 digit number the	that appears after your cheque numbe	er)	Cancelled copy of a cheque required in case of
IFSC Code (RTGS/NEFT)		(11 Char	racter code appearing on your cheque	e leaf)	investments not through cheque
SCHEME AND PAYMENT DETAILS	(Payment through Cash/Non-M	ICR Cheques/Outstation (	Cheques not accepted)		(Refer Instruction No.4 & 8
Scheme Name					
Plan		Optic			
Sub Option		Divid	dend Frequency		
Investment Amount (₹)		DD Charges if	fany (₹)	Net Amount (₹)	
Cheque/ DD No.	Drawn Bank		Branch,	/City	
Account Type* S/B	NRE* Current NRO	FCNR* *Kindly provide			Certificate (FIRC) evidencing source of fur
Please (✓) □ RTGS □	Fund Transfer 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

REDEMPTION / DIVIDEND REMITTANCE														(Ref	er Inst	ructio	on N
Electronic Payment (It is the responsibility Cheque Payment	of the Investor to ensu	ire the correctness	of the IFSC code	e/ MICF	R code for	Electron	c Payout	at recipie	nt/destir	nation b	ranch	corre	espoi	nding	to the	Bank	det
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DEMAT ACCOUNT DETAILS – (Please ensure t (If	hat the sequence of i Demat Account detai									vith the	Depo	sitoy				uctio	n No
(		DP Name							,,				_				
National Securities Depository Limited (NSDL	)	DP ID No.	I N					Beneficiar		unt No			$\top$	$\top$	<u> </u>		
	DP Name						Denencial	y Accor									
Central Depository Services (India) Limited (C	CDSL)	Target ID No.								<del>— –</del>	_	—	$\pm$	—	<del>—</del>		
		Talyet ID NO.															
NOMINATION DETAILS for Individuals [Minor	/ HUF / POA Holder ,	/ Non Individuals of	cannot Nominat	e]										(Ref	er Inst	ructio	on I
[Please ( $\checkmark$ ) and sign] $\Box$ I/We do not wish	to Nominate																
														_			
Sole/1 <sup>st</sup> Applicant/Guar	dian		2 <sup>nd</sup> Applic	cant						3 <sup>rd</sup> A	pplica	nt					
I/We wish to nominate as under:			OR														
														Propo	rtion (	%) in	wh
Name and Address of Nominee(s)	Relationship with	Date of Birth	Nam	e and A	Address of	Guardia	n		Signatur Optional					the units will be sha			
(-)	Applicant	(to be	furnished in cas	e the N	lominee is	a minor			lominee								
Numbers 4													$\square$				
Nominee 1																	
Nominee 2																	
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Nominee 3																	
sources only and does not involve and is not de any Act, Rules, Regulations, Notifications or D hereby authorise BOI AXA Mutual Fund, its Invi investment to my bank(s)/BOI AXA Mutual Fun have neither received nor been induced by a investment. I/We declare that the information g	irections issued by an estment Manager and nd and /or Distributor / iny rebate or gifts, di	y regulatory author its agents to disclo /Broker / Investmer irectly or indirectly,	ity in India. I/We se details of my nt Advisor. I/We , in making this		Guard	le Applica lian/ PoA ed Signat	(										
stated.		,			Autions		UI Y										
I/We are aware that the information provided/c operation of my/our investment account. I/We with any third party as may be required by BOI me/us or for opening, continuing and operating	hereby give consent fo AXA Mutual Fund for t	or sharing my/our on the purpose of provi	lata/information														
I/ We confirm that the ARN holder has discle commission or any other mode), payable to hi Funds from amongst which the Scheme is bein	m by the different con	npeting Schemes o			Second	Applicar	nt/										
I/we authorize BOI AXA Mutual Fund, BOI AXA details to any of the appropriate authorities incl Registration Agency/Authentication Agencies including UIDAI to share the data as per their rec	uding Unique Identifica etc. and also authorize	ation Authority of Ine e such agencies / s	dia (UIDAI) /KYC	E		ed Signat											
I/WE HEREBY CONFIRM THAT I/WE HAVE N PORTFOLIO AND/ OR ANY INDICATIVE YIEL INVESTMENT.																	
Applicable to NRI only: I /We confirm that I arr that I/We have remitted funds from abroad thro NRE/NRO/FCNR Account. I/We undertake that from funds received from abroad through NRE/NRO/FCNR Account.	ugh approved banking all additional purchase	channels or from es made under this	funds in my/our Folio will also be			Applicant ed Signat											
<b>CERTIFICATION:</b> I / We have understood the in FATCA & CRS Instructions) and hereby confirm			-														

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.