COMMON APPLICATION FORM



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Received from: Mr. / Ms. / M/s			an application for allotment of units
Inder Scheme	, Plan	, Op	tion
Cheque/DD No	Dated//	Amount (₹)	Drawr
on Bank and Branch			
Please note: All unit allotments are subject to Statement of Additional Information.	realization of cheques/Demand Drafts a	nd subject to the terms and conditions	s of relevant Scheme Information Document and

Stamp, Signature & Date

ADDITIONAL KYC DETAILS (N	nandatory)							(Refer Instru	1011011 NO. 2(0)							
Occupation details for	1 st Applicant	2 nd Applicant	3rd Applicant	Guardian	Politically Exposed Person (PEP) details:		Is a PEP	Related to PEP	Not Applicab							
Private Sector Service Public Sector Service							15 4 1 21		nocrippilous							
Government Service					1 st Applicant											
Business					2 nd Applicant											
Professional Agriculturist																
Retired					3rd Applicant											
Housewife					Guardian											
Student Proprietorship																
Others (Please specify)					Authorised Signatory/ Partners/ Director	s/ Others										
Non-Individual Investors inv	volved/ providing	g any of the ment	ioned services		Foreign Exchange / Money Changer Serv Money Lending / Pawning	ices Gaming / Gambling / Lottery / Casino Services										
Gross Annual Income Range	e (in ₹) 1 st App	licant 2 nd Applic	ant 3 rd Applicant	t Guardia	In Gross Annual Income Range (in ₹)	1 st Appl	icant 2 nd Applic	ant 3 rd Applican	t Guardian							
Below 1 lac					10-25 lac											
1-5 lac					25 lac- 1 cr											
5-10 lac					> 1 cr											
DR Networth in ₹ (Mandatory or Non Individual) (not older han 1 year)																
MAIL COMMUNICATION INF	ORMATION							(Refer In	struction No.							
I/We wish to receive the f	following docum	ent(s) physically i	n lieu of Email.	Accour	nt Statement 🗌 News Letter	🗌 Annua	Report	Other Statute	ory Informatio							
ATCA & CRS INFORMATION									truction No. 1							
	al or Business [Residential	Business 🗌 I	•	Office (for address mentioned in form/existing a	iddress ap	pearing in Folio)									
lease indicate all countries in	i which you are re	esident for tax pur	poses and the ass	socialed Tax			т	hird Applicant								
Category		First Applicant (i	including Minor)		Second Applicant/ Guardian											
Category Is the applicant(s)/ guardian Country of Birth/ Citizenship Nationality/ Tax Residency o	n's b/ b/ther	Yes If Yes, please	No No No		Yes No		Lif Yes,	Yes No								
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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

Gall us at (Toll Free)	Allemale Number	Ennair us at
1800-103-2263 & 1800-266-2676	020-4011 2300 & 020-6685 4100	service@boiaxamf.com

Website www.boiaxamf.com

9	SCHEME AND PAYN	VENT	DET	AILS	(Pa	ymer	nt thr	ough	Cas	sh/No	n-M	ICR (Chequ	ies/O	lutsta	ation	Che	ques	not	acce	pted)													(Refe	er Ins	struc	tion	No.4	& 8)
	Scheme Name																																						
	Plan															Op	tion																						
	Sub Option															Div	ideno	l Frec	quen	су																			
	Investment Amoun	t (₹)												DD	Cha	rges	if any	(₹)							N	et An	noun	t (₹)											
	Cheque/ DD No.							Drav	wn E	Bank													Bra	nch/	City														
	Account Type*		S/B		NRE	*] Cur	rrent] NRC] FCN	IR*] *Kir	ndly p	provi	de ph	otoco	ору с	of the	payr	nent	Instru	umen	t or F	oreig	n Inv	vard	remit	tance	Cert	ificate	e (Fll	RC) e	vider	ncing	soui	ce of	funds
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10	DEMAT ACCOUNT D	etail	S –	(Plea	ise e					juenc ount																			eld w	ith th	e De	posit	oy P				uctio	n No	. 10)
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11	NOMINATION DETA	ILS f	or In	divid	uals	[Min	ior /	HUF	/ P0)A Ho	lder	/ Noi	ı Indi	vidua	als c	anno	t Nor	ninai	te]															(Refe	r Insi	ructi	on N	o. 6)

[Please (\checkmark) and sign] $\hfill \hfill \square$ I/We do not wish to Nominate

Sole/1 st Applicant/Guard	lian	_	2 nd Applicant	3 rd Applicant						
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										

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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 (UDAI) (VC 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 LIDAI to share the data as per their records, for verification purpose.

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 /We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. /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.

Second Applicant/ Authorised Signatory SIGN Third Applicant/ Authorised Signatory SIGN

SIGN HERE () (Please write Application Form No. / Folio No.