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



DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY			
Name & Agent Code	Sub-Agent Name & Code/ Bank Branch Code	EUIN No.	CO Code	MO Code	Registrar Serial No.	Date/Time of Receipt
☐ I/We hereby confirm that th manager/sales person of the abc distributor has not charged any ad	ove distributor or notwithstandin			ion without any interaction or ad oyee/relationship manager/sale		
Sole/1 st applicant/Guardiar	n/Authorised Signatory/POA	2 nd applicant/Aut	horised Signatory	3 rd applicant/Au	thorised Signato	ry
Upfront commission shall be paid of	lirectly by the investor to the AMF	registered Distributors based on	the investors' assessment of va	ious factors including services rer	dered by the dist	ributor.
INFORMATION OF EXIST	INC INVESTOR	existing Investors / Zero Bala	ance Folio Holders, please m	ention the Folio Number & go d	irectly to Section	on 7 (Scheme
	Del	ails). Note that Applicant Deta		be as per existing Folio Numbe	r) (Refer Instruc	ction No 2)
Folio No. / ZERO Balance APPLICANT INFORMATIO			Mandatory field*			
		_	Data of Birth D		Aandatory for all inves	stors)
Name of Sole /First Applica	ant* Mr. Ms.		Date of Birth D L			
Documents Enclosed A	A IVI L		PAN Proof	$\square KYC PAN*$		AIVIL
Name of Guardian/Contac	t Person [#] Relationship wit			Guardian's Date of Birth		
Documents Enclosed A	A IVI E L				5 1 N	A IVI E
"Please mention the contact per		[^]KYC - Mandatory for investments mandatory irrespective of transact	PAN Proof of ₹ 50,000/and above, for certa	in category of investors, ^For	Micro SIP refer	Point No. 5 a
Mode of Holding Single			ion value (Refer Instruction No. 8)			
SYSTEMATIC INVESTMEN						
			PLAN*:	OPTION*		
					•	
(Refer Instruction No. 5)	IONS*:		DIVIDEND FREQU	ENCY*:		
Investment Amount (₹) (in figures) Investment Commencement Date			eriod (in months) 1st 7th* 10th 15	From D D M M Y Y th 20th 25th 25th	To D D (*Default date	M M Y e is 7th)
Bank A/c No.			Frequency (Please ✓)	MONTHLY* (*Minimum 6 r	nonths)	
Drawn on Bank				Branch		
Cheque Dates From D D M Account Type (Please ✓) ✓	M Y Y Y T0 D □ SAVINGS □ CURRENT □		Cheque Nos. From PDC facility for da	ily SIP is not available		
SYSTEMATIC WITHDRAW	AL PLAN (SWP)					
FROM SCHEME*:		PLAN*:		OPTION*:		
SUB OPTIONS*:		1	DIVIDEND FREQUENCY*:			
Withdrawal Option (Please ✓)	FIXED or	APPRECIATION WITHDRAWAL		Amount (₹) (in figures)		
Total Amount of SWP (₹) (in figures		Fixed Withdrawal Fr	requency (Please ✓)	MONTHLY (minimum 6 months) Or		
Dates (Only one date) 1st	7th* 10th 15th 20t	h 25th (*Default date is 7th) With	drawal Period From D D A			
** 3rd Day of the anniversary mo						
SYSTEMATIC TRANSFER	PLAN (STP) (Please refe	r Point No. 17 and 18)				
FROM SCHEME*:		PLAN*:		OPTION*:		
TO SCHEME*:		PLAN*:		OPTION*:		
Amount per Transfer (₹)		Transfer Period From		YY TO DDMN		Y
Dates 1st 7th* 10th	15th 20th 25th (*De	fault date is 7th) Frequency (Please •		MONTHLY		
Total Amount of Transfer (₹) (in fig	gures)	Total Amoun	t in words		No. of Instal	ments
DECLARATION AND SIGN	ATURES					
//We have read and understood the co of Money Laundering". //We hereby a	ontents of the Scheme Information pply for Allotment/Purchase of Un	Document and Statement of Add ts in the Scheme and agree to abid	itional Information of BOI AXA M e by the terms and conditions app	utual Fund including the section on licable thereto. I/We hereby declar	"Who cannot inv e that I/We am /an	est" and "Preve e authorised to
IWe have read and understood the co of Money Laundering". IWe hereby a this investment and that the amount i Notifications or Directions issued by a Mutual Fund's bank(s) and (or Distric information given in this application f	nvésted in the Scheme is through l ny regulatory authority in India. 1/1 jutor /Broker / Investment Advisor.	egitimate sources only and does no Ne hereby authorise BOI AXA Mutu I/We have neither received nor b	t involve and is not designed for t ual Fund, its Investment Manager een induced by any rebate or gif	he purpose of any contravention or and its agents to disclose details of ts. directly or indirectly, in making t	evasion of any Ac my investment to his investment.	t, Rules, Regula my bank(s)/BO /We declare th
Ngliair ann a' seann ann an Ann ann ann ann ann ann ann a	orm is correct, complete and truly s n that I am/we are Non-Resident I by that all additional to the second second	tated. ndian/Person of Indian Origin and	that I/We have remitted funds fr	om abroad through approved bank	ing channels or f	rom funds in m
NREI/NRO/FCNR Account. I/We under Account. I/ We confirm that the ARN holde Mutual Funds from amongst which						
	r the scheme is being recommer]		
First/ Sole Applicant/ Guardi	an/ PoA/ Authorised Signatory		/ Authorised Signatory	Th	ird Applicant	
		(To be signed by All Applicants	ii mode of operation is Joint)			
(S) First/ Sole Applicant/ Guardi						
	АСКМ	OWLEDGEMEN To be filled in by the Investor		io No. / plication No.		