

COMMON APPLICATION FORM Contact: Save Tax Get Rich +91 94 8300 8300



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 Page no. 7, Instruction no. 1)					FOR OFFICE USE ONLY	
Distributor ARN	Sub-Agent Name & Code/ Bank Branch Code	EUIIN No.	CO Code	MO Code	Registrar Serial No.	Date/Time of Receipt

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 EUIIN 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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- Country of Birth / Citizenship / Nationality or Tax Residency, other than India, for any applicant? (✓): Yes / No (Mandatory to ✓). If Yes, please fill FATCA Declaration.
- Non Individual Investors should mandatorily fill separate FATCA & UBO Declarations (Refer Page no. 8, Instruction No. 14 & 15)

2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Page no. 7, 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 as applicable from the purchase / subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.	<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. <input type="checkbox"/> 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 Page no. 7, Instruction No. 2(a))	
Folio No. _____	Name of First Unit Holder _____

4 FIRST APPLICANT'S DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s (Refer Page no. 7, Instruction No. 2(b))						
Name (1 st) _____						
Date of Birth <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> PAN _____ <input type="checkbox"/> KYC Proof Enclosed Nationality _____ Country of Birth _____						
For Investments "On behalf of Minor" <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other Relationship with minor <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian Name of the Guardian (if minor)/ Contact person for non individuals/ PoA holder name _____ PAN _____ <input type="checkbox"/> KYC Proof Enclosed						
Mailing address _____						
City _____ State _____ Pine Code _____						
Overseas Correspondence address (Mandatory for NRIs/ FIs/ PIOs) _____ Country _____						
Email ID _____ Mobile +91 _____ Tel. _____						
Status <input type="checkbox"/> Individual <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> FI <input type="checkbox"/> NRI <input type="checkbox"/> Minor <input type="checkbox"/> PIO <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Proprietor <input type="checkbox"/> Other _____ Specify _____						
Occupation <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other _____ Specify _____						

Gross Annual Income OR Net-worth* in ₹ *Not older than one year _____ as on <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP							INDIVIDUALS	Gross Annual Income OR Net-worth* in ₹ *Not older than one year _____ as on <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP							NON-INDIVIDUALS
Is the entity involved in any of the following: Foreign Exchange/Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No															
Any other information _____															

SECOND APPLICANT'S DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s Mode of Holding: <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default) Nationality _____ Country of Birth _____							
Name (2 nd) _____							
PAN _____ <input type="checkbox"/> KYC Proof Enclosed Mobile +91 _____ Email _____							
Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> FI <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> HUF <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> Other _____ Specify _____	Gross Annual Income OR Net-worth* in ₹ *Not older than one year _____ as on <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP						
Occupation <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Retired <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other _____ Specify _____	Any other information _____						

THIRD APPLICANT'S DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s Nationality _____ Country of Birth _____							
Name (3 rd) _____							
PAN _____ <input type="checkbox"/> KYC Proof Enclosed Mobile +91 _____ Email _____							
Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> FI <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> HUF <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> Other _____ Specify _____	Gross Annual Income OR Net-worth* in ₹ *Not older than one year _____ as on <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP						
Occupation <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Retired <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other _____ Specify _____	Any other information _____						

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

EMAIL COMMUNICATION INFORMATION

(Refer Page no. 7, 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

5 BANK ACCOUNT DETAILS - Mandatory (Payout Bank - If left blank, application will be rejected)

(Refer Page no. 7, 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)			(Mandatory for Credit via NEFT/ RTGS). (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your Bank)								

Please attach a cancelled cheque OR a clear photo copy of a cheque

REDEMPTION / DIVIDEND REMITTANCE

(Refer Page no. 7, 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

6 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 Page no. 8, Instruction No.10)

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

7 SCHEME AND PAYMENT DETAILS (Payment through Cash/Non-MICR Cheques/Outstation Cheques not accepted)

(Refer Page no. 7 & 8, Instruction No.4, 8 & 14)

Scheme Name BOI AXA Tax Advantage Fund											
Plan Growth						Option					
Sub Option Growth						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) e v i d encing 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.					

8 DIVIDEND TRANSFER FACILITY (Please tick to select this facility)

(Refer Page no. 7, Instruction No.4(e)(4))

This facility is available only under Dividend Payout option if the unit holder chooses to transfer the amount of the dividend receivable by them into any of the open ended scheme - Target Scheme _____

9 NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate]

(Refer Page no. 7, Instruction No.6)

I/we do wish to nominate as under: I/we do not wish to nominate.

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship with Unit Holder	@% of share
1.		D D M M Y Y Y Y			
2.		D D M M Y Y Y Y			
3.		D D M M Y Y Y Y			

*If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

Sole/1 st applicant/Guardian		2 nd applicant		3 rd applicant	
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10 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.

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.

Applicable to citizen of USA/ Canada: I/We hereby confirm that I/We am /are not restricted persons resident in Canada or in Countries which are non-compliant with FATF Agreements or in the United States of America (USA), or corporations, or partnerships or any other entity created or organised in or under the laws of USA or any person/entity falling within the definition of the term 'US Person' under the US Securities Act of 1933, (as amended). I/We hereby confirm that I/We are not giving a false confirmation and/or disguising my/our country of residence. I/We confirm that BOI AXA Investment Managers Pvt. Ltd. is relying upon this confirmation and in no event shall members of the BOI AXA Group and /or their directors, officers and employees be liable for any direct, indirect, special, incidental or consequential damages arising out of false confirmation /information.

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.

First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory			Second Applicant/ Authorised Signatory			Third applicant/ Authorised Signatory		
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CHECKLIST (Please submit the following documents with your application (where applicable). All documents should be original/ true copies Certified by a Director/Trustee/Company Secretary/Authorized signatory/ Notary Public).

Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII	HUF	AOP & BOI	Demat Holder
PAN Card (Micro investments, Investor(s) from Sikkim, government officials specifically exempt) & KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Resolution/ Authorisation to invest	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
List of authorised signatories with specimen signatures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Memorandum & Articles of Association	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Trust Deed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bye-laws	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Partnership Deed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Notarised POA (signed by investor and POA Holder)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bank Account Proof (Latest available)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Demat Statement (Latest available)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Client Master Statement (Latest available)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HUF Deed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Overseas Auditor's Certificate & SEBI Regn. Certificate	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
UBO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FATCA & CRS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Contact: Save Tax Get Rich
+91 94 8300 8300**



SIP SHIELD AUTO DEBIT/ NACH FACILITY : REGISTRATION CUM MANDATE



INVESTORS SUBSCRIBING TO THE SCHEME THROUGH SIP AUTO DEBIT FACILITY TO COMPLETE THIS FORM COMPULSORILY ALONGWITH COMMON SIP SHIELD FORM

Application should be submitted atleast 30 days before processing of Monthly SIP SHIELD
For terms & conditions refer overleaf

Application No:

1 INVESTOR DETAILS (Please refer Point No. 10 for Micro SIP)

Folio No. / Application No.	
Name of 1st Applicant	
Name of 2nd Applicant	
Name of 3rd Applicant	

2 SIP DETAILS

Scheme Name	BOI AXA Tax Advantage Fund		
Plan	Growth	Option	
Sub Option	Growth	Dividend Frequency	

Please refer the scheme specific SID and SAI to know the Plan, Option & Sub-Options related information.

Frequency (Please ✓)	<input checked="" type="checkbox"/> Monthly	SIP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 7th ^f <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	(#Default date is 7th)	
Instalment Amount (In figures)		Drawn on Bank /Branch Name			
Mandatory Enclosures (Please ✓)	If the first instalment is not by cheque <input type="checkbox"/> Blank Cancelled Cheque				
Enrolment Period	From	D D M M Y Y Y Y	To	D D M M Y Y Y Y	Enrolment period has to be for a minimum period of 3 years and can be extended upto age of 55 years of the first applicant.

DECLARATION & SIGNATURE: I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit/ NACH Facility. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / We would not hold the user institution responsible. I/ We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

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 for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/ us.

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 SIP Installments 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. We are not citizens/ residents of USA or Canada.

SIGNATURE (S) (as in our records)			
	1st Applicant	2nd Applicant	3rd Applicant

DEBIT MANDATE FORM NACH / DIRECT DEBIT



UMRN **F O R O F F I C E U S E O N L Y** Date **D D M M Y Y Y Y**

Tick (✓)	Sponsor Bank Code	For Office use only	Utility Code	For Office use only
CREATE <input type="checkbox"/>	I/We hereby authorize	BOI AXA Mutual Fund	to debit (tick ✓)	SB/CA/CC/SB-NRE/SB-NRO/Other
MODIFY <input type="checkbox"/>	Bank a/c number			
CANCEL <input type="checkbox"/>				

with Bank **Name of customers bank** IFSC or MICR

an amount of Rupees **Amount in words** ₹

FREQUENCY Mthly Qtly H -Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Phone No.

Reference 2 Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank

PERIOD			
From	D D M M Y Y Y Y	Signature Primary Account holder	Signature of Account holder
To	D D M M Y Y Y Y		
Or	<input type="checkbox"/> Until Cancelled	1. Name as in bank records	2. Name as in bank records
			3. Name as in bank records

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instruction as agreed and signed by me.
• I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No.		Investor Name		Stamp & Signature
Scheme Name		(Scheme Name)		
Plan		Option		
SIP Period From	D D M M Y Y	to	D D M M Y Y <input type="checkbox"/> Till further Notice	