COMMON APPLICATION FORM

BOI AXA Equity Fund
BOI AXA Tax Advantage Fund
BOI AXA Focused Infrastructure Fund

BOI AXA Investment Managers

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 Instruction No. 1) — FOR OFFICE USE ONLY

Broker Name / ARN	Sub Broker Code / ARN	EUIN No.	MO Code	CO Code	Bank Serial No. /Branch Stamp/ Receipt Date
ARN-97821		E113814			

☐ 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/ 1st applicant/ Guardian/Authorised Signatory/ POA	2nd applicant/Authorised Signatory	3rd 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 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 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 Instruction No. 2(8) & 9)

First / Sole Applicant@	PAN (refer instruction)	KYC Compliance Status** (if yes, attach proof)	☐ Yes ☐ No
Second Applicant	PAN (refer instruction)	KYC Compliance Status** (if yes, attach proof)	☐ Yes ☐ No
Third Applicant	PAN (refer instruction)	KYC Compliance Status** (if yes, attach proof)	☐ Yes ☐ 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 Instruction No. 2)

Name of First / Sole Applicant / Minor (incase of minor there shall be no joint holder) Mr. Ms. M/s. | Date of Birth D D M M Y Y Y Y

Father/Husband's Name

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 (✓) ☐ Mother ☐ Father ☐ Legal Guardian

Proof of DOB (Any one Mandatory)	☐ Birth Certificates ☐ School Certificates / Mark Sheet ☐ Pass Port ☐ Others
Mode of Holding Please (✓)	☐ Anyone or Survivor ☐ Single ☐ Joint (Default option is Anyone or Survivor)
Occupation Please (✓)	☐ Business ☐ Service ☐ Professional ☐ Retired ☐ Student ☐ Housewife ☐ Others
Status Please (✓)	☐ Resident Individual ☐ NRI-PIO ☐ Trust ☐ HUF ☐ Bank ☐ NRI - NRE ☐ Minor thru Guardian ☐ Partnership Firm ☐ Company/Body Corporate ☐ Society ☐ FIIs ☐ Others

6 POWER OF ATTORNEY (PoA) HOLDER DETAILS (Refer Instruction No. 2(7))

Name of PoA Mr. Ms. M/s.

PAN | KYC [Please (✓) (Mandatory)] ☐ Proof Attached

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

Local Address of 1st Applicant

City | State | PIN Code

Tel. Off | Resi | Mobile

Email ID

Overseas Correspondence Address (Mandatory for NRI / FII Applicant)

City | State | PIN Code

BOI AXA Investment Managers

ARN-97821

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 purchases 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

ARN-97821

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 ✓)	☐ 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)		Please attach a cancelled cheque OR a clear photo copy of a cheque
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)		

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

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 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 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) evidencing 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 Instruction No.5(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 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/1st applicant/Guardian	2nd applicant	3rd 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'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.

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.

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.

Sole/ 1st applicant/ Guardian/ Authorised Signatory/ POA
2nd applicant/Authorised Signatory
3rd applicant/Authorised Signatory

EQUITY-KIM/130613

FOR MORE INFORMATION

Call us at (Toll Free)	Alternate Number	Email us at	Website
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