

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

☐ 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
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2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. 1(a))

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))

[illegible]

4

MODE OF HOLDING & KIN/ KYC DETAILS

(Refer Instruction No. 9(a & b))

☐ 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 ☐ Mr. ☐ Ms. ☐ M/s (Refer Instruction No. 2(b))

[illegible]

Date of Birth	D	D	M	M	Y	Y	PAN							Nationality		Country of Birth	
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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 ☐ FIs ☐ 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

[illegible]

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

Mailing address
Landmark
City
State
Pin Code

[illegible]

Overseas address (for FIIs/ NRIs/ PIOs)

[illegible]

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

[illegible]

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

[illegible]**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	☐	☐	☐	☐	1 st Applicant					☐	☐	☐							
Public Sector Service	☐	☐	☐	☐	2 nd Applicant					☐	☐	☐							
Government Service	☐	☐	☐	☐	3 rd Applicant					☐	☐	☐							
Business	☐	☐	☐	☐	Guardian					☐	☐	☐							
Professional	☐	☐	☐	☐	Authorised Signatory/ Partners/ Directors/ Others					☐	☐	☐							
Agriculturist	☐	☐	☐	☐	AADHAR CARD NUMBER (Refer Instruction No. 2(b)9)														
Retired	☐	☐	☐	☐	1 st Applicant					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Housewife	☐	☐	☐	☐	2 nd Applicant					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Student	☐	☐	☐	☐	3 rd Applicant					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Proprietorship	☐	☐	☐	☐	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	☐	☐	☐	☐	10-25 lac					☐	☐	☐	☐						
1-5 lac	☐	☐	☐	☐	25 lac- 1 cr					☐	☐	☐	☐						
5-10 lac	☐	☐	☐	☐	> 1 cr					☐	☐	☐	☐						
OR Network in Rs. (Mandatory for Non Individual) (not older than 1 year)					as on / / DD MM YYYY														
EMAIL COMMUNICATION INFORMATION ☐ I/we wish to receive the following document(s) physically in lieu of Email. ☐ Account Statement ☐ News Letter ☐ Annual Report ☐ Other Statutory Information																			

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]			

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 ✓)		☐ Savings		☐ Current		☐ NRE		☐ NRO		☐ FCNR		☐ Others ____									
Branch Address																																			
City														State														PIN Code							
MICR Code														(Please enter the 9 digit number that appears after your cheque number)																		Cancelled copy of a cheque required in case of investments not through cheque			
IFSC Code (RTGS/NEFT)														(11 Character code appearing on your cheque leaf)																					

FI-KIM/07112017

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

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.)	
		First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory  SIGN	
		Second Applicant/ Authorised Signatory  SIGN	
		Third Applicant/ Authorised Signatory  SIGN	
		SIGNATURE(S)	

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



Name of the entity

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office
*Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

Folio Number / /

PAN Date of incorporation

City of incorporation Country of incorporation

Entity Constitution Type (Please tick as appropriate) ☐ Partnership Firm ☐ HUF ☐ Private Limited Company ☐ Public Limited Company ☐ Society ☐ AOP/BOI ☐ Trust ☐ Liquidator
☐ Limited Liability Partnership ☐ Artificial Juridical Person ☐ Others

Please tick the applicable tax resident declaration:

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number*	Identification Type (TIN or Other, please specify)

*In case Tax Identification Number is not available, kindly provide its functional equivalent\$.
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

ADDITIONAL KYC INFORMATION

Gross Annual Income (Rs.) ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

OR

Net-worth (Mandatory for Non-Individuals) ₹ as on (Not older than 1 year)

Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ PEP ☐ Related to PEP ☐ Not Applicable

Is the entity involved in any of the mentioned services: ☐ Foreign exchange/ Money changer ☐ Gaming/ Gambling/ Lottery (Casinos, betting syndicates)
(Please tick as appropriate) ☐ Money lending/ Pawning ☐ Not applicable

*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Financial institution⁶ ☐

OR

Direct reporting NFE⁷ ☐
(please tick as appropriate)

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

GIIN not available (please tick as applicable) ☐ Applied for ☐ Not required to apply for - please specify 2 digits sub-category¹⁰ ☐ Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes ☐ (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange
2	Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes ☐ (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company Nature of relation: ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company Name of stock exchange
3	Is the Entity an active ³ NFE	Yes ☐ Nature of Business Please specify the sub-category of Active NFE (Mention code-refer 2c of Part D)
4	Is the Entity a passive ⁴ NFE	Yes ☐ Nature of Business

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

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

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

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	UBO1	UBO2	UBO3
Name			
PAN			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No [‡]			
Tax ID Type			
Address	Zip State Country	Zip State Country	Zip State Country
Address Type	☐ Residence ☐ Registered office ☐ Business	☐ 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 Y	D D M M Y 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

‡ Refer 3(iii) of Part C | ^ Refer 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.

Name

Designation

Signatures	Signatures	Signatures
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Date

Place