COMMON APPLICATION FORM

Statement of Additional Information



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.

(Refer Instruction No. 1) FOR OFFICE USE ONLY DISTRIBUTOR INFORMATION Date/Time Sub-Agent Code/ Bank Branch Code Distributor ARN/ RIA **Sub Agent ARN Code** CO Code **MO Code** Sales Code of Receipt 130842 E215826 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. 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. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number and proceed to Scheme and Payment Details] (Refer Instruction No. 2(a)) Folio No. (Refer Instruction No. 9(a & b)) MODE OF HOLDING & KIN/ KYC DETAILS Anyone or Survivor (Default) Single Joint **KYC Identification Number (KIN)** Permanent Account Number (PAN) First Applicant PAN/ KYC Proof Enclosed Second Applicant PAN/ KYC Proof Enclosed **Third Applicant** ■ PAN/ KYC Proof Enclosed Guardian (in case Minor) PAN/ KYC Proof Enclosed APPLICANT'S DETAILS (Refer Instruction No. 2(b)) (#Refer Instruction No. 2(b)9) FIRST/ SOLE APPLICANT'S DETAILS Mr. Ms. Ms. Name (1st) Nationality Country of Birth Date of Birth AADHAAR Card Number# Status of First/ Sole Applicant [Please tick (\checkmark)] 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 FIIs Minor through guardian BOI OCI Body Corporate LLP Society / Club Foreign National Resident in India FPI Sole Proprietorship Non Profit Organisation Others_ 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 AADHAAR Card Number# Mobile +9 Please note that your address and contact details will be updated as per your KYC/ CKYC records **Mailing address** Landmark City State Pin Code +91 Overseas address (for FIIs/ NRIs/ PIOs) **Mailing address** City Landmark State Country Zip Code SECOND APPLICANT'S DETAILS Mr. Ms. | Nationality Country of Birth Mobile +9 Name (2nd) AADHAAR Card Number # **Email ID** THIRD APPLICANT'S DETAILS Mr. Ms. Nationality Country of Birth Mohile +9 Name (3rd) AADHAAR Card Number# **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 (₹) 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 Stamp, Signature & Date

Occupation details for Private Sector Service														
	1 st Appli	icant 2 nd /	Applicant	3rd Applicant	Guardian	Politically Exposed Person (PEP) details: Is a PEP Related to PEP Not.	Applicab							
Public Sector Service							• • •							
Government Service						1" Applicant								
Business Professional						2 nd Applicant								
Agriculturist						3 rd Applicant								
Retired Housewife														
Student						Guardian								
Proprietorship Others (Please specify)						Authorised Signatory/ Partners/ Directors/ Others								
Non-Individual Investors in	volved/ pro	oviding any (of the mentio	ned services		Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Money Lending / Pawning None of the above	Service							
Gross Annual Income Range	e (in ₹)	1 st Applicant	2 nd Applicar	t 3 rd Applicant	Guardian		Guardia							
Below 1 lac						10-25 lac								
1-5 lac 5-10 lac						25 lac- 1 cr								
OR Networth in ₹ (Mandator for Non Individual) (not olde than 1 year)	r _					as on DD MM YYYY	ion No.							
MAIL COMMUNICATION IN						(Refer Instruct								
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Is the applicant(s)/ guardiar	nie													
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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

Call us at (Toll Free)
1800-103-2263 & 1800-266-2676

Alternate Number 020-4011 2300 & 020-6685 4100

Email us at service@boiaxamf.com

Website www.boiaxamf.com

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Name and Address of Nominee(s)	Relationship with Applicant	Date o	Date of Birth Name and Address of Guardian (to be furnished in case the Nominee is a minor)							Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)						Proportion (%) in which the units will be shared each Nominee (should aggregate to 10						
Nominee 1																						
Nominee 2																						_
Nominee 3																					_	_
I/We have read and understood the contents	Fund including the se	iduon Doo	wmer Who	it and S		of																
Additional Information of BOI AXA Mutual Prevention of Money Laundering. I/We hereby agree to abide by the terms and conditions a authorised to make this investment and that sources only and does not involve and is not any Act, Rules, Regulations, Notifications or I hereby authorise BOI AXA Mutual Fund, its Inivestment to my bank(s)/BOI AXA Mutual Fundave neither received nor been induced by investment. I/We declare that the information stated. I/We are aware that the information provided/operation of my/our investment account. I/We with any third party as may be required by BO me/us or for opening, continuing and operatin	applicable thereto. I/We the amount invested in lesigned for the purpos Directions issued by an vestment Manager and and /or Distributor, any rebate or gifts, di given in this application collected in this application collected in this application of JAXA Mutual Fund for t g my/our investment as	he hereby on the Sche e of any co y regulato its agents /Broker / li irectly or it form is co tion form is or sharing the purpos ccount/fol	declar eme is ontrav ry aut to dis nvestr indirect orrect s nec my/o e of pi io.	e that I/s througention chority in sclose dement Actly, in completessary in the control of the c	invest ar scheme ar We am /a h legitima r evasion n India. I/W etails of m dvisor. I/W making th ete and tru n relation informatic services	d d d d e e e e e e e e e e e e e e e e	Guai	ole Applic dian/ PoA sed Signa	cant/		write . reverse	Appli of th	cation ne Che		No Der							
Additional Information of BOI AXA Mutual Prevention of Money Laundering. I/We hereby agree to abide by the terms and conditions a authorised to make this investment and that sources only and does not involve and is not any Act, Rules, Regulations, Notifications or I hereby authorise BOI AXA Mutual Fund, its In investment to my bank(s)/BOI AXA Mutual Fund, there in the received nor been induced by investment. I/We declare that the information stated.	applicable thereto. I/We the amount invested in the amount invested in designed for the purpose Directions issued by an vestment Manager and and and /or Distributor, any rebate or gifts, digiven in this application collected in this application collected in this application application of the collected in this application of the collected in this application of the collected in the collected in this application of the collected in the collec	hereby on the Schee of any ccy yregulato its agents its agents its agents if form is countried or sharing the purpose coount/fol commissing the form the about the foliation of the purpose of	declar me is is in the interest of the interes	e that lyd genetion of the third scale of the third genetion of the third scale of the th	invest ar Scheme ar We am /ai Ne gitima r evasion l India. I/W etails of m dvisor. I/W making th tete and tru n relation informatic services form of tra ious Mutu we authorizable to any Registratic rs includir n/change change wi i/update ar	d d d d d d d d d d d d d d d d d d d	Guar Authoria	dian/ PoA	cant/		write . reverse	Appli of th	cation ne Che	Form	No Der							