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



Name & Agent Code	Bank Branch Code	EUIN No.	CO Code	MO Code	Serial No.	of Receip
ARN-87761		E075033				
		ally left blank by me/us as this ng the advice of in-appropriatence				
distributor has not charged any a	dvisory fees on this transaction.	1				
Sole / Firs		Secon		Third	d Applicant	
	- ' '	FI registered Distributors based or	- ' '			ributor.
						7.0.1
INFORMATION OF EXIST		or existing Investors / Zero Bal etails). Note that Applicant Details				
Folio No. / ZERO Balance	e Folio Number		Mandatory field*			
APPLICANT INFORMATI	ION (Please refer Point N	lo. 8) (Please ✓)				
Name of Sole /First Applic	cant* Mr. Ms.	☐ M/s.	Date of Birth D D	M M Y Y Y Y (*N	Nandatory for all inve	stors)
F I R S T	N A M E	M I D D L	E NAME	L A	S T N	A M E
Oocuments Enclosed* N			PAN Proof	KYC PAN*		
Name of Guardian/Contac	ct Person* Relationship w	/ith MINOR		Guardian's Date of Birth	D D M M	YYY
F I R S T	N A M E	MIDDL	E NAME	LA	STN	A M E
Documents Enclosed [^] N Please mention the contact pe	Micro SIP	*KYC - Mandatory for investments	PAN Proof of ₹ 50,000/- and above, for certain	Category of investors ^For	Micro SIP refer	Point No. 5
		mandatory irrespective of transac	tion value (Refer Instruction No. 8)	. sategory or investors, FOI	oro or refer	. onic 140. 5
Mode of Holding Singl	10 10 1					
	NT PLAN (SIP) / MICRO S	IP .				
SIP SCHEMI			PLAN*:	OPTION*		
(Refer Instruction No. 5)	TIONS*:		DIVIDEND FREQU	ENCY*:		
Investment Amount (₹) (in figures				From D D M M Y Y	To D D	M M
Investment Commencement Date	D D M M Y Y Y	/ Y Dates	1st 7th* 10th 15t		(*Default dat	e is 7th)
Bank A/c No.			Frequency (Please ✓)		nonurs)	
Drawn on Bank Cheque Dates From	1 M Y Y Y Y TO E		Cheque Nos. From	Branch To		
Account Type (Please ✓)	SAVINGS CURRENT	OTHERS (please specify)		ly SIP is not available		_
SYSTEMATIC WITHDRAW	VAL PLAN (SWP)					
FROM SCHEME*:	,,	PLAN*:		OPTION*:		
SUB OPTIONS*:			DIVIDEND FREQUENCY*:			
Withdrawal Option (Please ✓)	FIXED or	APPRECIATION WITHDRAWAL		Amount (₹) (in figures)		
Total Amount of SWP (₹) (in figure			requency (Please ✓)	MONTHLY (minimum 6 months) or	QUARTER	IY
		Oth 25th (*Default date is 7th) With		M Y Y Y Y To	D D M N	4 Y Y
	PLAN (STP) (Please refe					
FROM SCHEME*:		PLAN*:		OPTION*:		
TO SCHEME*:		PLAN*:		OPTION*:		
Amount per Transfer (₹)		Transfer Period Fron	n D D M M Y Y	Y Y To D D M M	1 Y Y Y	Υ
Dates 1st 7th* 10th	h 15th 20th 25th (*D	Default date is 7th) Frequency (Please	✓) □ DAILY □] MONTHLY		
Total Amount of Transfer (₹) (in	figures)	Total Amou	nt in words		No. of Instal	lments
DECLARATION AND SIGN	ATURES					
We have read and understood the caundering". I/We hereby apply for All	contents of the Scheme Information	Document and Statement of Additionene and agree to abide by the terms a vand does not involve and is not de XA Mutual Fund, its Investment Man been induced by any rebate or gifts, o	nal Information of BOI AXA Mutual F and conditions applicable thereto. I/	und including the section on "Who ca We hereby declare that I/We am/are	annot invest" and authorised to mal	"Prevention of this investment of the strong
sued by any regulatory authority in I istributor / Broker / Investment Advis	ndia. I/We hereby authorise BOI A sor. I/We have neither received nor	A Mutual Fund, its Investment Man been induced by any rebate or gifts, o	ager and its agents to disclose deta directly or indirectly, in making this in	ils of my investment to my bank(s)/l vestment. I/We declare that the info	BOI AXA Mutual F rmation given in t	und's bank(s) his applicatio
count, I/We undertake that all addit	tnat i am/we are Non-Resident India: ional purchases made under this Foli	n/Person of Indian Origin and that i/ v io will also be from funds received fror	ve nave remitted funds from abroad t n abroad through approved banking :	nrougn approved banking channels o channels or from funds in mv/our NRE	r from tunds in my E/NRO/FCNR Acco	//our NRE/NR ount.
We confirm that the ARN holder hom amongst which the Scheme is	has disclosed to me/us all the combeing recommended to me/us.	nmissions (in the form of trail comm	mission or any other mode), payab	le to him for the different competing	ng Schemes of v	arious Mutua
nue(s)		_				
Sole / Firs	st Applicant	(To be signed by All Applicants	d Applicant	Third	d Applicant	
		(to be signed by All Applicants	in mode or operation is John)			
		LOWLED CESS	NECLIE	· No. 7		
ment Managers	ACKI	NOWLEDGEME To be filled in by the Investor		o No. / lication No.		ПП