

# 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 Page no. 7, Instruction no. 1) FOR OFFICE USE ONLY

Distributor ARN	Sub-Agent Name & Code/ Bank Branch Code	EUIN No.	CO Code	MO Code	Registrar Serial No.	Date/Time of Receipt
146822						

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/1 <sup>st</sup> applicant/Guardian/ Authorised Signatory/POA	2 <sup>nd</sup> applicant/Authorised Signatory	3 <sup>rd</sup> 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 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
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## 4 FIRST APPLICANT'S DETAILS Mr. Ms. M/s (Refer Page no. 7, Instruction No. 2(b))

Name (1<sup>st</sup>) \_\_\_\_\_

Date of Birth 

D	D	M	M	Y	Y
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 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 ₹  <1L  1-5L  5-10L  10-25L  >25L

INDIVIDUALS  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
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 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

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

Name (2<sup>nd</sup>) \_\_\_\_\_

PAN \_\_\_\_\_  KYC Proof Enclosed | Mobile +91 \_\_\_\_\_ Email \_\_\_\_\_

Status  Resident Individual  FII  NRI  PIO  HUF  Company/Body Corporate

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 ₹  <1L  1-5L  5-10L  10-25L  >25L

INDIVIDUALS  Politically Exposed Person (PEP)  Related to a PEP

THIRD APPLICANT'S DETAILS  Mr.  Ms.  M/s | Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_

Name (3<sup>rd</sup>) \_\_\_\_\_

PAN \_\_\_\_\_  KYC Proof Enclosed | Mobile +91 \_\_\_\_\_ Email \_\_\_\_\_

Status  Resident Individual  FII  NRI  PIO  HUF  Company/Body Corporate

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 ₹  <1L  1-5L  5-10L  10-25L  >25L

INDIVIDUALS  Politically Exposed Person (PEP)  Related to a PEP

## 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 ✓)		<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)																	

(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* <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) e v i d encing 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.														

**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/ 1 <sup>st</sup> applicant/Guardian	2 <sup>nd</sup> applicant	3 <sup>rd</sup> applicant
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**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
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**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) from Sikkim, 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				✓							
Notarised 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								✓			

# Declaration for Ultimate Beneficial Ownership [UBO] For Non-Individual (Mandatory)



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE MANDATORY (MARKED\*) FIELDS

## Applicant's Details

Name

PAN

## Listed Company / its Subsidiary Company

**(i) I / We hereby declare that (✓)**

Our company is a Listed Company listed on recognized stock exchange in India

Our company is a subsidiary of the Listed Company

Our company is controlled by a Listed Company

**(ii) Details of Listed Company ^**

Company Name

Stock Exchange on which listed

Security ISIN

^ The details of holding/parent company to be provided in case the applicant is a subsidiary company.

## Non-Individuals other than Listed Company / its Subsidiary Company

**i) Category (✓)**

Unlisted Company     Partnership Firm     Limited Liability Partnership     Unincorporated association/ body of individuals

Public Charitable Trust     Religious Trust     Private Trust / Trust created by a will     Others \_\_\_\_\_

**ii) Details of Ultimate Beneficial Owners** (If the given space below is not adequate, please provide multiple declaration forms)

Name of Beneficial Owners*	PAN (For Residents / NRIs)	Tax Payer Identification Number#	ID Proof (Foreign / PAN Exempt individual)	UBO Code (Mandatory) (Refer instructions)	Position / Designation (To be provided wherever applicable)

\* If the beneficiary owner is minor, proof of date of birth and proof of relationship with the guardian and copy of PAN with photograph is mandatory.  
# In case Tax Payer Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number.

## Declaration & Signature(s)

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We are aware that I/We maybe liable for it. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatory       Authorized Signatory       Authorized Signatory

Date:  Place:

# FATCA / FOREIGN TAX LAWS INFORMATION - INDIVIDUAL FORM

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



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.

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

PAN No.

### 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@boi-axa-im.com

Website  
www.boi-axa-im.com

# FATCA/ FOREIGN TAX LAWS INFORMATION - NON INDIVIDUAL FORM

[Please seek appropriate advice from a tax professional on FATCA/ Foreign Tax laws related information]

Self Certification Declaration



**Part I: Applicant/Investor details:**

Investor Name: \_\_\_\_\_

PAN: \_\_\_\_\_ FOLIO NO.: \_\_\_\_\_

**Part II: Declarations**

**(A) Particulars**

Applicants	Country of incorporation/ constitution	Country of Tax residency	Taxpayer Identification Number#
1.			
2.			
3.			

#in case Taxpayer Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number.

**(B) Other information:**

S No	Information	Additional Information to be provided
1	We are a financial institution [including an FFI] [Refer instructions a]	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information: GIIN: _____ (Global Intermediary Identification Number) If GIIN not available [tick any one]: <input type="checkbox"/> Applied for on <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Not required to apply (please describe) _____ <input type="checkbox"/> Not obtained
2	We are a listed company [whose shares are regularly traded on a recognized stock exchange]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other _____ (please specify)
3	We are 'Related Entity' of a listed company [Refer instructions b]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of the listed company _____ Specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other _____ (please specify)
4	We are an Active NFFE [Refer instructions c & d] Note: Details of Controlling Persons will not be considered for FATCA purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the nature of business Please specify the category of Active NFFE _____ (Mention code – refer instructions)
5	We are an Passive NFFE [Refer instructions f and g] Note: Details of Controlling Persons will be considered for FATCA purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide: 1. Nature of business _____ 2. For all Controlling Persons who are tax residents (including US citizens and green card holders) of countries other than India, please provide the necessary details including Taxpayer Identification Number (TIN) in the UBO form.

I/We hereby acknowledge and confirm that the information provided hereinabove is/are true and correct to the best of my knowledge and belief. I/We further agree and acknowledge that in the event, the above information and/or any part of it is/are found to be false/untrue/misleading. I/We will be liable for the consequences arising therefrom. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We further agree to promptly intimate you in writing regarding any change/modification to the above information and/or provide additional/further information as and when required by you.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Date:  D  D  M  M  Y  Y  Y  Y

Place: \_\_\_\_\_

