

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

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
<input type="checkbox"/> 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		<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.		Date of Birth		(*)Mandatory for all investors
F I R S T N A M E		M I D D L E N A M E		L A S T N A M E		
Documents Enclosed ^A		<input type="radio"/> Micro SIP <input type="radio"/> PAN Proof <input type="radio"/> KYC PAN*				
Name of Second Applicant		<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.		Date of Birth		(*)Mandatory for all investors
F I R S T N A M E		M I D D L E N A M E		L A S T N A M E		
Documents Enclosed ^A		<input type="radio"/> Micro SIP <input type="radio"/> PAN Proof <input type="radio"/> KYC PAN*				
Name of Third Applicant		<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.		Date of Birth		(*)Mandatory for all investors
F I R S T N A M E		M I D D L E N A M E		L A S T N A M E		
Documents Enclosed ^A		<input type="radio"/> Micro SIP <input type="radio"/> PAN Proof <input type="radio"/> KYC PAN*				
Name of Guardian/Contact Person [#]		Relationship with MINOR		Guardian's Date of Birth		
F I R S T N A M E		M I D D L E N A M E		L A S T N A M E		
Documents Enclosed ^A		<input type="radio"/> Micro SIP <input type="radio"/> PAN Proof <input type="radio"/> 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) ^A For Micro SIP refer Point No. 5 and 8						
Mode of Holding <input type="radio"/> Single <input type="radio"/> Joint ¹ <input type="radio"/> Anyone or Survivor ^{(*)Default}						
4 SYSTEMATIC INVESTMENT PLAN (SIP) / MICRO SIP						
<input type="radio"/> SIP		SCHEME*:		PLAN*:		OPTION*:
<input type="radio"/> Micro SIP (Refer Instruction No. 5)		SUB OPTIONS*:		DIVIDEND FREQUENCY*:		
Investment Amount (₹) (in figures)		Investment Period (in months)		From		To
Investment Commencement Date		Dates		<input type="radio"/> 1st <input type="radio"/> 7th* <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 20th <input type="radio"/> 25th		(*)Default date is 7th
Drawn on Bank		Branch				
Cheque Dates From		To		Cheque Nos. From		To
Account Type (Please ●)		<input type="radio"/> SAVINGS <input type="radio"/> CURRENT <input type="radio"/> OTHERS		Frequency (Please ●)		<input type="radio"/> MONTHLY* ^{(*)Minimum 6 months}
PDC facility for daily SIP is not available (please specify)						
5 SYSTEMATIC WITHDRAWAL PLAN (SWP)						
FROM SCHEME*:		PLAN*:		OPTION*:		
SUB OPTIONS*:		DIVIDEND FREQUENCY*:				
Withdrawal Option (Please ●)		<input type="radio"/> FIXED or <input type="radio"/> APPRECIATION WITHDRAWAL		Amount (₹) (in figures)		
Total Amount of SWP (₹) (in figures)		Fixed Withdrawal Frequency (Please ●)		<input type="radio"/> MONTHLY (minimum 6 months) or <input type="radio"/> QUARTERLY		
Dates (Only one date)		<input type="radio"/> 1st <input type="radio"/> 7th* <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 20th <input type="radio"/> 25th ^{(*)Default date is 7th}		Withdrawal Period From		To
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		To		
Dates		<input type="radio"/> 1st <input type="radio"/> 7th* <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 20th <input type="radio"/> 25th ^{(*)Default date is 7th}		Frequency (Please ●)		<input type="checkbox"/> DAILY <input type="checkbox"/> 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)						