Please fill in ENGLISH and in BLOCK LETTERS A. Identity Details (please see guidelines overleaf)		Interm	ediary	Logo	Applic	ation				
	JVL				Syste	natix	ARN:	649	17 EU	IIN: E-0
1. Name of Applicant (Please write complete name as per Certificate of Incorporati	on / Registratio	n; leavin	g one bo	x blank be	ween 2 v	vords. F	Please do	o not ak	breviate	the Name
2. Date of Incorporation d d / m m / y y y y Place	e of Incorpora	tion								
3. Registration No. (e.g. CIN)	Di	ate of c	ommeno	ement of	business	d	d /	m m	/	y y
4. Status Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Cor □ FPI Category I □ FPI Category II □ FPI Category III □ AOP □ Defence Establishment □ Body of Individuals □ Society □ LLF	Bank 🗌		ip ment Bounse specify		rities / N Non-Gove			F F F F		FII
5. Permanent Account Number (PAN) (MANDATORY)		17	Please e	nclose a di	uly attest	ed copy	of you	r PAN C	Card	
B. Address Details (please see guidelines overleaf)										
1. Address for Correspondence										
							_			
City / Town / Village				Country			Postal Co	de		
2. Contact Details			1 (100)	(075)						
Tel. (Off.) (ISD) (STD) Mobile (ISD) (STD)			5.) (ISD) x (ISD)							
E-Mail Id. 3. Proof of address to be provided by Applicant. Please submit ANY										
City / Town / Village							Destal Co	do		
State				Country			Postal Co	ae		
 5. Proof of address to be provided by Applicant. Please submit ANY *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *I Any other proof of address document (as listed overleaf).(Please specify *Not more than 3 Months old. Validity/Expiry date of proof of address submit 	Latest Bank A y)	ccount								
 C. Other Details (please see guidelines overleaf) 1. Name, PAN, DIN/Aadhaar Number, residential address and (Please use the Annexure to fill in the details) 	photograp	hs of I	Promo	ers/Part	ners/K	arta/1	rustee	es/wh	ole tin	ne direc
2. Any other information:										
					_					
DECLARATION										
•	ne NAM	f au	SIGN/ THOF SON(S)					
DECLARATION We hereby declare that the details furnished above are true an correct to the best of my/our knowledge and belief and I/we undertak to inform you of any changes therein, immediately. In case any of th above information is found to be false or untrue or misleading of misrepresenting, I am/we are aware that I/we may be held liable for it. Place:	ne NAM	f au	THOP	ISED	5)					
DECLARATION We hereby declare that the details furnished above are true an correct to the best of my/our knowledge and belief and I/we undertak to inform you of any changes therein, immediately. In case any of th above information is found to be false or untrue or misleading of misrepresenting, I am/we are aware that I/we may be held liable for it. Place: Date: D	e NAM	F AU PER	THOF SON(ISED	S)					
DECLARATION I/We hereby declare that the details furnished above are true an correct to the best of my/our knowledge and belief and I/we undertak to inform you of any changes therein, immediately. In case any of th 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:	ne NAM	F AU PER	THOF SON(ISED		l/Stamp	o of the	interm	nediary s	hould cor

Deta Systen	ils of Promoters/ Partners/ natix ARN: 64917 EUIN: E-02967	' Karta / Trustees and whole tim ^{.8}	ne directors form	Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals Systematix ARN: 64917 EUIN: E-029678	KYC) Application F	orm for Non-Individua
Name o	Name of Applicant				PAN of the Applicant	
Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
Name {	Name & Signature of the Authorised Signatory(ies)	(ies) Date [d d] / [m m] / [y y y	с С С К С К С К С К С К С К С С К С	Place for Intermediary Logo		

FOR NON-INDIVIDUALS - SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM



Systematix ARN: 64917 EUIN: E-029678

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¹Refer 2a of Part C | ²Refer 2b of Part C | ³Refer 2c of Part C | ⁴Refer 3(ii) of Part C | ⁶Refer 1 of Part C | ⁷Refer 3(vii) of Part C | ¹⁰Refer 1A of Part C

UBO Declaration	(Mandatory for all entities except,	a Publicly Traded Company or a rel	ated entity of Publicly Traded Company)
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Category (Please tick applicable category) Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals Private Trust

🗌 Public Charitable Trust 🗌 Religious Trust 🗌 Others																	
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Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of part C)

Details	UB01	UB02	UB03
Name			
PAN			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No.			
Tax ID Type			
Address	Zip	Zip	Zip
Address Type	Residence Registered office Busines	s 🔲 Residence 🗌 Registered office 🗔 Business	🗆 Residence 🗌 Registered office 🗌 Business
City of Birth			
Country of birth			
Occupation Type	Service Business Others	Service Business Others	Service Business Others
Nationality			
Father's Name			
Gender	Male Female Others	Male Female Others	🗆 Male 🛛 Female 🗋 Others
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y	D D M M Y Y Y
Percentage of Holding (%) ^			

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent

^ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

⁴ Refer 3(iii) of Part C | ¹¹Refer 3(iv) (A) of Part C

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with BOI AXA Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

CERTIFICATION

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

Designation

~		
Cignoturoo	Cianaturaa	Cignoturoo
Signatures	Signatures	Signatures
Date D D M M Y Y Y Y Place		
Date D D M M Y Y Y Y Place		

Declaration for Ultimate Beneficial Ownership [UBO]

For Non-Individual (Mandatory)

Systematix ARN: 64917 EUIN: E-029678



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE MANDATORY (MARKED*) FIELDS

Applicant's Details					
Name M/s.					
PAN					
Listed Company / its Subsidiary Company					
(i) I / We hereby declare that (\checkmark)	(ii) Details	of Listed Company ^			
Our company is a Listed Company listed on recognized stock exchange in india	Company I	Name			
Our company is a subsidiary of the Listed Co	mpany Stock Exch	nange on which listed			
Our company is controlled by a Listed Compa	any Security IS	IN			
	^ The deta	ails of holding/parent compa	any to be provided in ca	se the applicant is a subsidi	ary company.
Non-Individuals other than Listed Company / its	ts Subsidiary Company				
i) Category (✓) □ Unlisted Company	Partnership Firm	Limited Liability Partner	rship 🗌 U	nincorporated association/ b	ody of individuals
	Religious Trust	Private Trust / Trust cre			
ii) Details of Ultimate Beneficial Owners (If the	given space below is n	ot adequate, please provide	multiple declaration for	rms)	
Name of Beneficial Owners*	PAN (For Residents / NRIs)	Tax Payer Identification Number#	ID Proof (Foreign / PAN Exempt individual	UBO Code (Mandatory) (Refer instructions)	Position / Designation (To be provided wherever applicable)
* If the beneficiary owner is minor, proof of date # In case Tax Payer Identification Number is not					ification Number.
·			-		

Declaration & Signature(s)

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We are aware that I/We maybe liable for it. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatory	Authorized Signatory	Authorized Signatory
Date: D D M M Y Y Y Y	Place:	

FORM FOR UPDATION OF AADHAAR

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

Systematix ARN: 64917 EUIN: E-029678



Date	D	D	М	М	Y	Y	Y	Y
	_							

To:

BOI AXA Mutual Fund

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

Name of 1st Holder /Ent	tity																
Folio No.																	

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.

1st Holder/ Author	ised S	Signato	ry																			Ţ					
Name																											
Aadhaar No.											Enclosed					Aadh	aar C	ard	L	.etter	issue	d by L	JIDAI (contaii	ning A	adhaa	r Number
PAN											[Date of	birth		D	D	М	Μ	Υ	Υ	Υ	Υ					
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2nd Holder/ Author	rised	Signat	nrv																								
Name																											
Aadhaar No.												Enclosed		losed		Aadh	laar C	ard		.etter	issue	d by l	JIDAI (contaii	ning A	adhaa	r Number
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Mobile No:												e-ma	ail ID														
2rd Holdor/ Author	3rd Holder/ Authorised Signatory																										
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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)																											
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