SPECIAL PRODUCTS APPLICATION FORM (SIP-PDC/ SWP/ STP/ MICRO SIP)



Name & Agent Code	Sub-Agent Name & Code/ Bank Branch Code	EUIN No.	CO Code	MO Code	Registrar Date/Tin Serial No. of Receip	
ARN-167174		E326136				
				ction without any interaction or ac uployee/relationship manager/sale		
istributor has not charged any a	visory fees on this transaction.	1				
		Cocons		Thi		
				various factors including services re	rd Applicant ndered by the distributor.	
INFORMATION OF EXIST				mention the Folio Number & go ill be as per existing Folio Numbe		
Folio No. / ZERO Balance	Folio Number		Mandatory field*			
APPLICANT INFORMATI	ON (Please refer Point N	No. 8) (Please ✓)				
lame of Sole /First Applic	ant* Mr. Ms.	☐ M/s.	Date of Birth	D M M Y Y Y (*	Mandatory for all investors)	
	N A M E	M I D D L	E NAME	L A	S T N A M E	E
ocuments Enclosed^ M			PAN Proof			_
lame of Guardian/Contac	t Person* Relationship w	vith MINOR		Guardian's Date of Birth	D D M M Y Y Y	YY
FIRST	A M E	MIDDL	E NAME	L A	S T N A M E	E
ocuments Enclosed M Please mention the contact pe	rson in case of Non-individual	*KYC - Mandatory for investments	PAN Proof of ₹ 50,000/- and above, for cer	tain category of investors. ^Fo	r Micro SIP refer Point No. 5	5 and
	Joint Anyone or	mandatory irrespective of transac r Survivor ¹ (¹ Default)	tion value (Refer Instruction No.	8)		
- 0 -	NT PLAN (SIP) / MICRO S					
	:		PLAN:	OPTION	*.	
Micro SIP	TIONS*:			QUENCY*:	·	=
Refer Instruction No. 5) Nestment Amount (₹) (in figures)		Investment E	Period (in months)	From D D M M Y	Y To D D M M	V
vestment Commencement Date			1st 7th* 10th 1		(*Default date is 7th)	T
ank A/c No.			Frequency (Please		, ,	
rawn on Bank				Branch		П
heque Dates From D D M	M Y Y Y Y To	D M M Y Y Y	Cheque Nos. From	То		
ccount Type (Please ✓)	SAVINGS CURRENT	OTHERS (please specify)	PDC facility for	daily SIP is not available		
SYSTEMATIC WITHDRAW	AL PLAN (SWP)					
ROM SCHEME*:		PLAN*: _		OPTION*:		_
SUB OPTIONS*:			DIVIDEND FREQUENCY*:			
/ithdrawal Option (Please ✓)	FIXED or	APPRECIATION WITHDRAWAL		Amount (₹) (in figures)		
otal Amount of SWP (₹) (in figure				MONTHLY (minimum 6 months) or	QUARTERLY	_
		Oth 25th (*Default date is 7th) With	drawal Period From D D	M M Y Y Y Y To	D D M M Y Y	Υ
	PLAN (STP) (Please refe					
ROM SCHEME*:		PLAN*:		OPTION*:		_
O SCHEME*:		PLAN*:_	- 5 5 4 4 7 7	OPTION*:		
	15th 20th 25th /*	Transfer Period Fron Default date is 7th) Frequency (Please		MONTHLY	VIYYYY	_
otal Amount of Transfer (₹) (in t		Total Amou		- MONTHE	No. of Installments	
DECLARATION AND SIGN		10.0.7411001				
		Document and Statement of Addition	nal Information of BOI AXA Mutua	al Fund including the section on "Who	cannot invest" and "Prevention or	of Mo
plicable to NRI only: I /We confirm tount. I/We undertake that all additi	that I am/we are Non-Resident Indian onal purchases made under this Foli	n/Person of Indian Origin and that I/W io will also be from funds received fron	e have remitted funds from abro a abroad through approved banki	al Fund including the section on "Who. I/We hereby declare that I/We am/ar itravention of evasion of any Act, Rules te this of my investment to my bank(s), it investment. I/We declare that the in ad through approved banking channels and from funds in my/our NF yable to him for the different compet	or from funds in my/our NRE/NR RE/NRO/FCNR Account.	RO/F
m amongst which the Scheme is	peing recommended to me/us.	The state of the s	, pa	, to minion the different compet		u
Sole / Firs	t Applicant	Second		Thi	rd Applicant	
	P.P.	(To be signed by All Applicants				_
+ m	ACKI	NOWLEDGEME	NTSLIP F	olio No. /		_
ent Managers	ACKI	NOWLEDGEME		pplication No.		