

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

Registrar
Serial No.

Date/Time
of Receipt

Distributor ARN	Sub-Agent Name & Code/ Bank Branch Code	EUIN No.	CO Code	MO Code
ARN-167174		E038800		

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	
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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
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 PAN

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☐ 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

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☐ KYC Proof Enclosed

Mailing address

City State Pine Code

Overseas Correspondence address (Mandatory for NRIs/ FILs/ 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

☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ >25L

as on

D	D	M	M	Y	Y
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☐ Politically Exposed Person (PEP) ☐ Related to a PEP

INDIVIDUALS

☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ >25L ☐ 25L-1C ☐ >1C

as on

D	D	M	M	Y	Y
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☐ Politically Exposed Person (PEP) ☐ Related to a PEP

NON-INDIVIDUALS

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

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☐ 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

☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ >25L

as on

D	D	M	M	Y	Y
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☐ 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

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☐ 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

☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ >25L

as on

D	D	M	M	Y	Y
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☐ 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

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 Ben. 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* 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

Category			
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="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="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

Date:

Place: _____

**Application No:**[illegible][illegible][illegible]

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 SIP Installments 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.

SIGNATURE (S) (as in our records)	1st Applicant	2nd Applicant	3rd Applicant

Certified that the signature of account holder and the Details of Bank account are correct as per our records

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

Signature verification request (To be retained by the Customer's Bank)

The Branch Manager

Date	D	D	M	M	Y	Y	Y	Y
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[illegible]

Yours sincerely

SIGNATURE (S) (as in Bank records)	1st Applicant	2nd Applicant	3rd Applicant



Received from:	Mr.	Ms.	M/s	
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an application for allotment of units under Scheme		Cheque/DD No.					
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Date	D	D	M	M	Y	Y	Y	Y	Amount (₹)						Drawn on Bank and Branch
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