

SPECIAL PRODUCTS APPLICATION FORM (SIP-PDC/ SWP/ STP/ MICRO SIP)



1 DISTRIBUTOR INFORMATION FOR OFFICE USE ONLY

Distributor ARN/ RIA	Bank Branch Code/ RIA Registration Number	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt

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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Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

2 INFORMATION OF EXISTING INVESTOR (For existing Investors / Zero Balance Folio Holders, please mention the Folio Number & go directly to Section 7 (Scheme Details). Note that Applicant Details and Mode of Holding will be as per existing Folio Number) (Refer Instruction No 2)

Folio No. / ZERO Balance Folio Number		Mandatory field*
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3 APPLICANT INFORMATION (Please refer Point No. 8) (Please ✓)

Name of Sole /First Applicant*	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	Date of Birth	DDMMYYYY	(*Mandatory for all investors)
FIRST NAME		MIDDLE NAME		LAST NAME

Documents Enclosed^	<input type="checkbox"/> Micro SIP	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC	<input type="checkbox"/> PAN*
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Name of Guardian/Contact Person ^f Relationship with MINOR		Guardian's Date of Birth	DDMMYYYY
FIRST NAME		LAST NAME	

Documents Enclosed^	<input type="checkbox"/> Micro SIP	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC	<input type="checkbox"/> PAN*
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^fPlease mention the contact person in case of Non-individual [^]KYC - Mandatory for investments of ₹ 50,000/- and above, for certain category of investors, mandatory irrespective of transaction value (Refer Instruction No. 8) [^]For Micro SIP refer Point No. 5 and 8

Mode of Holding	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor ¹	(Default)
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4 SYSTEMATIC INVESTMENT PLAN (SIP) / MICRO SIP

<input type="checkbox"/> SIP	SCHEME*: _____	PLAN*: _____	OPTION*: _____
<input type="checkbox"/> Micro SIP (Refer Instruction No. 5)	SUB OPTIONS*: _____	DIVIDEND FREQUENCY*: _____	

Investment Amount (₹) (in figures)		Investment Period (in months)	From DDMMYY To DDMMYY
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Investment Commencement Date	DDMMYYYY	Dates	Any date of the month DD (Between 1 to 28) (Default date is 10th if not specified)
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Frequency (Please ✓)	<input type="checkbox"/> WEEKLY ⁸ <input type="checkbox"/> MONTHLY* (⁸ Any day of transfer - Monday to Friday. Default Day - Wednesday if not specified) (*Minimum 6 months)
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Bank A/c No.	Account Type (Please ✓)	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> OTHERS (please specify)
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Drawn on Bank	Branch
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Cheque Dates From	DDMMYYYY To DDMMYYYY	Cheque Nos. From	To
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5 SYSTEMATIC WITHDRAWAL PLAN (SWP)

FROM SCHEME*: _____	PLAN*: _____	OPTION*: _____
SUB OPTIONS*: _____	DIVIDEND FREQUENCY*: _____	

Withdrawal Option (Please ✓)	<input type="checkbox"/> FIXED or <input type="checkbox"/> APPRECIATION WITHDRAWAL	Amount (₹) (in figures)	
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Total Amount of SWP (₹) (in figures)	Fixed Withdrawal Frequency (Please ✓)	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> HALF YEARLY <input type="checkbox"/> ANNUALLY
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Dates (Only one date)	<input type="checkbox"/> 1st <input type="checkbox"/> 7th* <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th (*Default date is 7th)	Withdrawal Period From	DDMMYYYY To DDMMYYYY
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6 SYSTEMATIC TRANSFER PLAN (STP)

FROM SCHEME*: _____	PLAN*: _____	OPTION*: _____
TO SCHEME*: _____	PLAN*: _____	OPTION*: _____

Amount per Transfer (₹)	Transfer Period From	DDMMYYYY To DDMMYYYY
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Transfer Frequency (Please ✓)	<input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY (Monday to Friday)*	Dates	<input type="checkbox"/> 1st <input type="checkbox"/> 7th* <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th (*Default date is 7th)	Day of Transfer (*Default day is Wednesday)
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Total Amount of Transfer (₹) (in figures)	Total Amount in words	No. of Installments
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7 DECLARATION AND SIGNATURES

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's bank(s) 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.

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

Signature(s)	Sole/1 st applicant/Guardian/Authorised Signatory/POA	2 nd applicant/Authorised Signatory	3 rd applicant/Authorised Signatory
	(To be signed by All Applicants if mode of operation is Joint)		



ACKNOWLEDGEMENT SLIP

To be filled in by the Investor

Folio No. / Application No.	
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(To be filled in by the First applicant/Authorized Signatory) :		Acknowledgement Stamp
Received from Name & address :		
an application for Purchase of Units alongwith Cheque	<input type="checkbox"/> SIP-PDC/ Micro SIP-PDC/ SWP/ STP <input type="checkbox"/> For ₹	
All purchases are subject to realisation of cheques.	Cheque Number from _____ to _____	