

COMMON APPLICATION FORM

BOI AXA Liquid Fund, BOI AXA Treasury Advantage Fund
BOI AXA Short Term Income Fund and BOI AXA Regular Return Fund



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-0155	16336				

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/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 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. ($\text{₹ } 150$ deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an existing investor in Mutual Funds. ($\text{₹ } 100$ deductible as Transaction Charge and payable to the Distributor)

In case the purchase/ subscription amount is $\text{₹ } 10,000$ 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 (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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second Applicant	PAN (refer instruction)	KYC Compliance Status** (if yes, attach proof)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Applicant	PAN (refer instruction)	KYC Compliance Status** (if yes, attach proof)	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (in case 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 (✓)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Proof of DOB (Any one Mandatory)	<input type="checkbox"/> Birth Certificates <input type="checkbox"/> School Certificates / Mark Sheet <input type="checkbox"/> Pass Port <input type="checkbox"/> Others		
Mode of Holding Please (✓)	<input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Single <input type="checkbox"/> Joint		(Default option is Anyone or Survivor)
Occupation Please (✓)	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others		
Status Please (✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-PIO <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Minor thru Guardian <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Society <input type="checkbox"/> FIs <input type="checkbox"/> Others		

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

Name of PoA	Mr. Ms. M/s.	KYC [Please (✓) (Mandatory)]	<input type="checkbox"/> Proof Attached
PAN			

7 MAILING 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 / FI Applicant)			
City	State	PIN Code	



ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)

ARN-49710

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

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 ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others ____
Branch Address												
City					State				PIN Code			
MICR Code												(Please enter the 9 digit number that appears after your cheque number)
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)

Please attach a cancelled cheque OR a clear photo copy of a cheque

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*	<input type="checkbox"/> S/B	<input type="checkbox"/> NRE*	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR*	*Kindly provide photocopy of the payment instrument or Foreign Inward remittance Certificate (FIRC) evidencing source of funds																	
Please (✓)	<input type="checkbox"/> RTGS	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> Letter dated	D	D	M	M	Y	Y	Y	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-TargetScheme_____

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

FI-akm/140613

FOR MORE INFORMATION

Call us at (Toll Free) 1-800-1032-263	Alternate Number 020-4011 2300	Email us at service@boi-axa-im.com	Website www.boi-axa-im.com
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