

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
ARN-96458			E108296				

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 st applicant/Guardian/ Authorised Signatory/POA	2 nd applicant/Authorised Signatory	3 rd applicant/Authorised Signatory
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2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer 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 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))

Folio No. _____

4 MODE OF HOLDING & KIN/ KYC DETAILS (Refer Instruction No. 9(a & b))

<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default)	
Permanent Account Number (PAN)	KYC Identification Number (KIN)
First Applicant	<input type="checkbox"/> PAN/ KYC Proof Enclosed
Second Applicant	<input type="checkbox"/> PAN/ KYC Proof Enclosed
Third Applicant	<input type="checkbox"/> PAN/ KYC Proof Enclosed
Guardian (in case Minor)	<input type="checkbox"/> PAN/ KYC Proof Enclosed

5 APPLICANT'S DETAILS (Refer Instruction No. 2(b)) (#Refer Instruction No. 2(b)9)

FIRST/ SOLE APPLICANT'S DETAILS Mr. Ms. M/s

Name (1st) _____

Date of Birth

D	D	M	M	Y	Y
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 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 _____

Landmark _____

City _____ State _____ Pin Code _____

Email ID _____ Mobile +91 _____ Tel. _____

Overseas address (for FIs/ NRIs/ PIOs)

Mailing address _____

Landmark _____ City _____

State _____ Country _____ Zip Code _____

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"/>				
Government 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"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant	<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"/>	Guardian	<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"/>	Authorised Signatory/ Partners/ Directors/ Others	<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

Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning 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 DD MM YYYY

EMAIL COMMUNICATION INFORMATION (Refer 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

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: Residential or Business Residential Business 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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1800-103-2263 & 1800-266-2676

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020-4011 2300 & 020-6685 4100

Email us at
service@boi.axamf.com

Website
www.boi.axamf.com

