

# 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-102495<br>(Meri Punji IMF Pvt Ltd)              |                                  |                    | E145320  |         |         |                     |                      |

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 <sup>st</sup> applicant/Guardian/ Authorised Signatory/POA | 2 <sup>nd</sup> applicant/Authorised Signatory | 3 <sup>rd</sup> applicant/Authorised Signatory |
|---|--|--|

| 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 |  |
|-------------------|--|
|-------------------|--|

Single  Joint  Anyone or Survivor (Default)

| 5 FIRST APPLICANT'S DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s (Refer Instruction No. 2(b)) |  |
|---|--|
|---|--|

Name (1<sup>st</sup>) \_\_\_\_\_

Date of Birth 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

 PAN \_\_\_\_\_  KYC Proof Enclosed | 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 DETAILS

Mr.  Ms.  M/s \_\_\_\_\_

Designation \_\_\_\_\_ PAN \_\_\_\_\_  KYC Proof Enclosed | Mobile +91 \_\_\_\_\_

Please note that your address details will be updated as per your KYC record with KRA.

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pine Code \_\_\_\_\_

Email ID \_\_\_\_\_ Mobile +91 \_\_\_\_\_ Tel. \_\_\_\_\_

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

Name (2<sup>nd</sup>) \_\_\_\_\_

PAN \_\_\_\_\_  KYC Proof Enclosed | Email ID \_\_\_\_\_

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

Name (3<sup>rd</sup>) \_\_\_\_\_

PAN \_\_\_\_\_  KYC Proof Enclosed | Email ID \_\_\_\_\_

| 6 ADDITIONAL KYC DETAILS (Mandatory) (Refer Instruction No. 2(c)) |  |
|---|--|
|---|--|

| Occupation details for  | 1 <sup>st</sup> Applicant | 2 <sup>nd</sup> Applicant | 3 <sup>rd</sup> Applicant | Guardian                 |
|-------------------------|---------------------------|---------------------------|---------------------------|--------------------------|
| Private Sector Service  | <input type="checkbox"/>  | <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"/> |
| 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"/> |
| 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) | _____                     | _____                     | _____                     | _____                    |

| Politically Exposed Person (PEP) details: | Is a PEP                 | Related to PEP           | Not Applicable           |
|---|--------------------------|--------------------------|--------------------------|
| 1 <sup>st</sup> Applicant                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 <sup>nd</sup> Applicant                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 <sup>rd</sup> Applicant                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guardian                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Authorised Signatories                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Promoters                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partners                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Karta                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Whole-time Directors                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trustee                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

## 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 (Contd...)** **(Refer Instruction No. 2(c))**

| Gross Annual Income Range (in Rs.) | 1 <sup>st</sup> Applicant | 2 <sup>nd</sup> Applicant | 3 <sup>rd</sup> Applicant | Guardian                 | Gross Annual Income Range (in Rs.) | 1 <sup>st</sup> Applicant | 2 <sup>nd</sup> Applicant | 3 <sup>rd</sup> 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 Rs. (Mandatory for Non Individual) (not older than 1 year) \_\_\_\_\_

as on  

|    |    |      |    |    |
|----|----|------|----|----|
|    |    |      |    |    |
| DD | MM | YYYY | YY | YY |

**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)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?  Yes  No

If Yes, please provide the following information [mandatory]

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 |
|--|-----------------------------------|----------------------------|-----------------|
| 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) |                                  |                                  |                              |                              |                               |                                      | Cancelled copy of a cheque required in case of investments not through cheque |  |  |
| IFSC Code (RTGS/NEFT) |  |  |  |  |  |  |  |  |  |  | (11 Character code appearing on your cheque leaf)                       |                                  |                                  |                              |                              |                               |                                      |   |  |  |

**9 SCHEME AND PAYMENT DETAILS (Payment through Cash/Non-MICR Cheques/Outstation Cheques not accepted)** **(Refer Instruction No.4 & 8)**

|                       |                               |  |                                       |                              |                                |  |   |   |   |              |                       |  |  |  |  |  |                |  |  |
|-----------------------|-------------------------------|--|---------------------------------------|------------------------------|--------------------------------|--|---|---|---|--------------|-----------------------|--|--|--|--|--|----------------|--|--|
| Scheme Name           |                               |  |                                       |                              |                                |  |   |   |   |              |                       |  |  |  |  |  |                |  |  |
| Plan                  |                               |  |                                       |                              |                                |  |   |   |   |              | Option                |  |  |  |  |  |                |  |  |
| Sub Option            |                               |  |                                       |                              |                                |  |   |   |   |              | Dividend Frequency    |  |  |  |  |  |                |  |  |
| Investment Amount (₹) |                               |  |                                       |                              |                                |  |   |   |   |              | DD Charges if any (₹) |  |  |  |  |  | Net Amount (₹) |  |  |
| Cheque/ DD No.        |                               |  |                                       |                              |                                |  |   |   |   |              | Drawn Bank            |  |  |  |  |  | Branch/City    |  |  |
| Account Type*         | <input type="checkbox"/> S/B  | <input type="checkbox"/> NRE*          | <input type="checkbox"/> Current      | <input type="checkbox"/> NRO | <input type="checkbox"/> FCNR* | *Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) evidencing source of funds |   |   |   |              |                       |  |  |  |  |  |                |  |  |
| Please (✓)            | <input type="checkbox"/> RTGS | <input type="checkbox"/> Fund Transfer | <input type="checkbox"/> Letter dated | D                            | D                              | M  | M | Y | Y | Bank A/c No. |                       |  |  |  |  |  |                |  |  |

**FOR MORE INFORMATION**

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

Alternate Number  
020-4011 2300 & 020-6685 4100

Email us at  
service@boi-axa-im.com

Website  
www.boi-axa-im.com

**REDEMPTION / DIVIDEND REMITTANCE**

(Refer Instruction No. 5)

Electronic Payment (It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/destination branch corresponding to the Bank details.)  
 Cheque Payment

**10 DEMAT ACCOUNT DETAILS – (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). (If Demat Account details are provided below units will be allotted by default in electronic mode only) (Refer Instruction No. 10)**

|  |               |   |   |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |
|--|---------------|---|---|--|--|--|--|--|--|--|--|--|--|-------------------------|--|--|--|--|--|--|
| National Securities Depository Limited (NSDL)      | DP Name       |   |   |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |
|  | DP ID No.     | I | N |  |  |  |  |  |  |  |  |  |  | Beneficiary Account No. |  |  |  |  |  |  |
| Central Depository Services (India) Limited (CDSL) | DP Name       |   |   |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |
|  | Target ID No. |   |   |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |

**11 NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate] (Refer Instruction No. 6)**

[Please (✓) and sign]  I/We do not wish to Nominate

Sole/1<sup>st</sup> Applicant/Guardian

2<sup>nd</sup> Applicant

3<sup>rd</sup> Applicant

**OR**

I/We wish to nominate as under:

| Name and Address of Nominee(s) | Relationship with Applicant | Date of Birth | Name and Address of Guardian                     | Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory) | Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%) |
|--------------------------------|-----------------------------|---------------|--|--|---|
|                                |                             |               | (to be furnished in case the Nominee is a minor) |  |   |
| Nominee 1                      |                             |               |  |  |   |
| Nominee 2                      |                             |               |  |  |   |
| Nominee 3                      |                             |               |  |  |   |

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

**SIGN HERE**

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

|                     |  |  |
|---------------------|--|--|
| <b>SIGNATURE(S)</b> | First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory |  (X) |
|                     | Second Applicant/ Authorised Signatory                     |  (X) |
|                     | Third Applicant/ Authorised Signatory                      |  (X) |