## **Bank of India Multi Asset Allocation Fund**

(An open ended scheme investing in Equity, Debt and Gold ETF)

An application for purchase under Bank of India Multi Asset Allocation Fund.

Investment Amount (₹)

Cheques / Drafts are subject to realisation.

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING\*:

Wealth creation over medium to long term

Investment in equity and equity related securities, debt and money market instruments and Gold ETF



Scheme Risk-o-meter





The applicant	PLEASE FILL ALL FIELDS WITH BLACK RALL POINT, IN BLOCK LETTERS AND ALL FIELDS ARE MANDATORY  Repetition for many and to talk plant plants to the plant for propagate before completing the force.  Repetition for many and the plant for plants to the plant plants for plants plants for plants and the plants for									Investors	understa will be at v	nd that their p ery high risk	rincipal	Benchma	RISKO rk riskome	ter is at very	nign risk				
Sister Color Street Mark Institution with a paid directly by the investor is the APPI Ingelitered Distribution State 1 and Street No. 1 States Color Distribution ARN/ RIA	Secretary   Secr		DI EASE EILL														NDATOR				
Same Process Control	Distributor ARM. Fila.  Rank Branch Code  Basil Branch Code  Rank Branch Code  Basil Branch Code  Rank Brank Branch Rank Brank	Investors must read the KIM.									ICK L	LIIEKS	AND A				NDATOR	ar .			
ARN - 1678  E 087722  E 08	ARN - 1678  E 087722  E 08				.8	page ser	010 0011	.protg	, canto i					прри			n No. 1)	F	OR OFFI	CE USE	ONLY
ARN - 1678  E 087722    Control cormission dual to paid directly by the investor in the AMR registered Distributors based on the investors' assessment of various factors including the sortice method by the distributor based on the investors' assessment of various factors including the sortice method by the distributor of the amendment of the sortice of the amendment of the ame	For Commission shall be paid directly by the invessor to the AART registered Delivibuses based on the investor's assessment of various factors including the service recorded by the delivibuse.  Five I converged the matter of BUILD better abundance for the paid by the best to the control in executed in the control of the paid of	Distributor ARN/ RIA			Suh An	ent ARN	Code		FIIIN	l No		CI	) Code			MO Code		Sale	e Code		,
Total commission shall be paid directly by the investor is the AMET registered Distributors based on the investors' assessment of various factors including the service revoluted by the distributor.  If Why heavy qualifies must be \$100 look to be possible produced by the distributor and produced and act any price and produced produced produced and act any price and produced and produced and act any produced and produced	The control of the co	DISTIBUTOR ARMY RIA	RIA Registratio	on Number	Jub Ay	CIII AIIII	Couc		EUIN	I NU.		- G	Coue			INIO Gode		Sale	s couc	of I	Receipt
First Applicant   Second Applicant   Personal Control (Second	Froi commission shall be paid directly by the investor to the AMRI registered bilibilities based on the investors' assessment of various factors including the service condend by the distribution.  If you continued the part of the part																				
First Applicant	Froi commission shall be paid directly by the investor to the AMRI registered bilibilities based on the investors' assessment of various factors including the service condend by the distribution.  If you continued the part of the part	ARN - 1678						F	റമ	772	2										
With markey confirm that the Experimental to the Interferous Properties of the State Section of the State Section Agriculture of the State Section of the State Section Agriculture of the State Sec	With matery control in that act (SI) to come to each interfacion by introl interfacion by the outpress of the save defined and services and the property of the definition of	7.11.11						_	00	' ' _	_										
With header confirm that the season can be employee with that day review at the process of the	Reference   Part   Pa																				
With markey confirm that the Experimental to the Interferous Properties of the State Section of the State Section Agriculture of the State Section of the State Section Agriculture of the State Sec	With matery control in that act (SI) to come to each interfacion by introl interfacion by the outpress of the save defined and services and the property of the definition of	front commission shall be naid	directly by the inv	restor to the A	AMFI regis	tered Dis	stributor	s hase	d on th	ie inves	tors' as	sessment	of vario	us factor	s includ	ling the se	ervice ren	dered by	the distri	hutor	
Account Spring and Permanent Account Number (PAH)  First Applicant  Permanent Account Number (PAH)  First Applicant  Second Applicant  First Applicant  Redefined Ministry Secondary  Redefined Ministry Secondary  Redefined Ministry Secondary  Redefined Ministry Secondary  Redefined Redefined Ministry  Redefined Redefined Redefined Ministry  Redefined Redefined Ministry  Redefined Redefined Redefined Redefined Redefined Redefined Redefined Redefined Rede	The process of the deliberation aboves, by the employee/behilding person of the advanced for the process of the	·																<del>,</del>			
ARRIANCHOIN CHARGES FOR APPLICATIONS THROUGH DISTRIBUTIONS/AGENTS DRIVEY  Transport for control to desirable processes as supported amount at a circular part of the control to make a processe support of the control to make a process o	RESISTENCE OF THE CASTOLOGY INTERIOR PRINCE ACTION IS THROUGH DISTRIBUTORS/AGENTS ONLY  (Refer Instruction No. 1(3))  (Refer Instruction No. 1(4))  (Refer Instruction No. 1(4))  (Refer Instruction No. 1(5))  (Refer Instruction No. 1(6))  (Refer Instruction No. 1(6))  (Refer Instruction No. 1(6))  (Refer Instruction No. 2(4))  (Refer I	nout any interaction or advice by t ker or notwithstanding the advice o	he employee/relatior of in-appropriatenes:	nship manage s, if any, provid	r/sales per ded by the	son of the employee/	above o	distribut ship ma	or/sub nager/	So Au				-			orised	3			rised
accepting purchaser / exhaustrations mount in Y 10,000 in more and your Destitute becarded to recaive Transaction Chapter, the same as deducable   confirm that I am a First firm Finester across Mixinal Funds a supplicable from the Destitute Curls will be supplicated from the purchaser / as expectation in nount and populate from the Destitute Curls will be supplicated in the Destitute of the Wild Funds and Confirm that I am an existing investor in Mixinal Funds STRINIA UNIT PULL PURCHARD FOR MATURAL PROPERTIES (Refer Instruction No. 2(a) * b)	assessment products of account from the I am a First time lensest across Minister for September 1, according that I am a First time lensests across Minister across Minister across Minister and populate forthe Districts of this will be sound against the billions amount inverted.    Confirm that I am a First time lensests across Minister across Minister and proceed to Schema and Psymonth Debats   confirm that I am a First time lensests across Minister and proceed to Schema and Psymonth Debats	es person of the distributor/sub bro	iker.		•																
aspicación from the purciases dissocription amount and expalsito from Editoribusor. Units will be issued against the balancé amount invested.   confirm that I am an existing investor in Mulual Funds. 2(3)   Text INIO UNIT HOLDER INFORMATION   Passe fill in your Folio Number and proceed to Scheme and Payment Details   (Refer Instruction No. 2(6)   Text INIO UNIT HOLDER INFORMATION   Passe fill in your Folio Number and proceed to Scheme and Payment Details   (Refer Instruction No. 2(6)   Text INIO UNIT HOLDER K INIV KYC DETAILS   (Refer Instruction No. 9(8 & b))   (Refer Instruction No. 9(8)   PAW KYC Proof Enclosed   Payment of Payment Not Proof Enclosed   Payment Not Proof Enclos	Country of Birth   Country of	RANSACTION CHARGES FOR	APPLICATIONS T	HROUGH DIS	STRIBUTO	RS/AGE	NTS ON	ILY										(Re	efer Insti	uction I	No. 1(a
XISTING UNIT HOLDER INFORMATION [Please till in your Folio Number and proceed to Scheme and Payment Details]  (Refer Instruction No. 2(a)   Folio No.	XISTING UNIT HOLDER INFORMATION (Please fill in your Folio Number and proceed to Scheme and Payment Details)    Folio No.													tible 🗌							
Single   Joint   Anyone or Survivor (Default)   Anyone or Survivor (Default)   Anyone or Survivor (Default)   Anyone or Survivor (Default)   Permanent Account Number (PAN)   KYC Identification Number (KIN)   PAN KYC Proof Enclosed   PAN KYC Pro	Folia No.	1 1	<u> </u>	, ,											1 001111	irir chac i	ani un oxi				
Single	Single			ΤÍ			•			•		•									`
Single	Single   Joint   Anyone or Survivor (Default)   Permanent Account Number (PAN)   KYC Identification Number (KIN)   PAN KYC Proof Enclosed	/IODE OF H <u>olding &amp; Kin/ Ky</u>	C DETAILS															(Refer	nstructi	on <u>No. 9</u>	)(a & b
PAW KYC Proof Enclosed   PAW KYC Proof Enclo	First Applicant	·		ne or Survivo	r (Default)	)															
Second Applicant	Second Applicant Third Applicant Guardian (in case Minor) PAW KYC Proof Enclosed Guardian (in case Minor) PAW KYC Proof Enclosed Guardian (in case Minor) PAW KYC Proof Enclosed PAW KY		Permanent	Account Nu	mber (PA	N)				KYC	ldentifi	cation Nu	mber (K	IN)							
Third Applicant Guardian (in case Minor)    PANK KYC Proof Enclosed	Third Applicant  Guardian (in case Minor)    PAW KYC Proof Enclosed   P	First Applicant															PAN/ K	YC Proof	Enclose	t	
Guardian (in case Minor)   PANK KYC Proof Enclosed   PPLICANT'S DETAILS   (Refer Instruction No. 2(b)) (#Refer Instruction No. 2(b) (#Refer Instruction No. 2(b)) (#Refer Instruction No.	Guardian (in case Minor)    PAN/ KYC Proof Enclosed   PRUCANTS DETAILS   (Refer Instruction No. 2(b)) (#Refer Instruction No. 2(b)) (#Refer Instruction No. 2(b)) (#Refer Instruction No. 2(b)) (*Mandatory REST/ SOLE APPLICANTS DETAILS   Mr.   Mr.	Second Applicant															PAN/K	YC Proof	Enclose	t	
Reder Instruction No. 2(b)   (#Refer Instruction No. 2(b)   (#Refer Instruction No. 2(b)   (*Mandatory Instruction No. 18)	Restriction No. 2(b)   (#Refer Instruction No. 2(b))   (#Refer Instruction No. 2(b))   (#Mandatory Instruction No. 2(b))   (#Refer Instruction No. 2(b))   (#Mandatory Instr	Third Applicant							Ш								PAN/ K	YC Proof	Enclose	d	
RST/ SOLE APPLICANT'S DETAILS   Mr.   Ms.   M/s arme (1")   alte of Birth   D   D   M   M   Y   Nationality   Country of Birth   geal Entity Identifier (LEI)     Individual   Non - Individual   Refer Instruction No. 18)  tatus of First/ Sole Applicant [Please tick (*/)]   Individual   Non - Individual   Self Cartification Form) (Refer Instruction No. 14 8 15) (Mandatory)  Resident Individual   NRI-Repatriation   NRI-Non Repatriation   Partmership   Trust   HUF   APP   PIO   Company   Minor through quardian   BOI   O    Body Corporate   LLP   Society / Club   Foreign National Resident in India   FPI   Sole Proprietorship   Non Profit Organisation   Others   (please specify)    or Investments "On behalf of Minor"   Birth Certificate   Passport   Other   Relationship with minor   Father   Mother   Legal Guardia    AMBE 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    Designation   Mobile   +91	Alter of Birth	Guardian (in case Minor)															PAN/ K	YC Proof	Enclose	t	
tarte (1°)	are (1°)	APPLICANT'S DETAILS										(Refe	Instruc	tion No.	2(b))	(#Refe	Instructi	on No. 2	(b)9)	(* Ma	ndator
ate of Birth D D M M Y Y Nationality	ate of Birth D D M M Y Y Nationality Country of Birth cepal Entity Identifier (LE)	IRST/ SOLE APPLICANT'S DE	TAILS Mr	Ms.	☐ M/s																
egal Entity Identifier (LEI)	egal Entity Identifier (LE)																				
Status of First/ Sole Applicant [Please tick ( )]   Individual   Non - Individual   For Non - individual - please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO)   Self Certification Form   (Refer Instruction No. 14 & 15) (Mandatory)   Minor through guardian   BOI   O   Self Certification Form   (Refer Instruction No. 14 & 15) (Mandatory)   Minor through guardian   BOI   O   Self Certification Form   (Refer Instruction No. 14 & 15) (Mandatory)   Minor through guardian   BOI   O   O   O   O   O   O   O   O   O  </td <td>Status of First/ Sole Applicant [Please tick (*/)]   Individual   Non - Individual   Son - Individual - Ifor Non - Ifor N</td> <td>lame (1<sup>st</sup>)</td> <td></td>	Status of First/ Sole Applicant [Please tick (*/)]   Individual   Non - Individual   Son - Individual - Ifor Non - Ifor N	lame (1 <sup>st</sup> )																			
Self Certification Form) (Refer Instruction No. 14 & 15) (Mandatory)  Resident Individual	Self Certification Form (Refer Instruction No. 14 & 15) (Mandatory)    Resident Individual   NRI-Repatriation   NRI-Non Repatriation   Partnership   Trust   HUF   APP   PIO   Company   Minor through guardian   BOI   O     Body Corporate   LLP   Society / Club   Foreign National Resident in India   FPI   Sole Proprietorship   Non Profit Organization   Others   (please specify)     or investments "On behalf of Minor"   Birth Certificate   School Certificate   Passport   Other   Relationship with minor   Father   Mother   Legal Guardia     IAME 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     MR.   MS.   M/s		VI Y Y										Country	of Birth							
Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company Minor through guardian BOI O Body Corporate LLP Society / Club Foreign National Resident in India FPI Sole Proprietorship Non Profit Organisation Others (please specify) or Investments "On behalf of Minor" Birth Certificate School Certificate Passport Other Relationship with minor Father Mother Legal Guardit IAME 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  Designation Mobile + 91	Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company Minor through guardian BOI O Body Corporate LLP Society / Club Foreign National Resident in India PFI Sole Proprietorship Non Profit Organisation Others (please specify) or Investments "On behalf of Minor" Birth Certificate Solool Certificate Peasport Other Relationship with minor Father Mother Legal Guardia Marke 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 Minor) Name OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)/ POA HOLDER/ SOLE PROPRIETOR DETAILS Pesignation Mobile +91 P91 P91 P91 P91 P91 P91 P91 P91 P91 P	Date of Birth D D M I														18)					
Body Corporate   LLP   Society / Club   Foreign National Resident in India   FP    Sole Proprietorship   Non Profit Organisation   Others   Others   Others   Others   Others   Others   Others   Others   Other   Relationship with minor   Father   Mother   Legal Guardia   Landmark   Other   Mother   Legal Guardia   Others   Other   Relationship with minor   Father   Mother   Legal Guardia   Others	Body Corporate   LP   Society / Club   Foreign National Resident in India   FPI   Sole Proprietorship   Non Profit Organisation   Others   (please specify)   For Investments "On behalf of Minor"   Birth Certificate   School Certificate   Passport   Other   Relationship with minor   Father   Mother   Legal Guardic Name of Eirst/ Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)/ POA HOLDER/ SOLE PROPRIETOR DETAILS	Date of Birth D D M I	M Y Y	Nationality	Individua		lon - Inc	lividua		[For No	n - indi	vidual - p	(Refer	nstructio	on No. 1	•	ate Bene	ficial Ow	nership	(UBO)	
IAME 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    Mr.   Ms.   M/s	IAME 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    Mr.   Ms.   M/s	egal Entity Identifier (LEI)		Nationality		_			,	Self Ce	rtificati	on Form)	(Refer l lease at (Refer l	nstruction tach FAT	CA, CR	S & Ultim 4 & 15) (	Mandato	ry)			
Mr.   Ms.   M/s   Mobile   +91   M	Mr.   Ms.   Mr/s   Mobile   +9	Date of Birth  D  D  M  Page 1  Briting Identifier (LEI)  Briting Identifier (LEI)  Resident Individual  NF		Nationality  Nationality	Repatriatio	n DF	Partners	ship	Tru	Self Cei ust	rtificati ] HUF	on Form]	(Refer lease at (Refer l	nstruction tach FAT nstruction	CA, CR n No. 1 n No. 1	S & Ultim 4 & 15) ( any	Mandato Minor th	r <b>y)</b> rough gua	ardian	B0I	
Designation  Mobile +91  Please note that your address and contact details will be updated as per your KYC/ CKYC records.  Mailing address  Landmark  City  Mobile*+91  Tel.  Wobile*+91  Tel.  Wobile*+Polication form belongs to (Please tick (V) an	Designation Design	Date of Birth D D M P  Legal Entity Identifier (LEI)  Status of First/ Sole Applicant  Resident Individual NF  Body Corporate LLP  For Investments "On behalf of		Nationality  NRI-Non F  For Foreig	Repatriatio In Nationa Sc	n	Partners nt in Indi tificate	ship ia [	∏ Tru ] FPI Passp	Self Cerust [	r <b>tificati</b> ] HUF le Prop ] Othe	on Form] AOI ietorship	(Refer lease at (Refer I	tach FAT nstruction PIO (In Profit (International	CA, CR IN No. 1 IN No. 1 Comp Organisa	S & Ultim 4 & 15) ( any  ation  innor	<b>Mandato</b> r  Minor the   Others_   Father	ry) rough gua ( Mo	ardian please spother [	BOI becify) Lega	I Guard
Please note that your address and contact details will be updated as per your KYC/ CKYC records.  Mailing address  Landmark  City  Mobile* +91  Tel.  Tel.  Tel.  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)  Self Spouse My Dependents 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 holdersease address (for FPIs/ NRIs/ PIOs)  Mailing address  Landmark  Landmark  City  City  City	Please note that your address and contact details will be updated as per your KYC/ CKYC records.  Mailing address  Landmark  Lindmark  L	Date of Birth D D M P Legal Entity Identifier (LEI)  Status of First/ Sole Applicant  Resident Individual NF Body Corporate LLP For Investments "On behalf of INAME OF GUARDIAN (in case	[Please tick (~)]  RI-Repatriation [ Society / Club Minor" Birt of First/ Sole Appl	Nationality  NRI-Non F  For Foreig	Repatriatio In Nationa Sc	n	Partners nt in Indi tificate	ship ia [	∏ Tru ] FPI Passp	Self Cerust [	r <b>tificati</b> ] HUF le Prop ] Othe	on Form] AOI ietorship	(Refer lease at (Refer I	tach FAT nstruction PIO (In Profit (International	CA, CR IN No. 1 IN No. 1 Comp Organisa	S & Ultim 4 & 15) ( any  ation  innor	<b>Mandato</b> r  Minor the   Others_   Father	ry) rough gua ( Mo	ardian please spother [	BOI becify) Lega	I Guard
Mailing address  Landmark  City  Mobile* +91  Tel.  Whobile* +91  Spouse My Dependents My Childrens  lease 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 hold overseas address (for FPIs/ NRIs/ PIOs)  Mailing address  Landmark  City  City  City  City  City  City	Mailing address  Landmark  Lity  State  Mobile* +91  Tel.  Tel.  Telsease note: In the event that the mobile number or the email id provided herein above does not appear to be the unit holders, then the AMC shall send suitable communication in this regard to the unit holdersseas address (for FPIs/ NRIs/ PIos)  Mailing address  Mailing address  Country  Tel.  City	Date of Birth D D M P  Degal Entity Identifier (LEI)  Chatus of First/ Sole Applicant  Resident Individual NF  Body Corporate LLP  For Investments "On behalf of JAME OF GUARDIAN (in case)  Mr. Ms. M/s	[Please tick (~)]  RI-Repatriation [ Society / Club Minor" Birt of First/ Sole Appl	Nationality  NRI-Non F  For Foreig	Repatriation In Nationa In Scinor)/ NA	n F I Residen hool Cer	Partners nt in Indi tificate	ship ia [	∏ Tru ] FPI Passp	Self Cerust [	r <b>tificati</b> ] HUF le Prop ] Othe	on Form] AOI ietorship	(Refer lease at (Refer I	tach FAT nstruction PIO (In Profit (International	CA, CR IN No. 1 IN No. 1 Comp Organisa	S & Ultim 4 & 15) ( any  ation  innor	<b>Mandato</b> r  Minor the   Others_   Father	ry) rough gua ( Mo	ardian please spother [	BOI becify) Lega	I Guard
State   Pin Code   Mobile*   +91   Tel.      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)    Self	State   Mobile*   +91   Tel.    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)    Self	egal Entity Identifier (LEI)  ctatus of First/ Sole Applicant  Resident Individual NF  Body Corporate LLP  or Investments "On behalf of IAME OF GUARDIAN (in case  Mr. Ms. M/s  Designation	[Please tick ( )]  RI-Repatriation  Society / Club Minor"  Birt of First/ Sole App</td <td>Nationality  NRI-Non For Foreighth Certificate  licant is a M</td> <td>Repatriation Nationa Sc inor)/ NA Mobile</td> <td>n F I Residen hool Cer ME OF C</td> <td>Partners ont in Indi tificate ONTACT</td> <td>ship ia   repers</td> <td>Tru FPI Passp</td> <td>Self Cerust   Soort   DESIGN</td> <td>r<b>tificati</b> ] HUF le Prop ] Othe</td> <td>on Form] AOI ietorship</td> <td>(Refer lease at (Refer I</td> <td>tach FAT nstruction PIO (In Profit (International</td> <td>CA, CR IN No. 1 IN No. 1 Comp Organisa</td> <td>S &amp; Ultim 4 &amp; 15) ( any  ation  innor</td> <td><b>Mandato</b>r  Minor the   Others_   Father</td> <td>ry) rough gua ( Mo</td> <td>ardian please spother [</td> <td>BOI becify) Lega</td> <td>I Guard</td>	Nationality  NRI-Non For Foreighth Certificate  licant is a M	Repatriation Nationa Sc inor)/ NA Mobile	n F I Residen hool Cer ME OF C	Partners ont in Indi tificate ONTACT	ship ia   repers	Tru FPI Passp	Self Cerust   Soort   DESIGN	r <b>tificati</b> ] HUF le Prop ] Othe	on Form] AOI ietorship	(Refer lease at (Refer I	tach FAT nstruction PIO (In Profit (International	CA, CR IN No. 1 IN No. 1 Comp Organisa	S & Ultim 4 & 15) ( any  ation  innor	<b>Mandato</b> r  Minor the   Others_   Father	ry) rough gua ( Mo	ardian please spother [	BOI becify) Lega	I Guard
State    Mobile*   +91	State   Pin Code   Pin	Date of Birth D D M Page 1 D D D D D D D D D D D D D D D D D D	[Please tick ( )]  RI-Repatriation  Society / Club Minor"  Birt of First/ Sole App</td <td>Nationality  NRI-Non For Foreighth Certificate  licant is a M</td> <td>Repatriation Nationa Sc inor)/ NA Mobile</td> <td>n F I Residen hool Cer ME OF C</td> <td>Partners ont in Indi tificate ONTACT</td> <td>ship ia   repers</td> <td>Tru FPI Passp</td> <td>Self Cerust   Soort   DESIGN</td> <td>r<b>tificati</b> ] HUF le Prop ] Othe</td> <td>on Form] AOI ietorship</td> <td>(Refer lease at (Refer I</td> <td>tach FAT nstruction PIO (In Profit (International</td> <td>CA, CR IN No. 1 IN No. 1 Comp Organisa</td> <td>S &amp; Ultim 4 &amp; 15) ( any  ation  innor</td> <td><b>Mandato</b>r  Minor the   Others_   Father</td> <td>ry) rough gua ( Mo</td> <td>ardian please spother [</td> <td>BOI becify) Lega</td> <td>I Guard</td>	Nationality  NRI-Non For Foreighth Certificate  licant is a M	Repatriation Nationa Sc inor)/ NA Mobile	n F I Residen hool Cer ME OF C	Partners ont in Indi tificate ONTACT	ship ia   repers	Tru FPI Passp	Self Cerust   Soort   DESIGN	r <b>tificati</b> ] HUF le Prop ] Othe	on Form] AOI ietorship	(Refer lease at (Refer I	tach FAT nstruction PIO (In Profit (International	CA, CR IN No. 1 IN No. 1 Comp Organisa	S & Ultim 4 & 15) ( any  ation  innor	<b>Mandato</b> r  Minor the   Others_   Father	ry) rough gua ( Mo	ardian please spother [	BOI becify) Lega	I Guard
Mobile* +91	Mobile* +91	Date of Birth D D M Page 1 Degal Entity Identifier (LEI)    Compared to the co	[Please tick ( )]  RI-Repatriation  Society / Club Minor"  Birt of First/ Sole App</td <td>Nationality  NRI-Non For Foreighth Certificate  licant is a M</td> <td>Repatriation Nationa Sc inor)/ NA Mobile</td> <td>n F I Residen hool Cer ME OF C</td> <td>Partners ont in Indi tificate ONTACT</td> <td>ship ia   repers</td> <td>Tru FPI Passp</td> <td>Self Cerust   Soort   DESIGN</td> <td>r<b>tificati</b> ] HUF le Prop ] Othe</td> <td>on Form] AOI ietorship</td> <td>(Refer lease at (Refer I</td> <td>tach FAT nstruction PIO (In Profit (International</td> <td>CA, CR IN No. 1 IN No. 1 Comp Organisa</td> <td>S &amp; Ultim 4 &amp; 15) ( any  ation  innor</td> <td><b>Mandato</b>r  Minor the   Others_   Father</td> <td>ry) rough gua ( Mo</td> <td>ardian please spother [</td> <td>BOI becify) Lega</td> <td>I Guard</td>	Nationality  NRI-Non For Foreighth Certificate  licant is a M	Repatriation Nationa Sc inor)/ NA Mobile	n F I Residen hool Cer ME OF C	Partners ont in Indi tificate ONTACT	ship ia   repers	Tru FPI Passp	Self Cerust   Soort   DESIGN	r <b>tificati</b> ] HUF le Prop ] Othe	on Form] AOI ietorship	(Refer lease at (Refer I	tach FAT nstruction PIO (In Profit (International	CA, CR IN No. 1 IN No. 1 Comp Organisa	S & Ultim 4 & 15) ( any  ation  innor	<b>Mandato</b> r  Minor the   Others_   Father	ry) rough gua ( Mo	ardian please spother [	BOI becify) Lega	I Guard
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)    Self	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)    Self	ate of Birth D D M Page and Entity Identifier (LEI)  Chatus of First/ Sole Applicant  Resident Individual NF Body Corporate LLP For Investments "On behalf of IAME OF GUARDIAN (in case Mr. Ms. M/s)  Designation  Please note that your address  Mailing address	[Please tick ( )]  RI-Repatriation  Society / Club Minor"  Birt of First/ Sole App</td <td>Nationality  NRI-Non For Foreighth Certificate  licant is a M</td> <td>Repatriation Nationa Sc inor)/ NA Mobile</td> <td>n F I Residen hool Cer ME OF C</td> <td>Partners ont in Indi tificate ONTACT</td> <td>ship ia   repers</td> <td>Tru FPI Passp</td> <td>Self Cerust   Soort   DESIGN</td> <td>r<b>tificati</b> ] HUF le Prop ] Othe</td> <td>on Form] AOI ietorship</td> <td>(Refer lease at (Refer I</td> <td>tach FAT nstruction PIO (In Profit (International</td> <td>CA, CR IN No. 1 IN No. 1 Comp Organisa</td> <td>S &amp; Ultim 4 &amp; 15) ( any  ation  innor</td> <td><b>Mandato</b>r  Minor the   Others_   Father</td> <td>ry) rough gua ( Mo</td> <td>ardian please spother [</td> <td>BOI becify) Lega</td> <td>I Guard</td>	Nationality  NRI-Non For Foreighth Certificate  licant is a M	Repatriation Nationa Sc inor)/ NA Mobile	n F I Residen hool Cer ME OF C	Partners ont in Indi tificate ONTACT	ship ia   repers	Tru FPI Passp	Self Cerust   Soort   DESIGN	r <b>tificati</b> ] HUF le Prop ] Othe	on Form] AOI ietorship	(Refer lease at (Refer I	tach FAT nstruction PIO (In Profit (International	CA, CR IN No. 1 IN No. 1 Comp Organisa	S & Ultim 4 & 15) ( any  ation  innor	<b>Mandato</b> r  Minor the   Others_   Father	ry) rough gua ( Mo	ardian please spother [	BOI becify) Lega	I Guard
Self Spouse My Dependents My Childrens lease note: In the event that the mobile number or the email id provided herein above does not appear to be the unit holders, then the AMC shall send suitable communication in this regard to the unit holderseas address (for FPIs/ NRIs/ PIOs)  Mailing address  Landmark  City  City	Self Spouse My Dependents My Childrens lease note: In the event that the mobile number or the email id provided herein above does not appear to be the unit holders, then the AMC shall send suitable communication in this regard to the unit holders address (for FPIs/ NRIs/ PIOs)  Mailing address  Landmark  City  Zip Code	ate of Birth  egal Entity Identifier (LEI)  tatus of First/ Sole Applicant  Resident Individual NF Body Corporate LLP or Investments "On behalf of IAME OF GUARDIAN (in case Mr. Ms. M/s  Designation  lease note that your address  Mailing address  Landmark	[Please tick ( )]  RI-Repatriation  Society / Club Minor"  Birt of First/ Sole App</td <td>Nationality  NRI-Non For Foreighth Certificate  licant is a M</td> <td>Repatriation Nationa Sc inor)/ NA Mobile</td> <td>n F I Residen hool Cer ME OF C</td> <td>Partners ont in Indi tificate ONTACT</td> <td>Ship ia  T PERS KYC re</td> <td>Tru FPI Passp</td> <td>Self Cerust   Soort   DESIGN</td> <td>r<b>tificati</b> ] HUF le Prop ] Othe</td> <td>on Form] AOI ietorship</td> <td>(Refer lease at (Refer I</td> <td>tach FAT nstruction PIO (In Profit (International</td> <td>CA, CR IN No. 1 IN No. 1 Comp Organisa</td> <td>S &amp; Ultim 4 &amp; 15) ( any  ation  innor</td> <td>Mandator Minor the Others_ Father HOLDER</td> <td>ry) rough gua</td> <td>ardian please spother [</td> <td>BOI becify) Lega</td> <td>I Guard</td>	Nationality  NRI-Non For Foreighth Certificate  licant is a M	Repatriation Nationa Sc inor)/ NA Mobile	n F I Residen hool Cer ME OF C	Partners ont in Indi tificate ONTACT	Ship ia  T PERS KYC re	Tru FPI Passp	Self Cerust   Soort   DESIGN	r <b>tificati</b> ] HUF le Prop ] Othe	on Form] AOI ietorship	(Refer lease at (Refer I	tach FAT nstruction PIO (In Profit (International	CA, CR IN No. 1 IN No. 1 Comp Organisa	S & Ultim 4 & 15) ( any  ation  innor	Mandator Minor the Others_ Father HOLDER	ry) rough gua	ardian please spother [	BOI becify) Lega	I Guard
lease 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 hold liverseas address (for FPIs/ NRIs/ PIOs)  Mailing address  Landmark  City  City	lease 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 holderseas address (for FPIs/ NRIs/ PIOs)  Mailing address  Landmark  Country  Country  Zip Code	egal Entity Identifier (LEI)  citatus of First/ Sole Applicant  Resident Individual NF Body Corporate LLP  or Investments "On behalf of IAME OF GUARDIAN (in case Mr. Ms. M/s  Designation  Please note that your address  Mailing address  Landmark  City	[Please tick ( )]  RI-Repatriation  Society / Club Minor"  Birt of First/ Sole App</td <td>Nationality  NRI-Non For Foreighth Certificate  licant is a M</td> <td>Repatriation Nationa Sc inor)/ NA Mobile</td> <td>n F I Residen hool Cer ME OF C</td> <td>Partners ont in Indi tificate ONTACT</td> <td>Ship ia  T PERS KYC re</td> <td>Tru FPI Passp</td> <td>Self Cerust   Soort   Soort</td> <td>rtificati  HUF  HUF  le Prop  Othe  ATION</td> <td>on Form] AOI ietorship</td> <td>(Refer lease at (Refer I</td> <td>tach FAT nstruction PIO (In Profit (International</td> <td>CA, CR IN No. 1 IN No. 1 Comp Organisa</td> <td>S &amp; Ultim 4 &amp; 15) ( any  ation  innor</td> <td>Mandator Minor the Others_ Father HOLDER</td> <td>ry) rough gua  (</td> <td>ardian please spother [</td> <td>BOI becify) Lega</td> <td>I Guard</td>	Nationality  NRI-Non For Foreighth Certificate  licant is a M	Repatriation Nationa Sc inor)/ NA Mobile	n F I Residen hool Cer ME OF C	Partners ont in Indi tificate ONTACT	Ship ia  T PERS KYC re	Tru FPI Passp	Self Cerust   Soort   Soort	rtificati  HUF  HUF  le Prop  Othe  ATION	on Form] AOI ietorship	(Refer lease at (Refer I	tach FAT nstruction PIO (In Profit (International	CA, CR IN No. 1 IN No. 1 Comp Organisa	S & Ultim 4 & 15) ( any  ation  innor	Mandator Minor the Others_ Father HOLDER	ry) rough gua  (	ardian please spother [	BOI becify) Lega	I Guard
Mailing address Landmark  City	Mailing address  Landmark  City  Zip Code	ate of Birth  egal Entity Identifier (LEI)  tatus of First/ Sole Applicant  Resident Individual NF Body Corporate LLP  or Investments "On behalf of IAME OF GUARDIAN (in case Mr. Ms. M/s  Designation  lease note that your address  Mailing address  Landmark  City  mail ID*  IWE hereby declare that the eigenstation	[Please tick (✓)]  RI-Repatriation  Society / Club Minor" Birt of First/ Sole Appi  and contact detai	Nationality  NRI-Non For Foreighth Certificate  Ilicant is a M  Illis will be up	Repatriation In National Scinor) NA Mobile dated as	n FR Resident From From From From From From From From	Partners Par	Ship ia  FPERS KYC re	Tru	Self Cerust Soort Soort DESIGN	rtificati HUF HUF le Prop Othe ATION	on Form] AOI ietorship r (in case o	(Refer lease at (Refer I P Not   Ref f non-in	Instruction tach FAT nstruction PIO  In Profit ( lationship dividual	CA, CR on No. 1	S & Ultim 4 & 15) ( any  ation  ininor  rs)/ POA	Mandator   Minor the   Others_   Father   HOLDER/	ry) rough gua  (	ardian please spother [	BOI becify) Lega	I Guard
Landmark City	Landmark City Zip Code	Date of Birth D D M Page 20 D D D D D D D D D D D D D D D D D D	[Please tick (\sigma)]  RI-Repatriation [   Society / Club Minor"   Birt of First/ Sole Appl  and contact detai	Nationality  NRI-Non For Foreighth Certificate  Ilicant is a M  Illustriant is a W  Il	Repatriation In National Scinor) NA Mobile dated as In Mobile In M	n FI Residen hool Cer ME OF C	Partners  In Indi  Itificate  ONTACT  KYC/ C  Sta  the appl	khip  T PERS  KYC re	Tru	Self Cerust Soort Soort Mobile belongs	tificati HUF HUF Othe ATION  to (Ple	on Form] A0iietorship r (in case c	(Refer lease at (Refer I P Not   Ref f non-in	Instruction  tach FAT Instruction  PIO Control Instruction Instruc	CA, CR	S & Ultim 4 & 15) ( any  ation  ininor  rs)/ POA	Mandatori Minor thi Others_ Father HOLDER/ Pin C	ry) rough gua  Mc SOLE PI	ardian please spotter [ROPRIET	BOI pecify) Lega OR DET	I Guard
	State Country Zip Code	Date of Birth D D M Page 20 D D D D D D D D D D D D D D D D D D	[Please tick (\sigma)]  [Pleas	Nationality  NRI-Non For Foreighth Certificate  Ilicant is a M  Illustriant is a W  Il	Repatriation In National Scinor) NA Mobile dated as In Mobile In M	n FI Residen hool Cer ME OF C	Partners  In Indi  Itificate  ONTACT  KYC/ C  Sta  the appl	khip  T PERS  KYC re	Tru	Self Cerust Soort Soort Mobile belongs	tificati HUF HUF Othe ATION  to (Ple	on Form] A0iietorship r (in case c	(Refer lease at (Refer I P Not   Ref f non-in	Instruction  tach FAT Instruction  PIO Control Instruction Instruc	CA, CR	S & Ultim 4 & 15) ( any  ation  ininor  rs)/ POA	Mandatori Minor thi Others_ Father HOLDER/ Pin C	ry) rough gua  Mc SOLE PI	ardian please spotter [ROPRIET	BOI pecify) Lega OR DET	I Guard
	State Country Zip Code	Date of Birth D D M Page 20 D D D D D D D D D D D D D D D D D D	[Please tick (\sigma)]  [Pleas	Nationality  NRI-Non For Foreighth Certificate  Ilicant is a M  Illustriant is a W  Il	Repatriation In National Scinor) NA Mobile dated as In Mobile In M	n FI Residen hool Cer ME OF C	Partners  In Indi  Itificate  ONTACT  KYC/ C  Sta  the appl	khip  T PERS  KYC re	Tru	Self Cerust Soort Soort Mobile belongs	tificati HUF HUF Othe ATION  to (Ple	on Form] A0iietorship r (in case c	(Refer lease at (Refer I P Not   Ref f non-in	Instruction  tach FAT Instruction  PIO Control Instruction Instruc	CA, CR	S & Ultim 4 & 15) ( any  ation  ininor  rs)/ POA	Mandatori Minor thi Others_ Father HOLDER/ Pin C	ry) rough gua  Mc SOLE PI	ardian please spotter [ROPRIET	BOI pecify) Lega OR DET	I Guard
otate		egal Entity Identifier (LEI)  Status of First/ Sole Applicant  Resident Individual NF Body Corporate LLP For Investments "On behalf of NAME OF GUARDIAN (in case Mr. Ms. M/s  Designation  Please note that your address  Mailing address  Landmark  City	[Please tick (\sigma)]  [Pleas	Nationality  NRI-Non For Foreighth Certificate  Ilicant is a M  Illustriant is a W  Il	Repatriation In National Scinor) NA Mobile dated as In Mobile In M	n FI Residen hool Cer ME OF C	Partners  In Indi  Itificate  ONTACT  KYC/ C  Sta  the appl	khip  T PERS  KYC re	Tru	Self Cerust Soort Soort Mobile belongs	tificati HUF HUF Othe ATION  to (Ple	on Form] AOI ietorship r (in case c	(Refer   lease at (Refer I   No   Ref f non-in	Instruction  tach FAT Instruction  PIO Control Instruction Instruc	CA, CR	S & Ultim 4 & 15) ( any  ation  ininor  rs)/ POA	Mandatori Minor thi Others_ Father HOLDER/ Pin C	ry) rough gua  Mc SOLE PI	ardian please spotter [ROPRIET	BOI Decify) Lega	I Guard
	AOMAIOWA EDOCAMENT CLID TO THE	Date of Birth D D M Page 201 Entity Identifier (LEI)  Chatus of First/ Sole Applicant  Resident Individual NF Body Corporate LLP For Investments "On behalf of IAME OF GUARDIAN (in case Mr. Ms. M/s)  Designation  Please note that your address  Mailing address  Landmark  City	[Please tick (\sigma)]  [Pleas	Nationality  NRI-Non For Foreighth Certificate  Ilicant is a M  Illustriant is a W  Il	Repatriation In National Scinor) NA Mobile dated as In Mobile In M	n FI Residen hool Cer ME OF C	Partners at in India	ia	Tru	Self Cerust Soort Soort Mobile belongs	tificati HUF HUF Othe ATION  to (Ple	on Form] AOI ietorship r (in case c	(Refer   lease at (Refer I   No   Ref f non-in	Instruction  tach FAT Instruction  PIO Control Instruction Instruc	CA, CR	S & Ultim 4 & 15) ( any  ation  ininor  rs)/ POA	Mandatori Minor thi Others_ Father HOLDER/ Pin C	ry) rough gua  Mc SOLE PI  Tel.  attion in the	ardian please spotter [ROPRIET	BOI Decify) Lega	I Guard

Regular Direct

Stamp, Signature & Date

5	APPLICANT'S DETAILS																		(R	efer	Inst	ructi	on N	lo. 2(	b))	(#	Ref	er In	ıstrı	uctio	n No	. 2(t	9))	(*	* Ma	ndate	ory)
	SECOND APPLICANT'S DETAILS		Mr.		Ms.		lationa	lity						7 c	ount	ry of E	Birth							Mc	bile	* +	91										$\Box$
	Name (2 <sup>nd</sup> )	Τ	Т	Т	$\top$	Т		Т	Τ	Т	Т	T		_		Т	П	$\top$				Π	Π	T	Т	T	$\dagger$	$\dagger$				T	T				Ħ
	Email ID*	_													!				_		_		_		_							_	_				닉
		_	N/I =		Ma	LN	lationa	li+v/	$\overline{}$					7 6	ount	ry of E	) irth	$\overline{}$						٦,,,	. la il a	* + !	74	$\overline{}$	_				Т				一
		7	Mr.	Т	IVIS.	<u> </u>	lationa	iity	뉴	_	_	_	_	<u> </u>	T	I y UI L	)   (	누	_		_	_	_	_ INIC	שוומנ	+	91	+	$\dashv$								${f H}$
	Name (3 <sup>rd</sup> )																																				Щ
	Email ID*																																				
6	ADDITIONAL KYC DETAILS																															(Ref	er In	struc	ion I	No. 2	(c))
	Occupation details for 1st Ap	pplic	cant	2	nd App	plica	ant	3 <sup>rd</sup>	App	licant		Gu	ardia	ın	۱,	Politic	ally E	Expos	ed F	Perso	n (F	PEP)	deta	ils:				s a l	PEP	,	Rel	ated	to PE	:P   N	lot A	pplica	able
	Private Sector Service [ Public Sector Service [	片		$\vdash$		┿	$\dashv$		+		+		H		┧┡			•			·													+			
	Government Service	፱									I		፱			1 <sup>st</sup> App	lica	nt											]				]				
	Business [ Professional [	뷰			<u> </u>	╬	$\dashv$		+	<u> </u>	+		屵		-	2 <sup>nd</sup> Ap <sub>l</sub>	olica	nt															]				
	Agriculturist [	ᆸ				=			Ö				<u> </u>		<u> </u>	Ord Appr	lioo	nt .										_	_			_	1	+		_	$\dashv$
	Retired [ Housewife [	무				7	$\dashv$		-		+		$\frac{\Box}{\Box}$		Į Ļ	3 <sup>rd</sup> App	illica	III								_								$\perp$			_
	Student	片		H		╬	_		旹		+		片		11	Guardi	an																]				
	Proprietorship [										$\perp$				1	Author	ised	Sian	ator	v/ Pa	artne	ers/ D	irec	tors/	Othe	ers			7				1	$\top$			$\neg$
	Others (Please specify)			<u>L</u> _			<u>—</u> L	_			-1-			_	<u> </u>											廾	-			20	Ji			/ C= -			=
	Non-Individual Investors involved/	pro	viding	j an	y of t	the i	mentio	nec	l ser	vices				] [		oreigi Money						nang	er Si	ei vici	ะร	H		,	_	ami e abo	_	/ L01	.tery	' Casi	110 5	ei VIC	50
	Gross Annual Income Range (in ₹)	1	st Appl	lica	nt 2	2 <sup>nd</sup> A	pplica	nt	3 <sup>rd</sup> A	pplica	ant	Gı	uardi		1			s Ann			_	Range	e (in	₹)	1 <sup>st</sup>	Appli		_		pplic		3 <sup>rd</sup> /	Applio	cant	G	uardi	an
	Below 1 lac	Ī		_											]	_		5 lac										Ī									
	1-5 lac	Γ		_	T			1			$\Box$					$\vdash$		c- 1 c	r									T									二
	5-10 lac			]												>	- 1 (	cr																			_
	OR Networth in ₹ (Mandatory for Non Individual) (not older than 1 year)	_																										as						100			
	than 1 your)																												DD		M	//		ΥΥ	Υ		
	EMAIL COMMUNICATION INFORMAT	1017	1																																		
	☐ I/We wish to receive the following	g d	ocume	ent(	s) ph	ysic	ally in	lieu	of E	mail.	[	A	CCOL	ınt S	taten	nent				lews	Let	ter			] Ar	nual	Rep	ort				Othe	r Sta	tutory	/ Info	rmat	ion
7	FATCA & CRS INFORMATION (for Ind								or) (	Self C	ertif	icati	ion)																			(Ro	efer	nstru	ctior	No.	14)
	The below information is required fo Address Type: Residential or Bu				` '	-			cine	e [	∃ Re	niete	red	Offic	e (fn	r addı	229	meni	ion	ed in	for	m/ev	ietin	n adı	drec	e ani	near	ina i	in F	nlin)							
	Please indicate all countries in which		_	_			_			_		_			•					ou iii	1011	II/ UX	131111	y au	uico	o up	Juai	iliy i		ono,							
	Category			Fir	st Ap	plica	ant (in	clud	ding	Minor	r)					Se	cond	d App	lica	nt/ G	uar	dian								TI	hird	Appl	icant				
	Is the applicant(s)/ guardian's					] Y	es		No	)			1					Yes			No										Yes			Vo			$\neg$
	Country of Birth/ Citizenship/ Nationality/ Tax Residency other				If Ye	s, p	lease	prov	/ide t	he						1	f Yes	s, plea	se	provi	de t	he							lf	Yes,	plea	se p	rovid	e the			
	than India?			foll	owing	j inf	ormati	on [	man	datory	/]					follov	/ing	inforr	nati	on [r	nan	dator	y]					fol	low	ing ir	nforr	natio	n [m	andat	ory]		
	Place/ City of Birth																																				
	Country of Birth																																				
	Country of Tax Residency										_		T	_											T								_				
	Tax Payer Ref. ID No ^																								٦												
	Identification Type [TIN or other, please specify]																																				
	Country of Tax Residency 2												+												$\dashv$												$\dashv$
	Tax Payer Ref. ID No. 2												+																								$\dashv$
	Identification Type [TIN or other, please specify]												$\top$																								$\neg$
	Country of Tax Residency 3												$\dashv$																								$\dashv$
	Tax Payer Ref. ID No. 3												$\dashv$																								$\dashv$
	Identification Type [TIN or other, please specify]												$\top$																								
	^ In case Tax Identification Number	· is ı	not ava	ailal	ole, ki	indly	/ provi	de it	ts fur	nction	al eq	uival	ent.																								
8	BANK ACCOUNT DETAILS - Mandato													cted)																		(I	Refer	Instr	uctio	n No	. 3)
	Name of the Bank	T		T				Ī																													
	Account Number														A/C	Type (	Plea	se ✔)			Savi	ngs		] Cur	rent		] NI	RE	Ē	NR	0		CNF		] Ot	hers	
	Branch Address	Ι		I	I			I	$\Box$		$\perp$							$\Box$						Γ	$\Gamma$	$oxed{\Box}$	I	$oxed{J}$									
	City										State	_																	PIN	l Cod	е						
	MICR Code	1	$\perp$	1		_	(Pleas	se e	nter t	the 9	_					rs afte													Can					ie req			e of
	IFSC Code (RTGS/NEFT)											(11	Char	acter	cod	e appe	arin	g on y	you	r che	que	leaf)								ın	vestr	IEIITS	יוטנ לו	rough	oneq	ut	

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

Free)

Email us at

Service@boimf.in

www.

	/ilielit tiliouyii Gasii/Noii-W	IICR Cheques/Out	station Cheques n	ot accepted)		(	Refer Instruction No.4 & 8)
Scheme Name Bank of India Mul	ti Asset Allocation Fund			Plan 🗆	Regular 🔲 Direct	Option Growth	ı 🔲 IDCW Payout
Investment Amount (₹)		DD C	harges if any (₹)		Net Amount (₹)		
Cheque/ DD No.	Drawn Bank			Branch/0	City		
Account Type* S/B NRE*	* Current NRO	FCNR* *Kindl	y provide photocop	y of the payment Instrumen	t or Foreign Inward r	emittance Certificate (FIR	(C) evidencing source of funds
Please (✓)	d Transfer	dated D I	D M M Y	Y Bank A/c No.			
UTR/ Reference no.							
REDEMPTION / DIVIDEND REMITTANCE							(Refer Instruction No. 5)
☐ Electronic Payment (It is the respons☐ Cheque Payment	sibility of the Investor to ens	ure the correctnes	s of the IFSC code/	MICR code for Electronic F	Payout at recipient/d	estination branch corresp	oonding to the Bank details.)
DIVIDEND TRANSFER FACILITY (Pleas	e tick to select this facility	r)				(Re	efer Instruction No.4(e)(4))
This facility is available only und them into any of the open ended		ibution cum capital	withdrawal plan (IC	DCW Transfer) if the unit h	older chooses to t	ransfer the amount of t	the dividend receivable by
DEMAT ACCOUNT DETAILS — (Please 6				ation form matches with th e allotted by default in elec		eld with the Deposito <b>y</b> P	articipant). (Refer Instruction No. 10)
Matter of Countries Boundaries I hade	1 (NODL)	DP Name					
National Securities Depository Limited	d (NSDL)	DP ID No.	I N		Beneficiary A	ccount No.	
0	(11 (ODOL)	DP Name					
Central Depository Services (India) Li	mited (GDSL)	Target ID No	.				
NOMINATION DETAILS for Individuals	[Minor / HUF / POA Holder	/ Non Individuals	cannot Nominate	] (Mandatory)			(Refer Instruction No. 6)
I/We wish to nominate as under:				eaving Certificate  Pass	sport 0thers		
Name and Address of Nominee(s) (IN CAPITALS)	PAN	Relationship of Nominee with Unitholder	Date of Birth (Birth proof to	Name and Address	of Guardian	Signature of Nominee (Optional)/ Guardian of	Proportion (%) in which the units will be shared
		Ullillolder	be attached)* (to be furn	ished in case the Nominee	is a minor)	Nominee (Mandatory)	by each Nominee (should aggregate to 100%)
Nominee 1			,		,		
Nominee 2							
Nominee 3							
I / We hereby confirm that I / We nominee(s) and further are aware	e do not wish to appoint a	iny nominee(s) fo the account holde	or my mutual fund	units held in my / our mut	ual fund folio and u	understand the issues inv	volved in non appointment of
authority, based on the value of ass	ate hold in the mutual fund				int an tire requients	400411101110 100404 2) 01	sair or ouror odorr competent
additionly, pased on the value of ass	iets field in the mutual fund	folio.	( ),				
POA holder cannot	ets field in the mutual fund	folio.	_		_		
POA holder cannot nominate.	First / Sole Applicant	folio. 	_	Second Applicant	_		Third Applicant
POA holder cannot nominate.  DECLARATION	First / Sole Applicant	_	-	Second Applicant			Third Applicant
POA holder cannot nominate.  DECLARATION  I/We have read and understood the co Additional Information of Bank of Indisection on Who cannot invest and	First / Sole Applicant  Intents of the Scheme Informace Mutual Fund (Formerly B. Prevention of Money La	mation Document OI AXA Mutual Fu	and Statement of nd) including the pereby apply for		(Please write Applic	U	
POA holder cannot nominate.  DECLARATION  I/We have read and understood the co Additional Information of Bank of Indi section on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We	First / Sole Applicant  Intents of the Scheme Inform  Mutual Fund (Formerly B  Prevention of Money La  eme and agree to abide by i  manyare authorised to make	mation Document OI AXA Mutual Fu uundering. I/We r this investment an	and Statement of nd) including the nereby apply for ditions applicable that the amount		on the reverse of th	eation Form No. / Folio No	).
POA holder cannot nominate.  I/We have read and understood the co Additional Information of Bank of Indisection on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We invested in the Scheme is through legit the purpose of any contravention or expenses.	rirst / Sole Applicant  Intents of the Scheme Inforr a Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am /are authorised to make imate sources only and does asion of any Act, Rules, Reg	mation Document OI AXA Mutual Fu undering. I/We h the terms and con this investment an s not involve and is julations, Notificati	and Statement of nd) including the nereby apply for ditions applicable d that the amount s not designed for ons or Directions		on the reverse of th	<b>O</b> eation Form No. / Folio No	).
POA holder cannot nominate.  I/We have read and understood the co Additional Information of Bank of Indi section on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We invested in the Scheme is through legit the purpose of any contravention or evissued by any regulatory authority in In BOI AXA Mutual Fund) its Investment M	rients of the Scheme Informat Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am /are authorised to make mate sources only and does asion of any Act, Rules, Reg dia. I/We hereby authorise B anager and its agents to disc	mation Document OI AXA Mutual Fu undering. I/We is the terms and con- this investment an s not involve and is julations, Notificati Bank of India Mutu.	and Statement of nd) including the lereby apply for ditions applicable of that the amount s not designed for ons or Directions all ord (Formerly investment to my		on the reverse of th Paymer	eation Form No. / Folio No	).
POA holder cannot nominate.  I We have read and understood the co Additional Information of Bank of Indi section on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We invested in the Scheme is through legit the purpose of any contravention or exissued by any regulatory authority in In BOI AXA Mutual Fund) its Investment M bank(s)/Bank of India Mutual Fund (Investment Advisor, I/We have neither	First / Sole Applicant  Intents of the Scheme Inforra Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am /are authorised to make imate sources only and does asion of any Act, Rules, Regdia. I/We hereby authorise anager and its agents to discormerly BOI AXA Mutual F received nor been induced.	mation Document OI AXA Mutual Fu uundering. I/We h the terms and con- this investment an s not involve and is gulations, Notificati Bank of India Mutu- close details of my Fund) and /or Dis t by any rebate or	and Statement of nd) including the lereby apply for ditions applicable d that the amount s not designed for ons or Directions al Fund (Formerly investment to my tributor /Broker /	First/ Sole Applicant/ Guardian/ PoA/	on the reverse of th Paymer	eation Form No. / Folio No	).
POA holder cannot nominate.  I/We have read and understood the co Additional Information of Bank of Indisection on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We invested in the Scheme is through legit the purpose of any contravention or evissued by any regulatory authority in In BOI AXA Mutual Fund) its Investment M bank(s)/Bank of India Mutual Fund (Finvestment Advisor. I/We have neither indirectly, in making this investment. I/correct, complete and truly stated.	rients of the Scheme Information Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am /are authorises only and does asion of any Act, Rules, Reg dia. I/We hereby authorise B anager and its agents to discorrerly BOI AXA Mutual Freceived nor been induced We declare that the information	mation Document OI AXA Mutual Fu undering. I/We in the terms and con this investment an s not involve and is julations, Notificati Sank of India Mutu. Iclose details of my Fund) and /or Dis I by any rebate or tion given in this a	and Statement of nd) including the lereby apply for ditions applicable d that the amount on the designed for ons or Directions al Fund (Formerly investment to my tributor /Broker / r gifts, directly or pplication form is	First/ Sole Applicant/	on the reverse of th Paymer	eation Form No. / Folio No	).
POA holder cannot nominate.  JUME have read and understood the co Additional Information of Bank of Indi section on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We invested in the Scheme is through legit the purpose of any contravention or evissued by any regulatory authority in In BOI AXA Mutual Fund) its Investment M bank(s)/Bank of India Mutual Fund (f Investment Advisor. I/We have neither indirectly, in making this investment. I' correct, complete and truly stated.  Jewe are aware that the information proversition of my/our investment account	riest / Sole Applicant  Intents of the Scheme Informa a Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by a mar/are authorised to make imate sources only and does asion of any Act, Rules, Red dia. I/We hereby authorise E anager and its agents to discorrently BOI AXA Mutual Forceived nor been induced We declare that the informativided/collected in this application.	mation Document OI AXA Mutual Fu undering. I/We I the terms and con his investment an s not involve and is julations, Notificati Sank of India Mutu- close details of my Fund) and /or Dis to by any rebate or tion given in this a attion form is neces	and Statement of nd) including the lereby apply for ditions applicable of that the amount on the sort designed for ons or Directions al Fund (Formerly investment to my tributor /Broker / gifts, directly or pplication form is chara/information	First/ Sole Applicant/ Guardian/ PoA/	on the reverse of th Paymer	eation Form No. / Folio No	).
POA holder cannot nominate.  I/We have read and understood the co Additional Information of Bank of Indisection on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We invested in the Scheme is through legit the purpose of any contravention or evissued by any regulatory authority in In BOI AXA Mutual Fund (if Investment Advisor, I/We have neither indirectly, in making this investment. I/ correct, complete and truly stated.  I/We are aware that the information prov	rients of the Scheme Inforra Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am /are authorises only and does asion of any Act, Rules, Reg dia. I/We hereby authorise B anager and its agents to discorrerly BOI AXA Mutual Freceived nor been induced We declare that the informativided/collected in this application. I/We hereby give consent by Bank of India Mutual Fund	mation Document OI AXA Mutual Fu undering. I/We is the terms and con- this investment an s not involve and is julations, Notificati Jank of India Mutu- lose details of my Fund) and /or Dis by any rebate or tion given in this an ation form is necorsharing my/oui ((Formerly BOI AX/	and Statement of nd) including the lereby apply for ditions applicable of that the amount on the sort designed for ons or Directions al Fund (Formerly investment to my tributor /Broker / or pglica directly or pglica tion form is sary in relation to a data/information a Mutual Fund) for	First/ Sole Applicant/ Guardian/ PoA/	on the reverse of th Paymer	eation Form No. / Folio No	).
POA holder cannot nominate.  I We have read and understood the co Additional Information of Bank of Indi section on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We invested in the Scheme is through legit the purpose of any contravention or evissued by any regulatory authority in In BOI AXA Mutual Fund) its Investment M bank(s)/Bank of India Mutual Fund (Investment Advisor. I/We have neither indirectly, in making this investment. I/c correct, complete and truly stated. I/We are aware that the information provoperation of my/our investment accoun with any third party as may be required I the purpose of providing services to me account/folio.  I/ We confirm that the ARN holder has	riest / Sole Applicant  Intents of the Scheme Inforra  Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am/are authorised to make imate sources only and does asion of any Act, Rules, Reg dia. I/We hereby authorise B anager and its agents to disc received nor been induced We declare that the informat vided/collected in this applica t. I/We hereby give consent f by Bank of India Mutual Fund v/us or for opening, continuin s disclosed to me/us all the	mation Document OI AXA Mutual Fu the terms and con- this investment an s not involve and is Julations, Notificati Bank of India Mutu- close details of my sund) and /or Dis by any rebate or tion given in this a ation form is neces for sharing my/our ((Formerly BOI AXA g and operating m	and Statement of nd) including the lereby apply for dibns applicable d that the amount is not designed for ons or Directions al Fund (Formerly investment to my tributor /Broker / grifts, directly or pplication form is essary in relation to data/information a Mutual Fund) for y/our investment in the form of trail	First/ Sole Applicant/ Guardian/ PoA/	on the reverse of th Paymer	eation Form No. / Folio No	).
POA holder cannot nominate.  I/We have read and understood the co Additional Information of Bank of Indisection on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We invested in the Scheme is through legit the purpose of any contravention or evissued by any regulatory authority in In BOI AXA Mutual Fund) its Investment Mosank(s)/Bank of India Mutual Fund (Finvestment Advisor. I/We have neither indirectly, in making this investment. I/correct, complete and truly stated.  I/We are aware that the information provoperation of my/our investment accoun with any third party as may be required the purpose of providing services to me account/folio.  I/ We confirm that the ARN holder has commission or any other mode), payal Funds from amongst which the Scheme	rients of the Scheme Inforra Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am /are authorised to make mate sources only and does asion of any Act, Rules, Redia. I/We hereby authorise E anager and its agents to discormerly BOI AXA Mutual Freceived nor been induced We declare that the informat vided/collected in this applicat. I/We hereby give consent for BOI BOI AXA MUTUAL Fund vius or for opening, continuing se disclosed to me/us all the let to him by the different coils being recommended to me.	mation Document OI AXA Mutual Fu undering. I/We I the terms and con- this investment an s not involve and is gulations, Notificati Jank of India Mutu. Icose details of my Fund) and /or Dis 1 by any rebate or tion given in this al ation form is neces for sharing my/cou- ig and operating my e commissions (in mpeting Schemes e/us.	and Statement of nd) including the lereby apply for ditions applicable of that the amount is not designed for ons or Directions all Fund (Formerly investment to my tributor /Broker / r gifts, directly or pplication form is asary in relation to a Mutual Fund) for y/our investment in the form of trail of various Mutual	First/ Sole Applicant/ Guardian/ PoA/	on the reverse of th Paymer	eation Form No. / Folio No	).
POA holder cannot nominate.    DECLARATION	First / Sole Applicant  Intents of the Scheme Information and Mutual Fund (Formerly Bervention of Money Laeme and agree to abide by am/are authorised to make imate sources only and does asion of any Act, Rules, Red did. I/We hereby authorise Banager and its agents to discorrently BOI AXA Mutual Forceived nor been induced We declare that the informativided/collected in this applicative of the properties of	mation Document OI AXA Mutual Fu undering. I/We I the terms and con- this investment is sont involve and is julations, Notificati Bank of India Mutu- close details of my Fund) and /or Dis to by any rebate or tion given in this a station form is meyes for sharing my/ou I (Formerly BOI AXA ng and operating my e commissions (in mpeting Schemes e/us. I Fund) to update th Managers Pvt. L	and Statement of not) including the lereby apply for ditions applicable of that the amount is not designed for ons or Directions al Fund (Formerly investment to my tributor /Broker / grifts, directly or pplication form is essary in relation to a data/information in the form of trail of various Mutual my/our following tot. (Formerly 80)	First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory	on the reverse of th Paymer	eation Form No. / Folio No	).
POA holder cannot nominate.  I/We have read and understood the co Additional Information of Bank of Indisection on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We invested in the Scheme is through legit the purpose of any contravention or evissued by any regulatory authority in In BOI AXA Mutual Fund (is Investment Advisor. I/We have neither indirectly, in making this investment. I/correct, complete and truly stated.  I/We are aware that the information provoperation of my/our investment accoun with any third party as may be required the purpose of providing services to me account/folio.  I/ We confirm that the ARN holder has commission or any other mode), payat Funds from amongst which the Scheme I/We request Bank of India Mutual Fundetails for the above Folios. I/we autho Star Investment Managers Pvt. Ltd.) (Frefer these details to any of the appropriate in the service of the appropriate in the services of the servi	riest / Sole Applicant  Intents of the Scheme Inforra Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am /are authorised to make mate sources only and does asion of any Act, Rules, Req dia. I/We hereby authorise B anager and its agents to disc formerly BOI AXA Mutual F received nor been induced We declare that the informat vided/collected in this applicate. I/We hereby give consent of by Bank of India India vius or for opening, continuin s disclosed to me/us all the let ohim by the different co let is being recommended to m d (Formerly BOI AXA Mutua rize Bank of India Investmer ormerly BOI AXA Investmer ormerly BOI AXA Investmer inate authorities including Un	mation Document OI AXA Mutual Fu undering. I/We I the terms and con- this investment an s not involve and is julations, Notificati Bank of India Mutu- close details of my Fund) and /or Dis d by any rebate or tion given in this a ation form is neces for sharing my/our I (Formerly BOI AXA ng and operating my e commissions (in mpeting Schemes e/us. al Fund) to update tt Managers Pvt. L it Managers Pvt. L it dentification	and Statement of nd) including the lereby apply for ditions applicable d that the amount is not designed for ons or Directions al Fund (Formerly investment to my tributor /Broker / gifts, directly or pplication form is asary in relation to data/information and Mutual Fund) for y/our investment in the form of trail of various Mutual my/our following td. (Formerly BÖI td.) Registrars to Authority of India	First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory	on the reverse of th Paymer	eation Form No. / Folio No	).
POA holder cannot nominate.  I/We have read and understood the co Additional Information of Bank of Indisection on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We invested in the Scheme is through legit the purpose of any contravention or evissued by any regulatory authority in In BOI AXA Mutual Fund (is Investment Advisor, I/We have neither indirectly, in making this investment. I/correct, complete and truly stated.  I/We are aware that the information provoperation of my/our investment accoun with any third party as may be required I the purpose of providing services to me account/folio.  I/ We confirm that the ARN holder has commission or any other mode), payalt Funds from amongst which the Scheme I/We request Bank of India Mutual Fundetails for the above Folios. I/we autho Star Investment Managers Pvt. Ltd.) (Frefer these details to any of the appropr (UIDAI)/ KYC Registration Agency/Aut service providers including UIDAI to sha of any correction/change in name/addire	riest / Sole Applicant  Intents of the Scheme Inforra Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am /are authorised to make mate sources only and does asion of any Act, Rules, Req dia. I/We hereby authorise B anager and its agents to disc formerly BOI AXA Mutual F received nor been induced We declare that the informat vided/collected in this applicate. I/We hereby give consent of by Bank of India Mutual Fund by Bank of India Mutual Fund by Bot Bot on the different con is being recommended to m d (Formerly BOI AXA Mutua rize Bank of India Investmer formerly BOI AXA Investmer formerly BOI AXA Investmer intention and including Un hentication Agencies etc. a are the data as per their reco	mation Document OI AXA Mutual Fu undering. I/We I the terms and con- this investment an s not involve and is julations, Notificati Sank of India Mutu- close details of my Fund) and /or Dis d by any rebate or tion given in this a ation form is neces for sharing my/our I (Formerly BOI AXA ng and operating my e commissions (in mpeting Schemes e/us, al Fund) to update nt Managers Pvt. L idue Identification and also authorize tds, for verification irth etc. recorded v	and Statement of nd) including the lereby apply for ditions applicable d that the amount is not designed for ons or Directions al Fund (Formerly investment to my tributor /Broker / gifts, directly or pplication form is asary in relation to data/information a Mutual Fund) for y/our investment in the form of trail of various Mutual my/our following td. (Formerly BÖI td.) Registrars to Authority of India such agencies / purpose. In case with UIDAI, please	First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory	on the reverse of th Paymer	eation Form No. / Folio No	).
POA holder cannot nominate.    Joeclaration   Joecl	rient / Sole Applicant  Intents of the Scheme Inforra a Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am /are authorised to make imate sources only and does asion of any Act, Rules, Rec dia. I/We hereby authorise E anager and its agents to disc formerly BOI AXA Mutual f received nor been induced We declare that the informat by Bank of India Mutual Fund fus or for opening, continuin s disclosed to me/us all the le to him by the different co is being recommended to m d (Formerly BOI AXA Mutual rize Bank of India Investmer formerly BOI AXA Mutual rize Bank of India Investmer formerly BOI AXA Investmer iate authorities including Un hentication Agencies etc. a are the data as per their reco ses/mobile number/date of 8 s Aadhaar Self Servi	mation Document OI AXA Mutual Fu undering. I/We I the terms and con- this investment an s not involve and is julations, Notificati Jank of India Mutu. I close details of my Fund) and /or Dis by any rebate or tion given in this an ation form is neces for sharing my/our (Formerly BOI AX/ and and operating my expected by the commissions (in mpeting Schemes e/us. al Fund) to update th Managers Pvt. L int Ma	and Statement of nd) including the lereby apply for ditions applicable of that the amount is not designed for ons or Directions al Fund (Formerly investment to my tributor /Broker / ogifts, directly or pplication form is assary in relation to a data/information of Amutual Fund) for y/our investment of various Mutual my/our following td. (Formerly BOI td.) Registrars to Authority of India such agencies / purpose. In case with UIDAI, please	First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory	on the reverse of th Paymer	eation Form No. / Folio No	).
POA holder cannot nominate.  I/We have read and understood the co Additional Information of Bank of Indisection on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We invested in the Scheme is through legit the purpose of any contravention or exissued by any regulatory authority in In BOI AXA Mutual Fund) its Investment M bank(s)/Bank of India Mutual Fund (Finvestment Advisor. I/We have neither indirectly, in making this investment. I/correct, complete and truly stated.  I/We are aware that the information proveration of my/our investment accoun with any third party as may be required the purpose of providing services to me account/folio.  I/ We confirm that the ARN holder has commission or any other mode), payal Funds from amongst which the Scheme I/We request Bank of India Mutual Fundetails for the above Folios. I/we autho Star Investment Managers Pvt. Ltd.) (Frefer these details to any of the appropr (UIDAI) KYC Registration Agency/Aut Service providers including UIDAI to she of any correction/change in name/addreundate the change with UIDAI of the service providers including UIDAI to she of any correction/change in name/addreundate the change with UIDAI.	riest / Sole Applicant  Intents of the Scheme Inforra A Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am /are authorised to make mate sources only and does asion of any Act, Rules, Red dia. I/We hereby authorise E anager and its agents to disc formerly BOI AXA Mutual F received nor been induced We declare that the informat vided/collected in this applicat. I/We hereby give consent of by Bank of India Mutual Fund Vus or for opening, continuin s disclosed to me/us all the ble to him by the different coi is being recommended to m d (Formerly BOI AXA Mutua rize Bank of India Investmer riate authorities including Un hentication Agencies etc. a are the data as per their reco ess/mobile number/date of b 's Aadhaar Self Servi date and also with Bank of Ind AVE NOT BEEN OFFERED/	mation Document OI AXA Mutual Fu undering. I/We I the terms and con- this investment an s not involve and is julations, Notificati Sank of India Mutu- Liose details of my Fund) and /or Dis t by any rebate or tion given in this an ation form is neces for sharing my/our (If ormerly BOI AXA (If ormerly BOI (If ormer	and Statement of nd) including the lereby apply for ditions applicable d that the amount is not designed for lons or Directions al Fund (Formerly investment to my tributor /Broker / gifts, directly or pplication form is asary in relation to a data/information a Mutual Fund) for data/information to the data/information and for investment with the form of trail of various Mutual my/our following td. (Formerly BOI td.) Registrars to Authority of India such agencies / purpose. In case with UIDAI, please tal, currently, OI AXA MF).  ANY INDICATIVE	First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory  Second Applicant/ Authorised Signatory	on the reverse of th Paymer	eation Form No. / Folio No	).
POA holder cannot nominate.  I/We have read and understood the co Additional Information of Bank of Indisection on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We invested in the Scheme is through legit the purpose of any contravention or exissued by any regulatory authority in In BOI AXA Mutual Fund) its Investment bank(s)/Bank of India Mutual Fund (finvestment Advisor. I/We have neither indirectly, in making this investment. I/correct, complete and truly stated.  I/We are aware that the information provoperation of my/our investment accoun with any third party as may be required I the purpose of providing services to me account/folio.  I/ We confirm that the ARN holder has commission or any other mode), payal Funds from amongst which the Scheme I/We request Bank of India Mutual Fundetails for the above Folios. I/we autho Star Investment Managers Pvt. Ltd.) (Frefer these details to any of the appropr (UIDAI)/ KYC Registration Agency/Autservice providers including UIDAI to shis of any correction/change in name/addre update the change with UIDAI https://ssup.uidai.gov.in/web/guest/upu/Starlin Live HEREBY CONFIRM THAT I/WE HPORTFOLIO AND/ OR ANY INDICATIV INVESTMENT.  I/We have read and understood the instr same. The instructions contained hereir of the folio(s) mentioned above.	riest / Sole Applicant  Intents of the Scheme Inforra A Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am /are authorised to make imate sources only and does asion of any Act, Rules, Red dia. I/We hereby authorise E anager and its agents to disc formerly BOI AXA Mutual F received nor been induced We declare that the informat vided/collected in this applicat. I/We hereby give consent for by Bank of India Mutual Fund vided/collected in this applicat. If we hereby give consent for by Bank of India Mutual Fund vided/collected in this applicat. If we hereby give consent for vided/collected in this applicat. If we hereby give consent for vided/collected in this applicat. If we hereby give consent for vided/collected in this applicat. If we hereby give consent for vided/collected in this applicat. If we hereby give consent for vided/collected in this application vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collected in this application. If we hereby give consent for vided/collect	mation Document OI AXA Mutual Fu undering. I/We I the terms and con- this investment an s not involve and is ulations, Notificati Sank of India Mutu- Iclose details of my Fund) and /or Dis- dis by any rebate or tion given in this an ation form is neces for sharing my/our (Iformerly BOI AXA (Iformerly BOI India MF (Formerly BOI India MF (Former	and Statement of nd) including the lereby apply for ditions applicable d that the amount is not designed for lons or Directions al Fund (Formerly investment to my tributor /Broker / gifts, directly or pplication form is asary in relation to relata/information a Mutual Fund) for your investment at the form of trail of various Mutual my/our following td. (Formerly BOI td.) Registrars to Authority of India such agencies / purpose. In case with UIDAI, please tal, currently, OI AXA MF).  ANY INDICATIVE UTOR FOR THIS ake to abide by the ree/us in respect	First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory  Second Applicant/ Authorised Signatory	on the reverse of th Paymer	eation Form No. / Folio No	).
POA holder cannot nominate.    DECLARATION	riest / Sole Applicant  Intents of the Scheme Inforra  Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am /are authorised to make imate sources only and does asion of any Act, Rules, Red dia. I/We hereby authorise E anager and its agents to disc formerly BOI AXA Mutual F received nor been induced We declare that the informat //ided/collected in this applicat. I/We hereby give consent to Bank of India Mutual Fund //us or for opening, continuin s disclosed to me/us all the ble to him by the different cou- is being recommended to m d (Formerly BOI AXA Mutuar ize Bank of India Investmer formerly BOI AXA Investmer iate authorities including Un hentication Agencies etc. a are the data as per their reco- ess/mobile number/date of b 's Aadhaar Self Servi date and also with Bank of Ind AVE NOT BEEN OFFERED/ //E YIELD BY THE FUND/ A  uctions on nomination and I/ n supercedes all previous no hat I am/we are Non-Resider and through approved bankin ke that all additional purchas	mation Document OI AXA Mutual Fu undering. I/We I the terms and con- this investment an s not involve and is ulations, Notificati Sank of India Mutu- Iclose details of my Fund) and /or Dis- id by any rebate or tion given in this ap ation form is neces for sharing my/our (IFOrmerly BOI AXA (IFORMER) AND (IFORMER) AND (IFORMER) AND THE MANAGERS PVI. L idique Identification and also authorize reds, for verification irth etc. recorded to ce Update Por dia MF (Formerly BI COMMUNICATED MC/ ITS DISTRIB  We hereby underta minations made by the Indian/Person of ge channels or fror ses made under this ses made under this	and Statement of nd) including the lereby apply for ditions applicable d that the amount is not designed for lons or Directions al Fund (Formerly investment to my tributor /Broker / gifts, directly or pplication form is asary in relation to relata/information a Mutual Fund) for your investment in the form of trail of various Mutual my/our following td. (Formerly BOI td.) Registrars to Authority of India such agencies / authority of India origin and m funds in my/our s Folio will also be	First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory  Second Applicant/ Authorised Signatory	on the reverse of the Paymen	eation Form No. / Folio No	).
POA holder cannot nominate.  I/We have read and understood the co Additional Information of Bank of Indisection on Who cannot invest and Allotment/Purchase of Units in the Sch thereto. I/We hereby declare that I/We invested in the Scheme is through legit the purpose of any contravention or evissued by any regulatory authority in In BOI AXA Mutual Fund) its Investment bank(s)/Bank of India Mutual Fund (finvestment Advisor. I/We have neither indirectly, in making this investment. I/correct, complete and truly stated.  I/We are aware that the information provoperation of my/our investment accoun with any third party as may be required I the purpose of providing services to me account/folio.  I/ We confirm that the ARN holder has commission or any other mode), payal Funds from amongst which the Scheme I/We request Bank of India Mutual Fundetails for the above Folios. I/we autho Star Investment Managers Pvt. Ltd.) (Frefer these details to any of the appropr (UIDAI)/ KYC Registration Agency/Autservice providers including UIDAI to shis of any correction/change in name/addre update the change with UIDAI https://ssup.uidai.gov.in/web/guest/upu/Starlion And I/We HEREBY CONFIRM THAT I/WE HPORTFOLIO AND/ OR ANY INDICATIV INVESTMENT.  I/We have remitted funds from abro NRE/NRO/FCNR Account. I/We underta	ritents of the Scheme Inforra Mutual Fund (Formerly B Prevention of Money La eme and agree to abide by am /are authorised to make mate sources only and does asion of any Act, Rules, Redia. I/We hereby gutthorise E dia. I/We hereby authorise E dia. I/We hereby gitts agents to discormerly BOI AXA Mutual freceived nor been induced We declare that the informat rice. It is the highest of the secondary of the secondary is a disclosed to me/us all the let to him by the different coins being recommended to m d (Formerly BOI AXA Mutual Fund yus or for opening, continuing a disclosed to me/us all the let to him by the different coins being recommended to m d (Formerly BOI AXA Mutual Fund yus or for opening, continuing the let to him by the different coins being recommended to m d (Formerly BOI AXA Mutual Fund yus or for opening, continuing the let to him by the different coins being recommended to m d (Formerly BOI AXA Mutual Fund yus or for opening, continuing the let to him by the different coins being recommended to m d (Formerly BOI AXA Mutual Fund yus or for opening, continuing the let to him by the different coins being recommended to m d (Formerly BOI AXA Mutual Fund yus or for opening, continuing the let to him by the different coins being recommended to m d (Formerly BOI AXA Mutual Fund yus or for opening, continuing the let to him by the different coins being recommended to m d (Formerly BOI AXA Mutual Fund yus or for opening, continuing the let to him by the different coins of the different coins of the different coins of the let t	mation Document OI AXA Mutual Fu undering. I/We Ir the terms and con- this investment an s not involve and is gulations, Notificati Bank of India Mutu- Icose details of my Fund) and /or Dis i by any rebate or tion given in this an ation form is necess for sharing my/our (Formerly BOI AXA ag and operating my e commissions (in mpeting Schemes e/us. al Fund) to update th Managers Pvt. L th Man	and Statement of nd) including the lereby apply for ditions applicable of that the amount is not designed for ons or Directions al Fund (Formerly investment to my tributor /Broker / ogifts, directly or opplication form is assary in relation to a data/information of Amutual Fund) for y/our investment of the form of trail of various Mutual my/our following td. (Formerly BOI td.) Registrars to Authority of India such agencies / purpose. In case with UIDAI, please tal, currently, OI AXA MF).  ANY INDICATIVE UTOR FOR THIS ake to abide by the me/us in respect and in funds in my/our solio will also be funds in my/our ead along with the	First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory  Second Applicant/ Authorised Signatory  Third Applicant/	on the reverse of the Paymen	eation Form No. / Folio No	).