

COMMON APPLICATION FORM



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

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

Application No: _____

1 DISTRIBUTOR INFORMATION (Refer Instruction No. 1)						FOR OFFICE USE ONLY	
Distributor ARN/ RIA	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt
154960	ARN -						

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.

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/1st applicant/Guardian/
Authorised Signatory/POA

2nd applicant/Authorised
Signatory

3rd applicant/Authorised
Signatory

2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. 1(a))	
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In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

I confirm that I am a First time investor across Mutual Funds.
 I confirm that I am an existing investor in Mutual Funds.

3 EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number and proceed to Scheme and Payment Details] (Refer Instruction No. 2(a))	
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Folio No. _____

4 MODE OF HOLDING & KIN/ KYC DETAILS (Refer Instruction No. 9(a & b))	
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Single Joint Anyone or Survivor (Default)

First Applicant KYC Identification Number (KIN) _____ Proof Enclosed KRA KYC Proof Enclosed

Second Applicant KYC Identification Number (KIN) _____ Proof Enclosed KRA KYC Proof Enclosed

Third Applicant KYC Identification Number (KIN) _____ Proof Enclosed KRA KYC Proof Enclosed

5 FIRST APPLICANT'S DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s (Refer Instruction No. 2(b))	
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Name (1st) _____

Date of Birth

D	D	M	M	Y	Y
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 PAN _____ Nationality _____ Country of Birth _____

Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual [For Non - individual - please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction No. 14 & 15) (Mandatory)

Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company Fils Minor through guardian BOI OCI
 Body Corporate LLP Society / Club Foreign National Resident in India FPI Sole Proprietorship Non Profit Organisation Others _____ (please specify)

For Investments "On behalf of Minor" Birth Certificate School Certificate Passport Other _____ | Relationship with minor Father Mother Legal Guardian

NAME OF GUARDIAN (in case of First/ Sole Applicant is a Minor)/ NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)/ POA HOLDER/ SOLE PROPRIETOR DETAILS

Mr. Ms. M/s _____

Designation _____ PAN _____ KYC Proof Enclosed | Mobile +91 _____

Please note that your address and contact details will be updated as per your KYC/ CKYC records.

Mailing address _____

Landmark _____

City _____ State _____ Pin Code _____

Email ID _____ Mobile +91 _____ Tel. _____

Overseas address (for Fils/ NRIs/ PIOs)

Mailing address _____

Landmark _____ City _____

State _____ Country _____ Zip Code _____

SECOND APPLICANT'S DETAILS Mr. Ms. | Nationality _____ Country of Birth _____ Mobile +91 _____

Name (2nd) _____

PAN _____ Email ID _____

THIRD APPLICANT'S DETAILS Mr. Ms. | Nationality _____ Country of Birth _____ Mobile +91 _____

Name (3rd) _____

PAN _____ Email ID _____

ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)

Application No: _____

Received from: Mr. / Ms. / M/s _____ an application for allotment of units under Scheme _____, Plan _____, Option _____
 Cheque/DD No _____ Dated ____/____/____ Amount (₹) _____ Drawn on Bank and Branch _____.

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

6 ADDITIONAL KYC DETAILS (Mandatory) (Refer Instruction No. 2(c))

Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatory/ Partners/ Directors/ Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AADHAR CARD NUMBER (Refer Instruction No. 2(b)9)			
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant			
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Applicant			
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant			
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian			
Others (Please specify)								

Non-Individual Investors involved/ providing any of the mentioned services

Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Network in Rs. (Mandatory for Non Individual) (not older than 1 year) _____

as on DD MM YYYY

7 EMAIL COMMUNICATION INFORMATION (Refer Instruction No. 7)

I/We wish to receive the following document(s) physically in lieu of Email. Account Statement News Letter Annual Report Other Statutory Information

7 FATCA & CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer Instruction No. 14)

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ 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 is not available, kindly provide its functional equivalent.

8 BANK ACCOUNT DETAILS - Mandatory (Payout Bank - If left blank, application will be rejected) (Refer Instruction No. 3)

Name of the Bank															
Account Number						A/C Type (Please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others			
Branch Address															
City						State						PIN Code			
MICR Code						(Please enter the 9 digit number that appears after your cheque number)									
IFSC Code (RTGS/NEFT)						(11 Character code appearing on your cheque leaf)									

Cancelled copy of a cheque required in case of investments not through cheque

FOR MORE INFORMATION

BOI AXA Mutual Fund

Add: B/204, Tower 1, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400013

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

Alternate Number
020-4011 2300 & 020-6685 4100

Email us at
service@boi-axa-im.com

Website
www.boi-axa-im.com

EQUITY-KIM/07112017

9 SCHEME AND PAYMENT DETAILS (Payment through Cash/Non-MICR Cheques/Outstation Cheques not accepted) (Refer Instruction No.4 & 8)

Scheme Name																										
Plan																			Option							
Sub Option																			Dividend Frequency							
Investment Amount (₹)													DD Charges if any (₹)							Net Amount (₹)						
Cheque/ DD No.													Drawn Bank							Branch/City						
Account Type*	<input type="checkbox"/> S/B	<input type="checkbox"/> NRE*	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR*	*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) evidencing source of funds																				
Please (✓)	<input type="checkbox"/> RTGS	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> Letter dated	D	D	M	M	Y	Y	Bank A/c No.																

REDEMPTION / DIVIDEND REMITTANCE (Refer Instruction No. 5)

Electronic Payment (It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/destination branch corresponding to the Bank details.)

Cheque Payment

10 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 Instruction No. 10)

National Securities Depository Limited (NSDL)	DP Name																													
	DP ID No.	I	N																						Beneficiary Account No.					
Central Depository Services (India) Limited (CDSL)	DP Name																													
	Target ID No.																													

11 NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate] (Refer Instruction No. 6)

[Please (✓) and sign] I/We do not wish to Nominate

Sole/1st Applicant/Guardian

2nd Applicant

3rd Applicant

OR

I/We wish to nominate as under:

Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

12 DECLARATION

I/We have read and understood the contents of the Scheme Information Document 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 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.

I/We are aware that the information provided/collected in this application form is necessary in relation to operation of my/our investment account. I/We hereby give consent for sharing my/our data/information with any third party as may be required by BOI AXA Mutual Fund for the purpose of providing services to me/us or for opening, continuing and operating my/our investment account/folio.

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 by the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

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.

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.

I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/ AMC/ ITS DISTRIBUTOR FOR THIS INVESTMENT.

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.

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 above and hereby accept the same.

SIGN HERE

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

SIGNATURE(S)

First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory	
Second Applicant/ Authorised Signatory	
Third Applicant/ Authorised Signatory	

SIP Registration Mandate - AUTO DEBIT/ NACH FACILITY/ MICRO SIP/ SIP TOP UP



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

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

Application No: _____

1 DISTRIBUTOR INFORMATION							FOR OFFICE USE ONLY	
154960	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt	
	ARN -							
<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 st applicant/Guardian/Authorised Signatory/POA			2 nd applicant/Authorised Signatory			3 rd applicant/Authorised Signatory		
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.								

2 REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / NACH FACILITY		
<input type="checkbox"/> New SIP Registration*	<input type="checkbox"/> SIP Cancellation	<input type="checkbox"/> Change in Bank Account*
(*Please provide a cancelled cheque)		

3 APPLICANT INFORMATION AND SCHEME DETAILS														
Sole / First Investor Name														
PAN No.										Folio No.				
Scheme Name														
Plan					Option									
Sub Option					Dividend Frequency									

4 SIP DETAILS																			
Each SIP Amount (✓)					SIP Frequency (✓)					<input checked="" type="checkbox"/> Monthly									
SIP Auto Debit Dates <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th (Default date is 7th)																			
Regular SIP		SIP Period **: Start M M Y Y Y Y					End M M Y Y Y Y					<input type="checkbox"/> Till further Notice			(Note: Please allow minimum one month for auto debit to register and start. If end date is not specified, the fund will continue SIP till it receives termination notice from the investor.)				
<input type="checkbox"/> SIP TOP UP (Optional) (Tick to avail this facility)		TOP UP Amount: ₹ _____					TOP UP Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly					TOP UP amount has to be in multiples of ₹ 500 only (Refer Point No. 16).							

I/We hereby, authorize BOI AXA Mutual Fund to debit my/our following bank account by Auto Debit / NACH Facility for collection of SIP payments.
**Minimum SIP term should be for 6 months for Monthly SIP.

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/ We would not hold the user institution responsible. I/ We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. 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. **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 hereby agree to avail the TOP UP facility for SIP and authorize my bank to execute the NACH/ Standing Instruction/Direct Debit for a further increase in installment from my designated account. We are not Citizens / Residents of USA / Canada.

First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory	Second Applicant/ Authorised Signatory	Third Applicant
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DEBIT MANDATE FORM NACH / DIRECT DEBIT

	UMRN	F O R O F F I C E U S E O N L Y	Date	D D M M Y Y Y Y
Tick (✓)	Sponsor Bank Code	For Office use only	Utility Code	For Office use only
CREATE <input type="checkbox"/>	I/We hereby authorize BOI AXA Mutual Fund		to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other	
MODIFY <input type="checkbox"/>	Bank a/c number			
CANCEL <input type="checkbox"/>				

with Bank _____ Name of customers bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ Amount in words _____ ₹ _____

FREQUENCY Mthly Qly H -Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 _____ Phone No. _____

Reference 2 _____ Email ID _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank

PERIOD	From	D D M M Y Y Y Y	Signature Primary Account holder	Signature of Account holder	Signature of Account holder
	To	D D M M Y Y Y Y			
	Or	<input type="checkbox"/> Until Cancelled	1. Name as in bank records	2. Name as in bank records	3. Name as in bank records

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instruction as agreed and signed by me.
• I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No.	Investor Name	
Scheme Name	(Scheme Name)	
Plan	Option	
SIP Period From	D D M M Y Y to D D M M Y Y	<input type="checkbox"/> Till further Notice
		Stamp & Signature

Certified that the signature of account holder and the details of Bank Account mentioned in Debit Mandate form for NACH/ Direct Debit are correct as per our records.

Signature of authorised Official from Bank (Bank stamp and date)

TERMS AND CONDITIONS

- Existing investors seeking for Systematic Investment only, need to fill up this Systematic Investment Form. New investors who wish to enroll for the Systematic Investment should fill up SIP Form in addition to the Common Application Form, with or without the initial investment amount i.e. the first installment can be without the cheque. However in lines with SEBI and AMFI guidelines the requirement of submission of documents for subscription/transaction is modified from time to time. Therefore, for such additional requirements the investor is required to refer the "Instruction For Completing the Application Form" (as provided in the main application form) and submit such additional documentation for the same.
- The cheque may be drawn in favour of "Full name of the Scheme" followed by the name of the sole or 1st joint holder/ his PAN/folio number. For e.g. "XYZ Scheme A/c – Sole / First Investor name" or "XYZ Scheme A/c -Permanent Account Number" or "XYZ Scheme A/c -Folio Number".
- If the investment is without a first investment cheque then the cancelled cheque copy is mandatory for submission and, if such cancelled cheque is without any name a bankers attestation is required on the SIP form.
- Please check the Scheme Information Document & the Statement of Additional Information for SIP facility in respective scheme.
- Monthly SIP facility is available only on specific dates of the month viz - 1st or 7th or 10th or 15th or 20th or 25th & minimum Duration is 6 months for Monthly SIP.
- During ongoing purchase in monthly SIP your first SIP can be for any day of the month. Your second and subsequent SIPs are available only on the above specified dates of the month with a minimum gap of atleast 30 calendar days between first and second SIP installment. In case the chosen date turns out to be a non working day for the scheme; the SIP will be processed on the immediate following working day.
- The SIP cheque (where the investment is made by cheque) should be drawn on the same bank account which is to be registered for Auto Debit. The bank account provided for Auto Debit should participate in local MICR clearing.
- The first investment cheque while applying for Monthly SIP can be either equal to or greater than the subsequent Monthly SIP installment amounts. The subsequent Monthly SIP installment amounts however should remain the same as per the scheme specific information document and all the postdated cheques issued.
- If two consecutive SIP's fail, the SIP will automatically stand terminated and a communication to the effect will be sent to the investor.
- The investor has the right to discontinue SIP at any time he/she so desires by sending a written request, at least 15 working days prior to the due date of next SIP for Monthly SIP; to any of the offices of BOI AXA Mutual Fund or its Investor Service Centres.
- Investors availing the Micro SIP facility shall be exempted from submission of requirement of PAN. Micro SIP shall be applicable where aggregate of installments in a rolling 12 months period or in a financial year i.e. April-March does not exceed ₹ 50,000/- per year. Micro SIP benefit is available to individuals, NRI's, Minors and Sole Proprietors only. HUF's, PIO's and any other entities/ persons etc. are not eligible. The AMC will reject the application where they find that documents are deficient or where the installment total will exceed ₹ 50,000/- per year.
- Investor will not hold BOI AXA Investment Managers Pvt. Ltd., its registrars and other service providers responsible if the transaction is delayed or not effected, the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of Auto Debit/ local holidays/ incomplete or incorrect instructions from the applicant.
- BOI AXA Investment Managers Pvt. Ltd. reserves the right not to represent any mandate for SIP auto Debit facility if the registration could not be effected in time for reason beyond its control.
- BOI AXA Investment Managers Pvt. Ltd., its registrars and other service providers shall not be responsible and liable for any transaction failures, due to rejection of the transaction by your bank/ branch or its refusal to register the SIP mandate.
- In case of renewal of SIP this form should be submitted at least 1 month prior to the due date.
- SIP TOP UP Facility:
 - Top Up facility will be available only for valid new registration(s) under SIP or renewal of SIP
 - The minimum SIP Top-up amount is ₹ 500 and in multiples of ₹ 500
 - Top Up can be done on a half yearly/ annual basis;
 - If the investor does not specify the frequency, the default frequency for Top-up will be considered as Half-yearly.
 - This facility is available only for Monthly SIP.
 - SIP Top-up facility shall be available for SIP Investments through NACH / Direct Debit Facility/ Standing Instruction only.
 - Top Up Facility will not be available for investments under SIP where the auto debit period has not been indicated by the investor at the time of investments.
 - All other terms & conditions applicable for regular SIP will also be applicable to Top-up SIP.

OTHER TERMS & CONDITIONS

- This facility is available presently only for Systematic Investment Plan.
- NACH debit facility is offered at various banks. For a detailed list of banks please refer the website www.npci.org.in
- This facility is offered only to the investors having bank accounts with above mentioned Banks.
Above list is subject to modification/update at any time in future at the sole discretion of BOI AXA Investment Managers Pvt Ltd, without assigning any reason or prior notice. If any bank is removed, SIP instructions of investors for such banks via NACH will be discontinued without any prior notice.
- By signing the NACH mandate form the investor agrees to abide by the terms and conditions of NACH facility through NPCI (www.npci.org.in).
- New/Existing investors who wish to enroll for SIP through NACH should fill the SIP Application Form and the Registration cum Mandate Form for NACH.
- New Investors should mandatorily give a cheque for the first transaction.
 - First SIP Cheque should be dated current day. All subsequent installments through NACH to be either 1st/7th/10th/15th/20th/25th of the month.
 - The Registration cum Mandate Form for NACH should be submitted at least 30 Calendar days prior to next sip cycle date through NACH.
 - *Unique Mandate Registration Number (UMRN) is auto generated by NPCI during the mandate creation for the first time. Investors, who do not have the UMRN, please leave it blank. UMRN would be linked to the folio and maximum length is 20 characters comprising of Alpha Numeric Character allotted by NPCI.
 - Investors who already have UMRN registered under the folio can fill up the SIP Registration cum Mandate Form for NACH and should be submitted at least 30 Calendar days before the date of the first debit through NACH.
- Please provide the cancelled cheque leaf of the Bank A/c no. for which NACH facility is registered.
- Investors need to mandatorily fill the SIP Registration Cum Mandate form for NACH for any amendment and cancellation quoting their UMRN by giving 15 working days prior notice to any of the investor service centre.
- Investor can choose to discontinue the SIP facility under folio without cancelling the UMRN by giving 15 working days prior notice to any of the Investor Service Centre. Investor can choose to register any future SIP by simply filling up the Registration cum mandate form for NACH quoting their UMRN.
- Please enter IFSC Code (maximum length-11 Alpha Numeric Characters) and MICR Code (maximum length – 9 Numeric Characters) of investor bank.
- In case of existing investor, if application is received without existing UMRN then the first UMRN registered in the folio would be considered

FOR MORE INFORMATION

BOI AXA Mutual Fund

Add: B/204, Tower 1, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400013

Call us at (Toll Free)

1800-103-2263 & 1800-266-2676

Alternate Number

020-4011 2300 & 020-6685 4100

Email us at

service@boi-axa-im.com

Website

www.boi-axa-im.com

TRANSACTION FORM

For Existing Investors Only



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- 154960	ARN -						

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.

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.

<input type="checkbox"/> Sole/1 st applicant/Guardian/Authorised Signatory/POA	<input type="checkbox"/> 2 nd applicant/Authorised Signatory	<input type="checkbox"/> 3 rd applicant/Authorised Signatory
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• Country of Birth / Citizenship / Nationality or Tax Residency, other than India, for any applicant? (✓): Yes / 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 Mr. Ms. 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 _____ STP (Incase 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 ✓) Saving Current NRO NRE 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/ SAL. • 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		Beneficiary Account No.
	DP ID No.	I N	
Central Depository Services (India) Limited (CDSL)	DP Name		Target ID No.
	Target ID No.		

5. SWITCH REQUEST (Refer Section 5 under instructions)

From	Scheme	Plan	Option	Dividend Sub Option	Dividend Frequency	To	Scheme	Plan	Option	Dividend Sub Option	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 All units (Please ✓)

7. CHANGE OF CONTACT DETAILS (Refer Section 7 under instructions)

Tel No.	STD Code	Res.	Off.	Fax
1 st Applicant	Mobile No.		Email ID	

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 st applicant/Guardian/Authorised Signatory/POA	2 nd applicant/Authorised Signatory	3 rd applicant/Authorised Signatory
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TEAR HERE

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

TRANSACTION FORM - ACKNOWLEDGEMENT

To be filled in by the Investor

Stamp Signature & Date