COMMON APPLICATION FORM



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

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For Investments "On behalf of NAME OF GUARDIAN (in case				Certifi cant is							PERS			∐ 0 GNATI			se n					n min estor		 ΩΔ Ι			 DET/		ner	Ш	Legal	l Gua	arc
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ADDITIONAL KYC DETAILS (N	andatory	y)																										(Ref	er Ins	truc	tion N	lo. 2	(c
Occupation details for 1st Applicant				Appli	cant	3	rd App	lican	t	Gua	rdian					sed P	erso	n (PE	P) d	etails				ls a	PEP)	Rela	ated	to PE	PI	Not A	pplic	at
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Please note: All unit allotments are subject to realization of cheques/Demand Drafts and subject to the terms and conditions of relevant Scheme Information Document and Statement of Additional Information.

Stamp, Signature & Date

ADDITIONAL KYC DETAILS Mandato	ry (Contd)					(Refer Instruction No. 2(c))
Gross Annual Income Range (in Rs.) 1st Applicant 2nd Applicant	3 rd Applicant Guar	rdian Gross Annual	Income Range (in Rs.) 1st App	plicant 2 nd Applicant	3 rd Applicant Guardian
Below 1 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)					as on DD M	
EMAIL COMMUNICATION INFORMAT	TION					(Refer Instruction No. 7)
I/We wish to receive the followin	g document(s) physically in lie	eu of Email. Acc	count Statement	News Letter Annu	ıal Report	Other Statutory Information
FATCA & CRS INFORMATION (for Inc	dividual including Sole Propri	etor) (Self Certification	1)			(Refer Instruction No. 14)
The below information is required for Address Type: Residential or But Is the applicant(s)/ guardian's Count If Yes, please provide the following information Please indicate all countries in which	isiness Residential Etry of Birth / Citizenship / Nat formation [mandatory] you are resident for tax purpos	ionality / Tax Residenc	y other than India? Yes	S No		
Category	First Applicant (incl	uding Minor)	Second Applica	nnt/ 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]						
Country of Tax Residency 3						
Tax Payer Ref. ID No. 3						
Identification Type [TIN or other, please specify]						
^ In case Tax Identification Number	r is not available, kindly provide	its functional equivalen	t			
BANK ACCOUNT DETAILS - Mandato	ory (Payout Bank - If left blanl	c, application will be re	jected)			(Refer Instruction No. 3)
Name of the Bank						
Account Number			A/C Type (Please ✓)	Savings Current	□NRE □NRO	FCNR Others
Branch Address						
City		State			PIN Code	
MICR Code IFSC Code (RTGS/NEFT)	(Please		er that appears after your chequ naracter code appearing on you	,		py of a cheque required in case of ments not through cheque
SCHEME AND PAYMENT DETAILS (P	Payment through Cash/Non-M					(Refer Instruction No.4 & 8)
Scheme Name	ayment anough Cash/Noil-M	ION Oneques/Outstation	n oneques not accepted)			(Note: manucion No.4 & 0)
Plan		Or	ption			
Sub Option		Di	ividend Frequency			
Investment Amount (₹)		DD Charges	s if any (₹)	Net Amount (₹)		
Cheque/ DD No.	Drawn Bank	<u> </u>	1 1	Branch/City		
Account Type* S/B NR		FCNR* *Kindly prov	ride photocopy of the payment	Instrument or Foreign Inward re	mittance Certificate (FI	RC) evidencing source of funds
Please (✓) RTGS F	und Transfer Letter	dated D D M	M Y Y Bank A/c N).		
			1 1 1			

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									(Re	fer Instru	ction No. 5)
	Electronic Payment (It is the responsibility o	f the Investor to ensu	ire the correctness	of the IFSC code	/ MICI	R code for Electronic Pa	ayout at r	ecipient/destina	tion branch co	respondin	to the Ba	nk details.)
0	DEMAT ACCOUNT DETAILS – (Please ensure the					orm matches with tha led by default in electi			th the Deposit			tion No. 10)
	`		DP Name			,				,,,,,		,
	National Securities Depository Limited (NSDL)		DP ID No.	I N			Ben	eficiary Accour	t No.			
	Central Depository Services (India) Limited (C	DSL)	DP Name									
	Ochidal Depository Services (India) Elimited (O		Target ID No.									
11	NOMINATION DETAILS for Individuals [Minor ,	/ HUF / POA Holder	/ Non Individuals (cannot Nominate	e]					(Re	fer Instru	ction No. 6)
	[Please (\checkmark) and sign] $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	to Nominate										
	Colo/1st Applicant/Cuare	lion	_	Ond Applie	nont.				2 rd Applicant			
	Sole/1st Applicant/Guard	lidii		2 nd Applic	iani				3 rd Applicant			
	☐ I/We wish to nominate as under:			on .								
		Relationship	Date of Birth	Name	e and i	Address of Guardian		Signature	of Nominee		ortion (%)	in which shared by
	Name and Address of Nominee(s)	with Applicant	(to be	furnished in case	e the N	lominee is a minor)			Guardian of Mandatory)		each Nom	inee
			(10 00		-					(snoul	aggregat	e to 100%)
	Nominee 1											
	Nominee 2											
	Nominee 3											
12	DECLARATION											
	Additional Information of BOI AXA Mutual Fur Prevention of Money Laundering. I/We hereby a agree to abide by the terms and conditions ap authorised to make this investment and that the sources only and does not involve and is not deany Act, Rules, Regulations, Notifications or Dinereby authorise BOI AXA Mutual Fund, its Investment to my bank(s)/BOI AXA Mutual Fund have neither received nor been induced by an investment. I/We declare that the information gistated. I/We are aware that the information provided/cooperation 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 I/ We confirm that the ARN holder has disclocommission or any other mode), payable to hir Funds from amongst which the Scheme is being I/we authorize BOI AXA Mutual Fund, BOI AXA I details to any of the appropriate authorities inclu Registration Agency/Authentication Agencies e including UIDAI to share the data as per their rec I/WE HEREBY CONFIRM THAT I/WE HAVE NO PORTFOLIO AND/ OR ANY INDICATIVE YIELD INVESTMENT. Applicable to NRI only: I /We confirm that I am, that I/We have remitted funds from abroad through a NRE/NRO/FCNR Account. I/We undertake that a from funds received from abroad through a NRE/NRO/FCNR Account.	apply for Allotment/Priplicable thereto. I/We are amount invested in signed for the purpos rections issued by an istment Manager and d and /or Distributor, ny rebate or gifts, diven in this application which is application in this application in the interest	urchase of Units in a hereby declare the hereby declared to disclose the purpose of province the purpose of the purpose of the purpose of the purpose. COMMUNICATED A MC/ ITS DISTRIBUTION of Incomplete the purpose of purpose of the purpose	the Scheme and hat I/We am /are rough legitimate ion or evasion of ity in India. I/We ise details of my it Advisor. I/We, in making this implete and truly ary in relation to data/information iding services to the form of trail if various Mutual irs to refer these dia (UIDAI) /KYC ervice providers ANY INDICATIVE ITOR FOR THIS indian Origin and funds in my/our Folio will also be	SIGNATURE(S)			SIGN HE vrite Application verse of the Che Payment Ins	Form No. / Fol que / Demand			
	CERTIFICATION: 1/We have understood the inf FATCA & CRS Instructions) and hereby confirm true, correct, and complete. I/We also confirm Terms and Conditions above and hereby accept	n that the information n that I / We have read	provided by me/us	on this Form is								