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

BOI AXA Investment Managers

1 DISTRIBUTOR INFORMATION

FOR OFFICE USE ONLY

Name & Agent Code	Sub-Agent Name & Code/ Bank Branch Code	EUIN	MO Code	CO Code	Registrar Serial No.	Date/Time of Receipt
ARN- 6574	EUIN- E019976					

◯ I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction.
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*

3 APPLICANT INFORMATION (Please refer Point No. 8) (Please ● shade)

Name of Sole /First Applicant ◯ Mr. ◯ Ms. ◯ M/s. Date of Birth D D M M Y Y Y Y (*Mandatory for all investors)

FIRST NAME MIDDLE NAME LAST NAME

Documents Enclosed^ ◯ Micro SIP_____ ◯ PAN Proof ◯ KYC~ PAN*

Name of Second Applicant ◯ Mr. ◯ Ms. ◯ M/s. Date of Birth D D M M Y Y Y Y (*Mandatory for all investors)

FIRST NAME MIDDLE NAME LAST NAME

Documents Enclosed^ ◯ Micro SIP_____ ◯ PAN Proof ◯ KYC~ PAN*

Name of Third Applicant ◯ Mr. ◯ Ms. ◯ M/s. Date of Birth D D M M Y Y Y Y (*Mandatory for all investors)

FIRST NAME MIDDLE NAME LAST NAME

Documents Enclosed^ ◯ Micro SIP_____ ◯ PAN Proof ◯ KYC~ PAN*

Name of Guardian/Contact Person# Relationship with MINOR _____ Guardian's Date of Birth D D M M Y Y Y Y

FIRST NAME MIDDLE NAME LAST NAME

Documents Enclosed^ ◯ Micro SIP_____ ◯ PAN Proof ◯ KYC~ PAN*

#Please 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 ◯ Single ◯ Joint[1] ◯ Anyone or Survivor ([1]Default)

4 SYSTEMATIC INVESTMENT PLAN (SIP) / MICRO SIP

◯ **SIP**
◯ **Micro SIP** (Refer Instruction No. 5)

SCHEME*: _____ **PLAN*:** _____ **OPTION*:** _____

SUB OPTIONS*: _____ **DIVIDEND FREQUENCY*:** _____

Investment Amount (₹) (in figures) _____ Investment Period (in months) _____ From D D M M Y Y To D D M M Y Y

Investment Commencement Date D D M M Y Y Y Y Dates ◯ 1st ◯ 7th* ◯ 10th ◯ 15th ◯ 20th ◯ 25th (*Default date is 7th)

Drawn on Bank _____ Branch _____

Cheque Dates From D D M M Y Y Y Y To D D M M Y Y Y Y Cheque Nos. From _____ To _____

Account Type (Please ●) ◯ SAVINGS ◯ CURRENT ◯ OTHERS_____ (please specify) Frequency (Please ●) ◯ MONTHLY* (*Minimum 6 months)

PDC facility for daily SIP is not available

5 SYSTEMATIC WITHDRAWAL PLAN (SWP)

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

SUB OPTIONS*: _____ **DIVIDEND FREQUENCY*:** _____

Withdrawal Option (Please ●) ◯ FIXED or ◯ APPRECIATION WITHDRAWAL Amount (₹) (in figures) _____

Total Amount of SWP (₹) (in figures) _____ Fixed Withdrawal Frequency (Please ●) ◯ MONTHLY (minimum 6 months) or ◯ QUARTERLY

Dates (Only one date) ◯ 1st ◯ 7th* ◯ 10th ◯ 15th ◯ 20th ◯ 25th (*Default date is 7th) Withdrawal Period From D D M M Y Y Y Y To D D M M Y Y Y Y

6 SYSTEMATIC TRANSFER PLAN (STP) (Please refer Point No. 17 and 18)

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

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

Amount per Transfer (₹) _____ Transfer Period From D D M M Y Y Y Y To D D M M Y Y Y Y

Dates ◯ 1st ◯ 7th* ◯ 10th ◯ 15th ◯ 20th ◯ 25th (*Default date is 7th) Frequency (Please ●) ☐ DAILY ☐ MONTHLY

Total Amount of Transfer (₹) (in figures) _____ Total Amount in words_____ No. of Installments_____

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.

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 / First Applicant	Second Applicant	Third Applicant

(To be signed by All Applicants if mode of operation is Joint)

BOI AXA Investment Managers

ACKNOWLEDGEMENT SLIP

To be filled in by the Investor

Folio No. / Application No. _____

(To be filled in by the First applicant/Authorized Signatory) :
Received from Name & address :
an application for Purchase of Units alongwith Cheque ◯ SIP-PDC/ Micro SIP-PDC/ SWP/ STP ◯ For ₹
All purchases are subject to realisation of cheques. Cheque Number from to

Acknowledgement Stamp