# **COMMON APPLICATION FORM**



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

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MODE OF HOLDING & KIV/ XPC DETAILS       (Refer Instruction No. 9(a & b) <ul> <li>Struge</li> <li>Joint</li> <li>Anyone or Survivor (Detault)</li> </ul> First Applicant KYC Identification Number (KIN)                Proof Enclosed             KRA KYC Proof Enclosed <ul>             KRA KYC Proof Enclosed             KRA KYC Proof Enclosed             KRA KYC Proof Enclosed             KRA KYC Proof Enclosed </ul> First Applicant KYC Identification Number (KIN)       Image: Comparison of the comparison of t	EXISTING UNIT HOLDER INFO	RMATION [Please	e fill in your Folio	Number and procee	d to Scheme a	nd Payment I	Details]			(Refer Instru	ction No. 2(a))
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         First Applicant KYC Identification Number (KIN)       Proof Enclosed       RRA KYC Proof Enclosed         First Applicant KYC Identification Number (KIN)       Proof Enclosed       RRA KYC Proof Enclosed         First Applicant KYC Identification Number (KIN)       Resident Model       RRA KYC Proof Enclosed         Status of First/Sole Applicant (Please lick (~1)       Individual       Resident Individual       Infor Nen - Individual       - Individual <td>Folio No.</td> <td></td>	Folio No.										
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Third Applicant KYC Identification Number (KIN)       Image: Control of Enclosed       Image: Control of Enclosed         FIRST APPLICANTS DETAILS       Mr.       Ms.       M/s       (Refer Instruction No. 2(s))         Name (1*)       D       M       MY       Y       PAN       Image: Control of Enclosed         Status of First Sole Applicant [Please tick (*)]       Individual       Non - Individual [For Non - Individual For Non - Individual For Non - Individual - Please attach FATCA, CRS & Utimate Beneficial Ownership (UBO) Self Certification Form [Refer Instruction No. 14 (5) (Mandatory)         Resident Individual       NRI-Repatriation       NRI-Non Repatriation Partnership       NAP OP (D Conversa)       Resident No. 2(s)         Body Corporate       LLP       Society / Cub       Foreing National Resident In India       PP1       Sole Proprietorship       Non Port Organization       (Please appoly)         For Investments 'Ob behalf of Minor'       IPI:h Certificate       School Certificate       Passport       Other       Indiational Investory PO ALDER's VERPOPHEROR DETAILS         MME OF GUADADIN (in case of Investory FO ALDER's Sole Applicant is a Minory MAINE OF CONTACT PERSON - DESIGNATION in case of Investory PO ALDER's VERPOPHEROR DETAILS       Minor       PRIPORTIFICIA DETAILS         Mmc       Mas       Mather of GUADADIN (in case of Investory PO ALDER's VERPOPHEROR DETAILS       Minor       PRIPORETA DETAILS       Minor	First Applicant KYC Identific	ation Number (K	KIN)				Pro	of Enclosed	KRA K	/C Proof Enclose	d
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Name (1*)	Third Applicant KYC Identifi	cation Number (	KIN)				Pro	of Enclosed	KRA K	C Proof Enclose	d
Date of Birth       D       M       M       Y       PAN	FIRST APPLICANT'S DETAILS	Mr.	Ms.	M/s						(Refer Instru	ction No. 2(b))
Status of First/ Sole Applicant [Please tick (-')]       Individual       Non - Individual [For Non - individual - please attach FATCA, CRS & Utimate Beneficial Ownership (UBO) Self Certification Form [Refer Instruction No. 14 & 15) (Mandatory)         Resident Individual       NRI-Repatriation       NRI-Repatriation       Partnership       Trust       HUF       AOP       PIO       Company       Fils       Minor through guardian       BOI       O         Body Corporate       LLP       Society / Club       Foreign National Resident in India       PIP       Sole Proprietorship       Non Profit Organisation       Other       Relationship with minor       Fatter       Mother       Legal Guardi         NM       Indiv       Birth Certificate       Society / Club       Foreign National Resident in India       PIP       Sole Proprietorship       Non Profit Organisation       Other       Relationship with minor       Fatter       Mother       Legal Guardi         NM       Ms       Ms       Ms       Ms       Ms       Mother       Legal Guardi         Designation       PAN       Sole Proprietorship       Nor Proof Enclosed [Mobile +94]       PI       Piezee note that your address and contact details will be updated as per your KYC/ CKYC records.         Mailing address       Mobile       H94       Pin Code       Pin       Code       Pin	Name (1 <sup>st</sup> )										
Status of FirsV Sole Applicant [Please tick (-')]       Individual Non - Individual [For Non - individual - please attach FATCA, CRS & Utilmate Beneficial Ownership (UBO) Self Certification Form [Reternstruction No. 14 & 15) (Mandatory)         Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership (Trust   HUF   ADP   Pin O company Ris   Minor through guardian   BOI   0         Bdy Corporate       LLP   Society / Club   Foreign National Resident in India       PPI   Sole Proprietorship   Non Profit Organization   Others (Research and Sole Proprietorship) Non Profit Organization   Others (Research and Sole Proprietorship)   Non Profit Organization   Others (Research and Sole Proprietorship)   Other   Relationship with minor   Father   Mother   Legal Guardi         NMr.       Ms.       Minor / NAME OF CONTACT PERSON - DESIGNATION (In case of non-individual Investors) / POA HOLDER/ SOLE PROPRIETOR DETALS         Mr.       Ms.       Ms.       Ms       Non - Individual and Profit Organization   Sole Proprietorship (In case of non-individual Investors) / POA HOLDER/ SOLE PROPRIETOR DETALS         Mr.       Ms.       Ms.       Ms.       Ms       Intervestors and contact details will be updated as per your KYC/ CKYC records.         Mailing address       Intervestors and contact details will be updated as per your KYC/ CKYC records.       Mobile +91       Intervestors - PROFIL         Derseas address (for FIIs/ NRis/PIOs)       Mobile +91       Intervestors - PROFIL       Prin Code       Intervestors - PROFIL         State       Intervestors - PROFIL       Mr.	Date of Birth D D M I	M Y Y PAN				Nationality			Country o	f Birth	
Please note that your address and contact details will be updated as per your KYC/ CKYC records.         Mailing address	Resident Individual       NRI         Body Corporate       LLP         For Investments "On behalf of NAME OF GUARDIAN (in case         Mr.       Ms.         Mr.       Ms.	-Repatriation Society / Clu	NRI-Non Repatri Jb Foreign Na rth Certificate plicant is a Minor	iation Partnersh ational Resident in Inc School Certificate	Certifi ip Trust Jia FPI Passpo	Cation Form]	(Refer İnstruction No AOP PIO rietorship Non F er Relatii (in case of non-indiv	. 14 & 15) (Mandatory Company FIIs Profit Organisation onship with minor idual Investors)/ POA	/) Minor thro Others Father	bugh guardian (please special) Mother	BOI 00 ecify)
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Name (3 <sup>rd</sup> )	PAN			Email ID							
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### 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 Statement of Additional Information.	realization of cheques/Demand Drafts	and subject to the terms and conditions of re	levant Scheme Information Document and

Stamp, Signature & Date

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Student									1 L	2 <sup>nd</sup> Applic	ant														
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Others (Please specify)									Guardian																
Non-Individual Investors in	volved/ p	providing	any of th	e mentio	oned s	services				Foreign E Money L			Change	er Servic	es [			ig / Ga of the			/ Lott	tery /	Casir	no Se	rvice
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# FOR MORE INFORMATION

### **BOI AXA Mutual Fund**

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

Email us at service@boiaxa-im.com

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	Please (✓)																																							
	REDEMPTION / DIVI	ase (✓) ☐ RTGS ☐ Fund Transfer ☐ Letter dated D D M M Y Y Bank A/c No.																					(Re	fer l	Instr	ructio	on No	o. 5)												
	REDEMPTION / DIVIDEND REMITTANCE       (Refer In:            □ 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 th         □ Cheque Payment															the E	Bank	deta	ils.)																					
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10	National Securities	s Dep v Ser	ository vices (I	Limit ndia)	ted ( Limi	(II NSD	i De IL) (CD	mat SL)	Acc	oun	t det	ails	DF DF DF Ta	P Na P ID P Na	video ime No. ime ID N	d be	low, i	N	will I	be al					onic	mod	le on	ly)			e De	posi	itoy P		Refe		istru			. 10)
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I/We wish to nominate as under:

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

OR

#### 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 or 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.

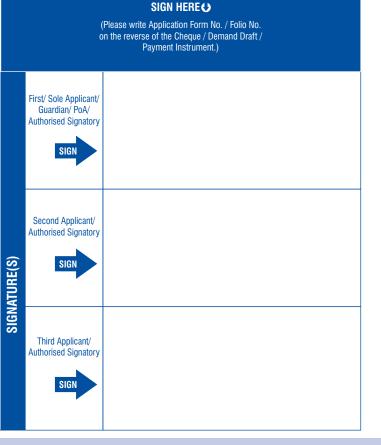
/We request BOI AXA Mutual Fund to update my/our following details for the above Folios. I/we authorize BOI AXA Mutual Fund, BOI AXA Investment Managers Pvt. Ltd. / Registrars to refer these details to any of the appropriate authorities including Unique Identification Authority of India (UIDAI)/ KYC Registrarion Agency/Authentication 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.

/We hereby confirm that //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:** 1 / 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. 1 / We also confirm that 1 / We have read and understood the FATCA & CRS Terms and Conditions above and hereby accept the same.



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



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## TERMS AND CONDITIONS

- Existing investors seeking for Systematic Investment only, need to fill up this Systematic 1. 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 2 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 3 mandatory for submission and, if such cancelled cheque is without any name a bankers attestation is required on the SIP form.
- 4. Please check the Scheme Information Document & the Statement of Additional Information for SIP facility in respective scheme.
- 5 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 6. 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 7. 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 8. 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 9. 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 10. 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 11 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 12. 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 13 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 14 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. 15. SIP TOP UP Facility:
- 16.
  - 1. Top Up facility will be available only for valid new registration(s) under SIP or renewal of SIF
  - 2. The minimum SIP Top-up amount is ₹ 500 and in multiples of ₹ 500
  - Top Up can be done on a half yearly / annual basis; 3.
  - If the investor does not specify the frequency, the default frequency for Top-up will be 4. considered as Half-yearly.
  - 5. This facility is available only for Monthly SIP.
  - 6. 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 7. has not been indicated by the investor at the time of investments.
  - 8 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. 1.
- 2. 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. 3
  - Above list is subject to modification/updation 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.
- 4. 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).
- 5. 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.
- 6. New Investors should mandatorily give a cheque for the first transaction.
  - a. 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.
  - b 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 d. 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 7. registered.
- 8. 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.
- 9. 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 auotina their UMRN.
- 10. 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 11. 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

020-4011 2300 & 020-6685 4100

Email us at service@boiaxa-im.com

# **TRANSACTION FORM** For Existing Investors Only

Transaction Details (Please  $\sqrt{}$ )  $\square$  ADDITIONAL PURCHASE REQUEST

CHANGE OF CONTACT DETAILS



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SWITCH REQUEST

REDEMPTION REQUEST