

COMMON APPLICATION FORM

PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND ALL FIELDS ARE MANDATORY

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

Application No:

1 DISTRIBUTOR INFORMATION (Refer Instruction No. 1)						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

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.

☐ 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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2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. 1(a))					
In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible <input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. <input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds.					

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.					

4 MODE OF HOLDING & KIN/ KYC DETAILS (Refer Instruction No. 9(a & b))					
<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default)					
Permanent Account Number (PAN)			KYC Identification Number (KIN)		
First Applicant					<input type="checkbox"/> PAN/ KYC Proof Enclosed
Second Applicant					<input type="checkbox"/> PAN/ KYC Proof Enclosed
Third Applicant					<input type="checkbox"/> PAN/ KYC Proof Enclosed
Guardian (in case Minor)					<input type="checkbox"/> PAN/ KYC Proof Enclosed

5 APPLICANT'S DETAILS (Refer Instruction No. 2(b)) (#Refer Instruction No. 2(b)9)					
FIRST/ SOLE APPLICANT'S DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s					
Name (1 st)					
Date of Birth		Nationality		Country of Birth	
D D M M Y Y					
Legal Entity Identifier (LEI)					
(Refer Instruction No. 18)					
Status of First/ Sole Applicant [Please tick (✓)] <input type="checkbox"/> Individual <input type="checkbox"/> Non - Individual [For Non - individual - please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction No. 14 & 15) (Mandatory)					
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> PIO <input type="checkbox"/> Company <input type="checkbox"/> Minor through guardian <input type="checkbox"/> BOI <input type="checkbox"/> OCI					
<input type="checkbox"/> Body Corporate <input type="checkbox"/> LLP <input type="checkbox"/> Society / Club <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> FPI <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Others (please specify)					
For Investments "On behalf of Minor" <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other Relationship with minor <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian					
NAME OF GUARDIAN (in case of First/ Sole Applicant is a Minor)/ NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)/ POA HOLDER/ SOLE PROPRIETOR DETAILS					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s					
Designation		Mobile +91			
Please note that your address and contact details will be updated as per your KYC/ CKYC records.					
Mailing address					
Landmark					
City		State		Pin Code	
Email ID		Mobile +91		Tel.	
I/We hereby declare that the email address and the mobile number provided on the application form belongs to (Please tick (✓) any one from the below options)					
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> My Dependents <input type="checkbox"/> My Childrens					
Please note: In the event that the mobile number or the email id provided herein above does not appear to be the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.					
Overseas address (for FPIs/ NRIs/ PIOs)					
Mailing address					
Landmark					
State		Country		City	
Zip Code					
SECOND APPLICANT'S DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Nationality Country of Birth Mobile +91					
Name (2 nd)					
Email ID					
THIRD APPLICANT'S DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Nationality Country of Birth Mobile +91					
Name (3 rd)					
Email ID					

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

SIP Registration Mandate - AUTO DEBIT/ NACH FACILITY/ SIP TOP UP

PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE ALL FIELDS

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

Application No:

1	DISTRIBUTOR INFORMATION	FOR OFFICE USE ONLY																
	<table><tr><td>Distributor ARN/ RIA</td><td>Bank Branch Code/ RIA Registration Number</td><td>Sub Agent ARN Code</td><td>EUIN No.</td><td>CO Code</td><td>MO Code</td><td>Sales Code</td><td>Date/Time of Receipt</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	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									
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											
<input type="checkbox"/> 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.																		
<table><tr><td>Sole/1st applicant/Guardian/Authorised Signatory/POA</td><td>2nd applicant/Authorised Signatory</td><td>3rd applicant/Authorised Signatory</td></tr></table>			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	REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / NACH FACILITY
<input type="checkbox"/> New SIP Registration* <input type="checkbox"/> SIP Cancellation <input type="checkbox"/> Change in Bank Account* (*Please provide a cancelled cheque)	

3	APPLICANT INFORMATION AND SCHEME DETAILS								
<table><tr><td>Sole / First Investor Name</td><td></td></tr><tr><td>PAN No.</td><td>Folio No.</td></tr><tr><td>Scheme Name/ Plan/ Option</td><td></td></tr><tr><td>Sub Option</td><td>IDCW Frequency</td></tr></table>		Sole / First Investor Name		PAN No.	Folio No.	Scheme Name/ Plan/ Option		Sub Option	IDCW Frequency
Sole / First Investor Name									
PAN No.	Folio No.								
Scheme Name/ Plan/ Option									
Sub Option	IDCW Frequency								

4	ANY DAY OR ANY DATE SIP/ PAYMENT DETAILS						
<input type="checkbox"/> Monthly - Any date of the month (Between 1 to 28) (Default date is 10th if not specified) <input type="checkbox"/> Weekly - Any day of Transfer (Monday to Friday) (Default day Wednesday if not specified)							
<table><tr><td>Each SIP Amount (₹)</td><td>Cheque Amount</td><td>Cheque Number</td></tr><tr><td></td><td></td><td></td></tr></table>		Each SIP Amount (₹)	Cheque Amount	Cheque Number			
Each SIP Amount (₹)	Cheque Amount	Cheque Number					
Bank & Branch Name							
Regular SIP <input type="checkbox"/> SIP Period **: Start M M Y Y Y Y End M M Y Y Y Y <input type="checkbox"/> Till further Notice (Note: Please allow minimum one month for auto debit to register and start). If end date is not specified, the fund will continue SIP till it receives termination notice from the investor.							
<input type="checkbox"/> SIP TOP UP (Optional) (Tick to avail this facility) TOP UP Amount: ₹ TOP UP amount has to be in multiples of ₹ 500 only (Refer Point No. 16). TOP UP Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly							

I/We hereby, authorize Bank of India Mutual Fund (Formerly BOI AXA Mutual Fund) to debit my/our following bank account by Auto Debit / NACH Facility for collection of SIP payments.
**Minimum SIP term should be for 6 months for Monthly SIP.

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. 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. 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 hereby agree to avail the TOP UP facility for SIP and authorize my bank to execute the NACH/ Standing Instruction/ Direct Debit for a further increase in installment from my designated account. We are not Citizens/ Residents of USA/ Canada.

First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory	Second Applicant/ Authorised Signatory	Third Applicant
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DEBIT MANDATE FORM NACH / DIRECT DEBIT

UMRN F O R O F F I C E U S E O N L Y

Date D D M M Y Y Y Y

Tick (✓)	Sponsor Bank Code	For Office use only	Utility Code	For Office use only
CREATE <input type="checkbox"/>	I/We hereby authorize	Bank of India Mutual Fund (Formerly BOI AXA Mutual Fund)	to debit (tick ✓)	SB/CA/CC/SB-NRE/SB-NRO/Other
MODIFY <input type="checkbox"/>	Bank a/c number			
CANCEL <input type="checkbox"/>				

with Bank	Name of customers bank	IFSC	or MICR
an amount of Rupees	Amount in words	₹	

FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H -Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
Reference 1	Phone No.		
Reference 2	Email ID		

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank

PERIOD	Signature Primary Account holder	Signature of Account holder	Signature of Account holder
From			
To			
Or <input type="checkbox"/> Until Cancelled	1. Name as in bank records	2. Name as in bank records	3. Name as in bank records

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instruction as agreed and signed by me.
• I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No.	Investor Name	
Scheme Name	(Scheme Name)	
Plan	Option	
SIP Period From	to	<input type="checkbox"/> Till further Notice
		Stamp & Signature

Certified that the signature of account holder and the details of Bank Account mentioned in Debit Mandate form for NACH/ Direct Debit are correct as per our records.

Signature of authorised Official from Bank (Bank stamp and date)

TERMS AND CONDITIONS

- Existing investors seeking for Systematic Investment only, need to fill up this Systematic Investment Form. New investors who wish to enroll for the Systematic Investment should fill up SIP Form in addition to the Common Application Form, with or without the initial investment amount i.e. the first installment can be without the cheque. However in lines with SEBI and AMFI guidelines the requirement of submission of documents for subscription/transaction is modified from time to time. Therefore, for such additional requirements the investor is required to refer the "Instruction For Completing the Application Form" (as provided in the main application form) and submit such additional documentation for the same.
- The cheque may be drawn in favour of "Full name of the Scheme" followed by the name of the sole or 1st joint holder/ his PAN/folio number. For e.g. "XYZ Scheme A/c – Sole / First Investor name" or "XYZ Scheme A/c -Permanent Account Number" or "XYZ Scheme A/c -Folio Number".
- If the investment is without a first investment cheque then the cancelled cheque copy is mandatory for submission and, if such cancelled cheque is without any name a bankers attestation is required on the SIP form.
- Please check the Scheme Information Document & the Statement of Additional Information for SIP facility in respective scheme.
- Monthly SIP facility is available on any day of the month Between 1-28 (Default date is 10th if not specified). Weekly SIP is available on any day of the week between Monday-Friday (Default day Wednesday if not specified).
- During ongoing purchase in monthly SIP your first SIP can be for any day of the month. Your second and subsequent SIPs are available only on the above specified dates of the month with a minimum gap of at least 30 calendar days between first and second SIP installment. In case the chosen date turns out to be a non working day for the scheme, the SIP will be processed on the immediate following working day.
- The SIP cheque (where the investment is made by cheque) should be drawn on the same bank account which is to be registered for Auto Debit. The bank account provided for Auto Debit should participate in local MICR clearing.
- The first investment cheque while applying for Monthly SIP can be either equal to or greater than the subsequent Monthly SIP installment amounts. The subsequent Monthly SIP installment amounts however should remain the same as per the scheme specific information document and all the postdated cheques issued.
- If two consecutive SIP's fail, the SIP will automatically stand terminated and a communication to the effect will be sent to the investor.
- The investor has the right to discontinue SIP at any time he/she so desires by sending a written request, at least 15 working days prior to the due date of next SIP for Monthly SIP to any of the offices of Bank of India Mutual Fund (Formerly BOI AXA Mutual Fund) or its Investor Service Centres.
- Investor will not hold Bank of India Investment Managers Pvt. Ltd. (Formerly BOI Star Investment Managers Pvt. Ltd.) (Formerly BOI AXA Investment Managers Pvt. Ltd.), its registrars and other service providers responsible if the transaction is delayed or not effected, the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of Auto Debit / local holidays / incomplete or incorrect instructions from the applicant.
- Bank of India Investment Managers Pvt. Ltd. (Formerly BOI Star Investment Managers Pvt. Ltd.) (Formerly BOI AXA Investment Managers Pvt. Ltd.) reserves the right not to represent any mandate for SIP auto Debit facility if the registration could not be effected in time for reason beyond its control.
- Bank of India Investment Managers Pvt. Ltd. (Formerly BOI Star Investment Managers Pvt. Ltd.) (Formerly BOI AXA Investment Managers Pvt. Ltd.), its registrars and other service providers shall not be responsible and liable for any transaction failures, due to rejection of the transaction by your bank / branch or its refusal to register the SIP mandate.
- In case of renewal of SIP this form should be submitted at least 1 month prior to the due date.
- SIP TOP UP Facility:
 - Top Up facility will be available only for valid new registration(s) under SIP or renewal of SIP
 - The minimum SIP Top-up amount is ₹ 500 and in multiples of ₹ 500
 - Top Up can be done on a half yearly / annual basis;
 - If the investor does not specify the frequency, the default frequency for Top-up will be considered as Half-yearly.
 - This facility is available only for Monthly SIP
 - SIP Top-up facility shall be available for SIP Investments through NACH / Direct Debit Facility/ Standing Instruction only.
 - Top Up Facility will not be available for investments under SIP where the auto debit period has not been indicated by the investor at the time of investments.
 - All other terms & conditions applicable for regular SIP will also be applicable to Top-up SIP
- The responsibility of the information provided in this SIP Registration cum Debit Mandate or any other application form for this facility solely rests with the User(s) and the AMC / Mutual Fund / Registrar will not be responsible or liable for any loss, claims, liability that may arise on account of any incorrect and/ or erroneous data / information supplied by the User(s).
- The User(s) confirm that the information provided in the SIP Registration cum Debit Mandate, KYC/CKYC Application Form and all other documentation provided / communicated to the AMC is true, accurate and correct. The User(s) acknowledge their responsibility for information provided in the SIP Registration cum Debit Mandate, SMS sessions or otherwise solely rests with the User(s). As such the AMC / Registrar will not be responsible or liable for any loss, claims, liability which may arise on account of any incorrect and/ or erroneous information provided by the User(s) in such form, documents or mediums.
- The User(s) agree and confirm that if at any stage the information provided is found to be incorrect/ false/ erroneous, the AMC/ Registrar reserves the right to, at its sole discretion, reject the Registration cum Mandate and refund the Purchase amount or if Units have been allotted, freeze the folio or Redeem the Units at Applicable NAV (at applicable Exit Load, if any) and in such a cases the decision of the AMC / Registrar shall be final and binding on the User(s) and the Mutual Fund / AMC will not be responsible for any consequence there from.

OTHER TERMS & CONDITIONS

- This facility is available presently only for Systematic Investment Plan.
- NACH debit facility is offered at various banks. For a detailed list of banks please refer the website www.npci.org.in
- This facility is offered only to the investors having bank accounts with above mentioned Banks. Above list is subject to modification/update at any time in future at the sole discretion of Bank of India Investment Managers Pvt. Ltd. (Formerly BOI Star Investment Managers Pvt. Ltd.) (Formerly BOI AXA Investment Managers Pvt. Ltd.), without assigning any reason or prior notice. If any bank is removed, SIP instructions of investors for such banks via NACH will be discontinued without any prior notice.
- By signing the NACH mandate form the investor agrees to abide by the terms and conditions of NACH facility through NPCI (www.npci.org.in).
- New/Existing investors who wish to enroll for SIP through NACH should fill the SIP Application Form and the Registration cum Mandate Form for NACH.
- New Investors should mandatorily give a cheque for the first transaction.
 - First SIP Cheque should be dated current day. All subsequent Installments through NACH for monthly SIP is between 1-28 & for weekly SIP is any day of the week between Monday-Friday.
 - The Registration cum Mandate Form for NACH should be submitted at least 30 Calendar days prior to next sip cycle date through NACH.
 - *Unique Mandate Registration Number (UMRN) is auto generated by NPCI during the mandate creation for the first time. Investors, who do not have the UMRN, please leave it blank. UMRN would be linked to the folio and maximum length is 20 characters comprising of Alpha Numeric Character allotted by NPCI.
 - Investors who already have UMRN registered under the folio can fill up the SIP Registration cum Mandate Form for NACH and should be submitted at least 30 Calendar days before the date of the first debit through NACH.
- Please provide the cancelled cheque leaf of the Bank A/c no. for which NACH facility is registered.
- Investors need to mandatorily fill the SIP Registration Cum Mandate form for NACH for any amendment and cancellation quoting their UMRN by giving 15 working days prior notice to any of the investor service centre.
- Investor can choose to discontinue the SIP facility under folio without cancelling the UMRN by giving 15 working days prior notice to any of the Investor Service Centre. Investor can choose to register any future SIP by simply filling up the Registration cum mandate form for NACH quoting their UMRN.
- Please enter IFSC Code (maximum length-11 Alpha Numeric Characters) and MICR Code (maximum length – 9 Numeric Characters) of investor bank.
- In case of existing investor, if application is received without existing UMRN then the first UMRN registered in the folio would be considered

FOR MORE INFORMATION

Bank of India Mutual Fund (Formerly BOI AXA Mutual Fund)

Add: B/204, Tower 1, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400013

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service@boimf.in

Website

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