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 st apj						rs including the service render 2 nd applicant/Authorised Signatory				dered	ered by the distributor. 3 rd 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.	
3	as applicable fi								1.2		-													ea.				conii	rm u	natiia	am ai	n exis	sung			Mutual tructio			
J	Folio No.						[1 100.	30 111	- in ye			unnoc	i un	u pro	0000		50110	,	unu	i uyin		otuni	<u>, 1</u>											(1101		luotioi	1110	. <i>2</i> (u))	
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						
	Second A	plicant	t KYO	C Ident	ificati	on N	lumb	er (K	IN)			+] Pro	of Ei	nclos	sed		+		KRA	KYC	Proof	f Enclo	sed			
	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 st)					Т	Т																													\neg	Т		
	Date of Birth	D	D	M	ЛУ	N		N	+		_							╈	Nat	ionalit	v								<u> </u>	-] Co	untry	/ of E	3irth [—	
	Status of Firs	st/ Sole	Ann	licant	[Pleas	se ti					livir	lual		Non	- In	divin	lual				`	ual -	nle	ase a	ttach	FA1	CA	CRS	. & 1	Illtim				L	nershi	p (UBC	1) S(elf	
										_			_				0	Certi	ficat	ion Fo	rm] (I	Refe	r İnst	ructio	on No	0.14	& 15) (Ma	anda	tory)							·	_	
	Resident Individual NRI-Repatriation NRI-Nor Body Corporate LLP Society / Club Fo											_									PIO Company FII:							_] Mi] Oth		hrou			E [] specify						
							_			Ŭ						_	_						mp				Ŭ				_								
	For Investme NAME OF GU						_		Certific		_	Scho NAN				_							256			onsh ividu	÷			_] Fat			Moti All S		Lei	jai G	Guardian	
	Mr.	_] M/s									Ĭ										430			i vi u u	un	1031									Т		
	Designation									PAN													KYC	Proo	f End	close	d M	obile	+9	1					Ħ	+	+		
	Please note (that you	or ad	dress	detail	s wi	ll be u	updal	led as	: per yo	ower C	KYC r	BCOI	rd will	lh KF	3A.			-										_			-							
	Mailing add	ress																																			\perp		
					_														_															\vdash	\square	\perp	\perp		
	Landmark	+	_	_	_		_		_										_														Ļ	+	\vdash	+	+	_	
	City														Sta	ate		Ļ														Pin Co		<u> </u>					
	Email ID						_										_			l	+91												Tel.	Ļ			—		
	SECOND APF	PLICANT	T'S D	ETAIL	S [/ir.		Ms.	Nation	ality							Cou	ntry o	of Birt	h						M	obile	+9	1				\perp		\perp	∔		
	Name (2 nd)												_																										
	PAN											mail	ID																								_		
	THIRD APPLI	CANT'S	DE1	TAILS			/Ir.		Ms.	Nation	ality							Cou	ntry o	of Birt	h						Μ	obile	+9	1									
	Name (3 rd)																																						
	PAN										E	mail	ID																										
6	ADDITIONAL	KYC DE	etaii	LS (Ma	andato	ory)																												(Ref	er Insi	tructio	n No	. 2(c))	
					1 st Ap	oplic	ant	2 nd	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	
				_										+		$\frac{\Box}{\Box}$		┥╽		Applic Applic											$\frac{\Box}{\Box}$			 		—		-	
	Occupation details for Private Sector Service Public Sector Service Government Service																		Applic									+									-		
	Business Professiona	1												+		$\frac{\Box}{\Box}$		-		ardian]				
	Agriculturist																		Aut	horise	d Sig	nato	ry/ P	artner	s/ Di				_	NUM	RFR]				
	Retired Housewife								<u> </u>					_		<u> </u>			1 st /	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																													
				A	CKN	ov	VLEI	DGE	EME	NT S	LIF	Р (ТС	BE	FIL	LED	IN I	BY 1	THE	SOL	.E/FII	RST	APP	LIC	ANT)					Ap	plio	cati	on	No:						

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 st Applicant 2 nd Applicant	3 rd Applicant Guardia	an Gross Annual Income	Range (in Rs.) 1 st Applicant	2 nd Applicant 3 rd 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
													_				
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.								— –	_	—	\pm	—	—		
		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 st Applicant/Guar	dian		2 nd Applic	cant						3 rd 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																	
								_					╞				
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											
CERTIFICATION: 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.