

# COMMON APPLICATION FORM

BOI AXA Equity Fund, BOI AXA Tax Advantage Fund  
BOI AXA Focused Infrastructure Fund, BOI AXA Regular Return Fund  
and BOI AXA Equity Debt Rebalancer Fund



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE MANDATORY (MARKED\*) FIELDS

Please read the instructions carefully, before filling up the application form.

Application No: \_\_\_\_\_

**1 DISTRIBUTOR INFORMATION** (Refer Page no. 7, Instruction no. 1) **FOR OFFICE USE ONLY**

| Name & Agent Code | Sub-Agent Name & Code/<br>Bank Branch Code | EUIN No. | CO Code | MO Code | Registrar<br>Serial No. | Date/Time<br>of Receipt |
|-------------------|--|----------|---------|---------|-------------------------|-------------------------|
|                   |  |          |         |         |                         |                         |

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

|  |  |  |
|--|--|--|
| Sole/1 <sup>st</sup> applicant/Guardian/Authorised Signatory/POA | 2 <sup>nd</sup> applicant/Authorised Signatory | 3 <sup>rd</sup> applicant/Authorised Signatory |
|--|--|--|

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.

**2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY** (Refer Page no. 7, Instruction No. 1(a))

I confirm that I am a First time investor across Mutual Funds.  
(₹ 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an existing investor in Mutual Funds.  
(₹ 100 deductible as Transaction Charge and payable to the Distributor)

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.

**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 |
|           |                           |

The details in our records under the folio number mentioned will apply for this application.

**4 PAN AND KYC COMPLIANCE STATUS DETAILS** (Refer Page no. 7, Instruction No. 2(8) & 9)

|                         |                         |  |  |
|-------------------------|-------------------------|--|--|
| First / Sole Applicant@ | PAN (refer instruction) | KYC Compliance Status** (if yes, attach proof) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Second Applicant        | PAN (refer instruction) | KYC Compliance Status** (if yes, attach proof) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Third Applicant         | PAN (refer instruction) | KYC Compliance Status** (if yes, attach proof) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

@If the first/sole applicant is a Minor, then please provide details of Natural / Legal Guardian. \*\*Refer instruction 9

**5 APPLICANT(S) INFORMATION** (Refer Page no. 7, Instruction No. 2)

|   |   |                                    |   |  |
|---|---|------------------------------------|---|--|
| Name of First / Sole Applicant / Minor (incase of minor there shall be no joint holder) | Mr. Ms. M/s.  | F I R S T N A M E                  | Date of Birth   | D D M M Y Y Y Y                        |
| Father/Husband's Name   |   | L A S T N A M E                    |   |  |
| Name of Second Applicant  | Mr. Ms. M/s.  |                                    |   |  |
| Name of Third Applicant   | Mr. Ms. M/s.  |                                    |   |  |
| Name Of The Guardian (In case First Applicant is a Minor)                               | Mr. Ms. M/s.  |                                    |   |  |
|   |   | Relationship with Minor Please (✓) | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian |  |
| Proof of DOB (Any one Mandatory)  | <input type="checkbox"/> Birth Certificates <input type="checkbox"/> School Certificates / Mark Sheet <input type="checkbox"/> Pass Port <input type="checkbox"/> Others  |                                    |   |  |
| Mode of Holding Please (✓)  | <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Single <input type="checkbox"/> Joint  |                                    |   | (Default option is Anyone or Survivor) |
| Occupation Please (✓)   | <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others   |                                    |   |  |
| Status Please (✓)   | <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-NRO <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Minor through Guardian <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Society <input type="checkbox"/> Resident/ Citizen of USA/ Canada <input type="checkbox"/> Others |                                    |   |  |

**6 POWER OF ATTORNEY (PoA) HOLDER DETAILS** (Refer Page no. 7, Instruction No. 2(7))

|             |   |  |
|-------------|---|--|
| Name of PoA | Mr. Ms. M/s.  |  |
| PAN         | <input type="checkbox"/> KYC Compliance Status (if yes, attach proof) |  |

**7 MAILING ADDRESS** [Please provide Full Address. P. O. Box No. may not be sufficient. Overseas Investors will have to provide Indian Address] (Refer Page no. 7, Instruction No. 2(b)(1))

|  |         |          |
|--|---------|----------|
| Local Address of 1st Applicant                                     |         |          |
| City   | State   | PIN Code |
| Tel. Off   | Resi    | Mobile   |
| Email ID   |         |          |
| Overseas Correspondence Address (Mandatory for NRI / FI Applicant) |         |          |
| City   | Country | PIN Code |



**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) via Email in lieu of physical document(s).  Account Statement  News Letter  Annual Report  Other Statutory Information

**8 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 ✓)  Savings  Current  NRE  NRO  FCNR  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

**9 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.     | I | N |  |  |  |  |  |  |  |  | Beneficiary Account No. |  |  |
| Central Depository Services (India) Limited (CDSL) | DP Name       |   |   |  |  |  |  |  |  |  |  |                         |  |  |
|  | Target ID No. |   |   |  |  |  |  |  |  |  |  |                         |  |  |

**10 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 \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 Sub Option \_\_\_\_\_ Dividend Frequency \_\_\_\_\_  
 Investment Amount (₹) \_\_\_\_\_ DD Charges if any (₹) \_\_\_\_\_ Net Amount (₹) \_\_\_\_\_  
 Cheque/ DD No. \_\_\_\_\_ Drawn Bank \_\_\_\_\_ Branch/City \_\_\_\_\_  
 Account Type\*  S/B  NRE\*  Current  NRO  FCNR\* \*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) e v i d encing source of funds  
 Please (✓)  RTGS  Fund Transfer  Letter dated \_\_\_\_\_ D D M M Y Y Bank A/c No. \_\_\_\_\_

**11 DIVIDEND TRANSFER FACILITY (Please tick to select this facility)** (Refer Page no. 7, Instruction No.4(d)(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 \_\_\_\_\_

**12 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<sup>st</sup> applicant/Guardian \_\_\_\_\_ 2<sup>nd</sup> applicant \_\_\_\_\_ 3<sup>rd</sup> applicant \_\_\_\_\_

**13 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 \_\_\_\_\_

**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 | FI | 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   |            |         |         |                   |                        |        |     |    | ✓   |           |              |

For more information visit us at [www.boi-axa-im.com](http://www.boi-axa-im.com)  
 Email us at [service@boi-axa-im.com](mailto:service@boi-axa-im.com)  
 Call us at (Toll Free) **1-800-1032-263** | Alternate Number **020-4011 2300**