

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 Instruction No. 1)						FOR OFFICE USE ONLY	
Distributor ARN/ RIA	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt
157526			E286497				

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

2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. 1(a))	
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In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible ☐ I confirm that I am a First time investor across Mutual Funds.
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 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 Instruction No. 2(a))	
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Folio No.

4 MODE OF HOLDING & KIN/ KYC DETAILS (Refer Instruction No. 9(a & b))	
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☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

	Permanent Account Number (PAN)	KYC Identification Number (KIN)	
First Applicant	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> PAN/ KYC Proof Enclosed
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> PAN/ KYC Proof Enclosed
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> PAN/ KYC Proof Enclosed
Guardian (in case Minor)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> PAN/ KYC Proof Enclosed

5 APPLICANT'S DETAILS (Refer Instruction No. 2(b)) (#Refer Instruction No. 2(b)9)	
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FIRST/ SOLE APPLICANT'S DETAILS ☐ Mr. ☐ Ms. ☐ M/s

Name (1st)

Date of Birth AADHAAR Card Number# Nationality Country of Birth

Status of First/ Sole Applicant [Please tick (✓)] ☐ Individual ☐ Non - Individual [For Non - individual - please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction No. 14 & 15) (Mandatory)

☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Company ☐ FIs ☐ Minor through guardian ☐ BOI ☐ OCI ☐ Body Corporate ☐ LLP ☐ Society / Club ☐ Foreign National Resident in India ☐ FPI ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others (please specify)

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

NAME OF GUARDIAN (in case of First/ Sole Applicant is a Minor)/ NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)/ POA HOLDER/ SOLE PROPRIETOR DETAILS

☐ Mr. ☐ Ms. ☐ M/s

Designation AADHAAR Card Number# Mobile +91

Please note that your address and contact details will be updated as per your KYC/ CKYC records.

Mailing address		<input type="text"/>	
Landmark		<input type="text"/>	
City	State	Pin Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email ID	Mobile	Tel.	
<input type="text"/>	+91 <input type="text"/>	<input type="text"/>	

Overseas address (for FIs/ NRIs/ PIOs)

Mailing address		<input type="text"/>	
Landmark		<input type="text"/>	
State	Country	City	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECOND APPLICANT'S DETAILS ☐ Mr. ☐ Ms. | Nationality Country of Birth Mobile +91

Name (2nd)

AADHAAR Card Number # Email ID

THIRD APPLICANT'S DETAILS ☐ Mr. ☐ Ms. | Nationality Country of Birth Mobile +91

Name (3rd)

AADHAAR Card Number# Email ID

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

6 ADDITIONAL KYC DETAILS (Mandatory)					(Refer Instruction No. 2(c))																			
Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable																
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatory/ Partners/ Directors/ Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Others (Please specify)																								
Non-Individual Investors involved/ providing any of the mentioned services					<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above																			
Gross Annual Income Range (in ₹)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range (in ₹)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian															
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
OR Networth in ₹ (Mandatory for Non Individual) (not older than 1 year)					as on <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">DD</td> <td style="text-align: center;">MM</td> <td style="text-align: center;">YYYY</td> <td colspan="5"></td> </tr> </table>												DD	MM	YYYY					
DD	MM	YYYY																						

EMAIL COMMUNICATION INFORMATION		(Refer Instruction No. 7)
<input type="checkbox"/> I/We wish to receive the following document(s) physically in lieu of Email.		<input type="checkbox"/> Account Statement <input type="checkbox"/> News Letter <input type="checkbox"/> Annual Report <input type="checkbox"/> Other Statutory Information

7 FATCA & CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification)				(Refer Instruction No. 14)
The below information is required for all applicant(s)/ guardian				
Address Type: <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office (for address mentioned in form/existing address appearing in Folio)				
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	
Is the applicant(s)/ guardian's Country of Birth/ Citizenship/ Nationality/ Tax Residency other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information [mandatory]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information [mandatory]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information [mandatory]	
Place/ City of Birth				
Country of Birth				
Country of Tax Residency				
Tax Payer Ref. ID No ^				
Identification Type [TIN or other, please specify]				
Country of Tax Residency 2				
Tax Payer Ref. ID No. 2				
Identification Type [TIN or other, please specify]				
Country of Tax Residency 3				
Tax Payer Ref. ID No. 3				
Identification Type [TIN or other, please specify]				

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

8 BANK ACCOUNT DETAILS - Mandatory (Payout Bank - If left blank, application will be rejected)		(Refer 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)	(11 Character code appearing on your cheque leaf)	

Cancelled copy of a cheque required in case of investments not through cheque

EQUITY-KIM/10012018

FOR MORE INFORMATION

BOI AXA Mutual Fund

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020-4011 2300 & 020-6685 4100

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service@boiexamf.com

Website
www.boiexamf.com

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