

# TRANSACTION FORM

## For Existing Investors Only



Mutual Fund

1. DISTRIBUTOR INFORMATION (Refer Section 1 under instructions)						FOR OFFICE USE ONLY	
Distributor ARN	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt
ARN:64917			E-029678				
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.							
<input type="checkbox"/> I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.							
		Sole/1 <sup>st</sup> applicant/Guardian/ Authorised Signatory/POA		2 <sup>nd</sup> applicant/Authorised Signatory		3 <sup>rd</sup> applicant/Authorised Signatory	
• Country of Birth / Citizenship / Nationality or Tax Residency, other than India, for any applicant? (✓): <input type="checkbox"/> Yes / <input type="checkbox"/> No (Mandatory to ✓). If Yes, please fill FATCA Declaration.							
• Non Individual investors should mandatorily fill separate FATCA & UBO Declarations							
2. UNIT HOLDER DETAILS (MANDATORY) (Please fill in BLOCK Letters)						(Refer Section 2 under instructions)	
Name of Sole /First Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.						EXISTING FOLIO NO.	
		AADHAR CARD NUMBER (Attach Proof)		CKYC Identification Number (KIN No)		KYC Proof Enclosed	
1st Applicant						<input type="checkbox"/>	
2nd Applicant						<input type="checkbox"/>	
3rd Applicant						<input type="checkbox"/>	
Guardian						<input type="checkbox"/>	
3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under instructions)							
3 A. SCHEME DETAILS							
Scheme Name							
Plan							
Option							
<input type="checkbox"/> STP (Increase the additional purchase is for continuation of existing STP)							
3 B. INVESTMENT & PAYMENT DETAILS							
Investment Amount		DD Charges		Net Amount			
Cheque/DD No		Cheque/DD Date		Drawn on Bank			
Branch Name				A/c Type [please ✓] <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR			
• Cheque should be in favour of the scheme name. • Third Party & O/S cheques will not be accepted and transaction is liable to be rejected.							
• Refer SID/ SAI. • Investment should be through the bank account registered with us.							
4. DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). (If Demat Account details are provided below units will be allotted by default in electronic mode only) (Refer Section 4 under instructions)							
National Securities Depository Limited (NSDL)				DP Name			
				DP ID No.			
				Beneficiary Account No.			
Central Depository Services (India) Limited (CDSL)				DP Name			
				Target ID No.			
5. SWITCH REQUEST (Refer Section 5 under instructions)							
From		Scheme		To		Scheme	
		Plan				Plan	
		Option				Option	
		Dividend Sub Option				Dividend Sub Option	
		Dividend Frequency				Dividend Frequency	
Amount		OR Number of Units				OR <input type="checkbox"/> All units (Please ✓)	
6. REDEMPTION REQUEST (Refer Section 6 under instructions)							
Scheme		Plan		Option			
Amount		OR Number of Units		OR <input type="checkbox"/> All units (Please ✓)			
7. CHANGE OF CONTACT DETAILS (Refer Section 7 under instructions)							
Tel No.		STD Code		Res.		Off.	
1 <sup>st</sup> Applicant		Mobile No.		Email ID		Fax	
8. DECLARATION AND SIGNATURE(S) (Mandatory - If left blank, application will be rejected) (Refer Section 8 under instructions)							
I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information of BOI AXA Mutual Fund including the section on "Who cannot invest" and "Prevention of Money Laundering". I/We hereby apply for Allotment/Purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am /are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorise BOI AXA Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/BOI AXA Mutual Fund's bank(s) and /or Distributor /Broker / Investment Advisor. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated.							
Applicable to NRI only: I/We confirm that I am/we are Non-Resident Indian/Person of Indian Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We undertake that all additional purchases made under this Folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account.							
I/We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.							
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.							
SIGNATURE(S)						DATE	
1 <sup>st</sup> applicant/Guardian/Authorised Signatory/POA		2 <sup>nd</sup> applicant/Authorised Signatory		3 <sup>rd</sup> applicant/Authorised Signatory		D D M M Y Y	

TEAR HERE



## TRANSACTION FORM - ACKNOWLEDGEMENT

To be filled in by the Investor

Folio No.

Received from Mr./ Ms./ M/s. \_\_\_\_\_

Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Transaction Details (Please ✓)  ADDITIONAL PURCHASE REQUEST  SWITCH REQUEST  REDEMPTION REQUEST  CHANGE OF CONTACT DETAILS

Stamp Signature & Date

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