COMMON APPLICATION FORM

BOI AXA Investment Managers

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 Page no. 7, Instruction no. 1)

Distributor ARN	Sub-Agent Name & Code/ Bank Branch Code	EUIN No.	CO Code	MO Code

FOR OFFICE USE ONLY

Registrar Serial No.	Date/Time of Receipt

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

- **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 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Page no. 7, 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 Page no. 7, Instruction No. 2(a))

Folio No. _____ Name of First Unit Holder _____

4 FIRST APPLICANT'S DETAILS ☐ Mr. ☐ Ms. ☐ M/s (Refer Page no. 7, Instruction No. 2(b))

Name (1st) _____

Date of Birth D D M M Y Y PAN _____ ☐ KYC Proof Enclosed | Nationality _____ Country of Birth _____

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

Name of the Guardian (if minor)/ Contact person for non individuals/ PoA holder name _____ PAN _____ ☐ KYC Proof Enclosed

Mailing address _____

City _____ State _____ Pine Code _____

Overseas Correspondence address (Mandatory for NRIs/ FIIs/ PIOs) _____ Country

Email ID _____ Mobile +91 _____ Tel. _____

Status ☐ Individual ☐ Partnership Firm ☐ Trust ☐ FII ☐ NRI ☐ Minor ☐ PIO ☐ Society ☐ HUF ☐ Company/Body Corporate ☐ Proprietor ☐ Other Specify _____

Occupation ☐ Pvt. Sector Service ☐ Public Sector ☐ Gov. Service ☐ Housewife ☐ Defence ☐ Professional ☐ Retired ☐ Business ☐ Agriculture ☐ Student ☐ Forex Dealer ☐ Other Specify _____

Gross Annual Income OR Net-worth* in ₹ *Not older than one year

INDIVIDUALS: ☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ >25L _____ as on D D M M Y Y

☐ Politically Exposed Person (PEP) ☐ Related to a PEP

NON-INDIVIDUALS: ☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ >25L ☐ 25L-1C ☐ >1C _____ as on D D M M Y Y

Is the entity involved in any of the following:

Foreign Exchange/Money Changer ☐ Yes ☐ No

Gaming/ Gambling/ Lottery (casinos, betting syndicates) ☐ Yes ☐ No

Money Lending/ Pawning ☐ Yes ☐ No

Any other information _____

SECOND APPLICANT'S DETAILS ☐ Mr. ☐ Ms. ☐ M/s | Mode of Holding: ☐ Joint ☐ Anyone or Survivor (Default) | Nationality _____ Country of Birth _____

Name (2nd) _____

PAN _____ ☐ KYC Proof Enclosed | Mobile +91 _____ Email _____

Status ☐ Resident Individual ☐ FII ☐ NRI ☐ PIO ☐ HUF ☐ Company/Body Corporate ☐ Proprietor ☐ Trust ☐ Society ☐ Other Specify _____

Occupation ☐ Pvt. Sector Service ☐ Public Sector ☐ Gov. Service ☐ Housewife ☐ Defence ☐ Retired ☐ Professional ☐ Business ☐ Agriculture ☐ Student ☐ Forex Dealer ☐ Other Specify _____

Gross Annual Income OR Net-worth* in ₹ *Not older than one year

INDIVIDUALS: ☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ >25L _____ as on D D M M Y Y

☐ Politically Exposed Person (PEP) ☐ Related to a PEP

Any other information _____

THIRD APPLICANT'S DETAILS ☐ Mr. ☐ Ms. ☐ M/s Nationality _____ Country of Birth _____

Name (3rd) _____

PAN _____ ☐ KYC Proof Enclosed | Mobile +91 _____ Email _____

Status ☐ Resident Individual ☐ FII ☐ NRI ☐ PIO ☐ HUF ☐ Company/Body Corporate ☐ Proprietor ☐ Trust ☐ Society ☐ Other Specify _____

Occupation ☐ Pvt. Sector Service ☐ Public Sector ☐ Gov. Service ☐ Housewife ☐ Defence ☐ Retired ☐ Professional ☐ Business ☐ Agriculture ☐ Student ☐ Forex Dealer ☐ Other Specify _____

Gross Annual Income OR Net-worth* in ₹ *Not older than one year

INDIVIDUALS: ☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ >25L _____ as on D D M M Y Y

☐ Politically Exposed Person (PEP) ☐ Related to a PEP

Any other information _____

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

EMAIL COMMUNICATION INFORMATION

(Refer Page no. 7, 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

5 BANK ACCOUNT DETAILS - Mandatory (Payout Bank - If left blank, application will be rejected)

(Refer Page no. 7, 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)		
IFSC Code (RTGS/NEFT)	(Mandatory for Credit via NEFT/RTGS). (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your Bank)		

Please attach a cancelled cheque OR a clear photo copy of a cheque

REDEMPTION / DIVIDEND REMITTANCE

(Refer Page no. 7, 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

6 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 Page no. 8, 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.	

7 SCHEME AND PAYMENT DETAILS (Payment through Cash/Non-MICR Cheques/Outstation Cheques not accepted)

(Refer Page no. 7 & 8, Instruction No.4, 8 & 14)

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*	☐ S/B ☐ NRE* ☐ Current ☐ NRO ☐ FCNR*	*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) e v i d encing source of funds	
Please (✓)	☐ RTGS ☐ Fund Transfer ☐ Letter dated	D D M M Y Y	Bank A/c No.

8 DIVIDEND TRANSFER FACILITY (Please tick to select this facility)

(Refer Page no. 7, Instruction No.4(e)(4))

☐ This facility is available only under Dividend Payout option if the unit holder chooses to transfer the amount of the dividend receivable by them into any of the open ended scheme - Target Scheme _____

9 NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate]

(Refer Page no. 7, Instruction No.6)

☐ I/we do wish to nominate as under: ☐ I/we do not wish to nominate.

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship with Unit Holder	@% of share
1.		D D M M Y Y Y Y			
2.		D D M M Y Y Y Y			
3.		D D M M Y Y Y Y			

@If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

Sole/ 1st applicant/Guardian	2nd applicant	3rd applicant

10 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.

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.

Applicable to citizen of USA/ Canada: I/We hereby confirm that I/We am/are not restricted persons resident in Canada or in Countries which are non-compliant with FATF Agreements or in the United States of America (USA), or corporations, or partnerships or any other entity created or organised in or under the laws of USA or any person/entity falling within the definition of the term 'US Person' under the US Securities Act of 1933, (as amended). I/We hereby confirm that I/We are not giving a false confirmation and/or disguising my/our country of residence. I/We confirm that BOI AXA Investment Managers Pvt. Ltd. is relying upon this confirmation and in no event shall members of the BOI AXA Group and / or their directors, officers and employees be liable for any direct, indirect, special, incidental or consequential damages arising out of false confirmation/information.

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.

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

EQUITY-KIM/240815

CHECKLIST (Please submit the following documents with your application (where applicable). All documents should be original/ true copies Certified by a Director/Trustee/Company Secretary/Authorized signatory/ Notary Public).

Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII	HUF	AOP & BOI	Demat Holder
PAN Card [Micro investments, Investor(s) fromSikkim, government officials specifically exempt]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Resolution/ Authorisation to invest		✓	✓	✓		✓		✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓		✓	
Memorandum & Articles of Association		✓									
Trust Deed						✓					
Bye-laws			✓								
Partnership Deed				✓							
Notorised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Demat Statement (Latest available)											✓
Client Master Statement (Latest available)											✓
HUF Deed									✓		
Overseas Auditor's Certificate & SEBI Regn. Certificate								✓			

FATCA / FOREIGN TAX LAWS INFORMATION - INDIVIDUAL FORM

The Application Form should be completed in English and in **BLOCK LETTERS** only.

Investment Managers

DATE : / /

1. UNIT HOLDER INFORMATION

a. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, please fill in section 1 and proceed to section 3)

Folio No.

PAN No.

The details in our records under the folio number mentioned alongside will apply for this application.

b. NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s.

2. FATCA / FOREIGN TAX LAWS INFORMATION

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

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 1			
Tax Payer Ref. ID No. 1			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant

INSTRUCTIONS

Details under FATCA / Foreign laws

Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with the relevant tax authority. If you have any questions about your tax residency, please contact your tax advisor. Further if you are a Citizen or resident or green card holder or tax resident other than India, please include all such countries in the tax resident country information field along with your Tax Identification Number or any other relevant reference ID/ Number. If there is any change in the information provided, promptly intimate the same to us within 30 days.

FOR MORE INFORMATION

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

Alternate Number 020-4011 2300 & 020-6685 4100

Email us at service@boiaxa-im.com

Website www.boiaxa-im.com