

TRANSACTION FORM



1. DISTRIBUTOR INFORMATION (Refer Section 1 under Instructions) 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.

1 st applicant/Guardian/Authorised Signatory/POA	2 nd applicant/Guardian/Authorised Signatory/POA	3 rd applicant/Guardian/Authorised Signatory/POA
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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 the service rendered by the distributor.

2. UNIT HOLDER DETAILS (MANDATORY) (Please fill in BLOCK Letters) (Refer Section 2 under Instructions)

Name of Sole /First Applicant Mr. Ms. M/s. EXISTING FOLIO NO.

3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under Instructions)

3 A. SCHEME DETAILS

Scheme Name
 Plan Option STP (Increase the additional purchase is for continuation of existing STP)

3 B. INVESTMENT & PAYMENT DETAILS

Investment Amount DD Charges Net Amount
 Cheque/DD No Cheque/DD Date Drawn on Bank
 Branch Name A/c Type [please ✓] Saving Current NRO NRE FCNR
 • Cheque should be in favour of the scheme name. • Third Party & O/S cheques will not be accepted and transaction is liable to be rejected.
 • Separate cheque/demand draft is required for investment in each scheme/plan

4. SWITCH REQUEST (Refer Section 4 under Instructions) *FILL THIS SECTION ONLY FOR SWITCH REQUEST

From	To*
Scheme <input type="text"/>	Scheme <input type="text"/>
Plan <input type="text"/>	Plan <input type="text"/>
Option <input type="text"/>	Option <input type="text"/>
Dividend Sub Option <input type="text"/>	Dividend Sub Option <input type="text"/>
Dividend Frequency <input type="text"/>	Dividend Frequency <input type="text"/>
Amount <input type="text"/> OR Number of Units <input type="text"/>	OR <input type="checkbox"/> All units (Please ✓)

5. REDEMPTION REQUEST (Refer Section 5 under Instructions)

Scheme Plan Option
 Amount OR Number of Units OR All units (Please ✓)

6. DECLARATION AND SIGNATURE(S) (Refer Section 6 under Instructions) (* Mandatory - If left blank, application will be rejected)

I/We have read and understood the contents of the Scheme Information Document(s) 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.

DATE

SIGNATURE(S)

1 st applicant/Guardian/Authorised Signatory/POA	2 nd applicant/Guardian/Authorised Signatory/POA	3 rd applicant/Guardian/Authorised Signatory/POA
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ARN-97821

TRANSACTION FORM - ACKNOWLEDGEMENT

To be filled in by the Investor

Trustee : BOI AXA Trustee Services Private Limited
Investment Manager : BOI AXA Investment Managers Private Limited

Folio No. (To be filled in by the First applicant/ Authorized Signatory) :

TRANSACTION DETAILS			Stamp Signature & Date
<input type="checkbox"/> ADDITIONAL PURCHASE REQUEST <input type="checkbox"/> STP* (*Increase the additional purchase is for continuation of existing STP)	<input type="checkbox"/> REDEMPTION REQUEST	<input type="checkbox"/> SWITCH REQUEST	
<input type="checkbox"/> NEW BANK DETAILS			
Cheque/DD No <input type="text"/>	From <input type="text"/>	To <input type="text"/>	
Date <input type="text"/>	Scheme <input type="text"/>	Scheme <input type="text"/>	
Amount (Rs.) <input type="text"/>	Plan <input type="text"/>	Plan <input type="text"/>	
Drawn on <input type="text"/>	Option <input type="text"/>	Option <input type="text"/>	
	<input type="checkbox"/> Amount (IN WORDS)		
	<input type="checkbox"/> Units (IN FIGURES)		
	ACCOUNT NO. <input type="text"/>		
	BANK NAME <input type="text"/>		

TRANSACTION FORM



7. UNIT HOLDER DETAILS (MANDATORY) (Please fill in BLOCK Letters) (Refer Section 7 under Instructions)

Name of Sole /First Applicant Mr. Ms. M/s.

EXISTING FOLIO NO.

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8. CHANGE IN NOMINATION* (FRESH / ADDITION / CANCELLATION OF NOMINATION) (Refer Section 8 under Instructions)

Name & Address of Nominee(s)	Date of Birth	Name & Address of the Guardian	Signature of Guardian	Proportion (%) by which the unit will be shared by each Nominee (should aggregate to 100%)
(To be furnished in case the Nominee is a Minor)				

* In case of SIP Shield only the first nominee shall be considered.

9. EMAIL COMMUNICATION (Refer Section 9 under Instructions)

I/We wish to receive the following document via e-mail in lieu of physical document(s) [Please (✓)]

Account Statement News Letter Annual Report All other Statutory & other Information

10. CHANGE OF ADDRESS (Refer Section 10 under Instructions)

Local

*Address of 1st Applicant

Landmark City Pin

State *Please provided self attested proof of adress

11. CHANGE OF CONTACT DETAILS (Refer Section 11 under Instructions)

Tel No.	STD Code	Res.	Off.	Fax
1 st Applicant	Mobile No.			Email ID
2 nd Applicant	Mobile No.			Email ID
3 rd Applicant	Mobile No.			Email ID

12. DECLARATION AND SIGNATURE(S) (*Mandatory - If left blank, application will be rejected) (Refer Section 12 under Instructions)

I/We have read and understood the contents of the Scheme Information Document(s) 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.

DATE

SIGNATURE(S)

1st applicant/Guardian/Authorised Signatory/POA

2nd applicant/Guardian/Authorised Signatory/POA

3rd applicant/Guardian/Authorised Signatory/POA

TEAR HERE



ARN-97821

TRANSACTION SLIP - ACKNOWLEDGEMENT

To be filled in by the Investor

Principal Trustee : BOI AXA Trustee Services Private Limited
Investment Manager : BOI AXA Investment Managers Private Limited

Folio No.

1st APPLICANT <input type="text"/>	Stamp Signature & Date
SERVICE APPLICATION FORM	
<input type="checkbox"/> CHANGE IN NOMINATION	<input type="checkbox"/> EMAIL COMMUNICATION INFORMATION
<input type="checkbox"/> CHANGE OF ADDRESS	<input type="checkbox"/> CHANGE OF CONTACT DETAILS

All future communication in connection with this application should be addressed to the Registrars of the scheme:

Unit: BOI AXA Investment Managers Private Limited
Karvy Computershare Private Limited
Karvy Registry House, Karvy House No. 8-2-596, Street No.1, Banjara Hills, Hyderabad - 500 034

For more Information visit us at
www.boi-axa-im.com

Email us at
service@boi-axa-im.com

Call us at (Toll Free)
1-800-1032-263

Alternate Number
020-4011 2300