

COMMON APPLICATION FORM

PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND ALL FIELDS ARE MANDATORY

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

Application No: _____

1 DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY	
(Refer Page no. 5, Instruction no. 1)					Registrar Serial No.	Date/Time of Receipt
Distributor ARN	Sub-Agent Name & Code/ Bank Branch Code	EUIN No.	CO Code	MO Code		
ARN - 0186 / Bonanza						

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sole/1st applicant/Guardian/
Authorised Signatory/POA

2nd applicant/Authorised
Signatory

3rd applicant/Authorised
Signatory

- Country of Birth / Citizenship / Nationality or Tax Residency, other than India, for any applicant? (✓): Yes / No (Mandatory to ✓). If Yes, please fill FATCA Declaration.
- Non Individual investors should mandatorily fill separate FATCA & UBO Declarations

2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

(Refer Page no. 75, Instruction No. 1(a))

In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

- I confirm that I am a First time investor across Mutual Funds.
 I confirm that I am an existing investor in Mutual Funds.

3 EXISTING UNIT HOLDER INFORMATION

(Please fill in your Folio Number and proceed to Scheme and Payment Details) (Refer Page no. 5, Instruction No. 2(a))

Folio No.	Name of First Unit Holder
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4 FIRST APPLICANT'S DETAILS

Mr. Ms. M/s (Refer Page no. 5, Instruction No. 2(b))

Name (1st) _____

Date of Birth DDMMYY PAN _____ KYC Proof Enclosed | Nationality _____ Country of Birth _____

For Investments "On behalf of Minor" Birth Certificate School Certificate Passport Other | Relationship with minor Father Mother Legal Guardian

Name of the Guardian (if minor)/ Contact person for non individuals/ PoA holder name _____ PAN _____ KYC Proof Enclosed

Mailing address _____

City _____ State _____ Pine Code _____

Overseas Correspondence address (Mandatory for NRIs/ FIIs/ PIOs) _____ Country _____

Email ID _____ Mobile +91 _____ Tel. _____

Status Individual Partnership Firm Trust FII NRI Minor PIO Society HUF Company/Body Corporate Proprietor Other Specify _____

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Other Specify _____

Gross Annual Income OR Net-worth* in ₹ *Not older than one year Any other information _____	INDIVIDUALS <input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L _____ as on DDMMYY <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP	NON-INDIVIDUALS <input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L <input type="checkbox"/> 25L-1C <input type="checkbox"/> >1C _____ as on DDMMYY	Is the entity involved in any of the following: Foreign Exchange/Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECOND APPLICANT'S DETAILS

Mr. Ms. M/s | Mode of Holding: Joint Anyone or Survivor (Default) | Nationality _____ Country of Birth _____

Name (2nd) _____

PAN _____ KYC Proof Enclosed | Mobile +91 _____ Email _____

Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> HUF <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> Other Specify _____	Gross Annual Income OR Net-worth* in ₹ *Not older than one year Any other information _____	INDIVIDUALS <input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L _____ as on DDMMYY <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP
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THIRD APPLICANT'S DETAILS

Mr. Ms. M/s | Nationality _____ Country of Birth _____

Name (3rd) _____

PAN _____ KYC Proof Enclosed | Mobile +91 _____ Email _____

Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> HUF <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> Other Specify _____	Gross Annual Income OR Net-worth* in ₹ *Not older than one year Any other information _____	INDIVIDUALS <input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L _____ as on DDMMYY <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP
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ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)

Application No: _____

Received from: Mr. / Ms. / M/s _____ an application for allotment of units under Scheme _____, Plan _____, Option _____
 Cheque/DD No _____ Dated ____/____/____ Amount (₹) _____ Drawn on Bank and Branch _____.

Please note: All unit allotments are subject to realization of cheques/Demand Drafts and subject to the terms and conditions of relevant Scheme Information Document and Statement of Additional Information.

Stamp, Signature & Date

EMAIL COMMUNICATION INFORMATION

(Refer Page no. 6, Instruction No. 7)

I/We wish to receive the following document(s) physically in lieu of Email. Account Statement News Letter Annual Report Other Statutory Information

5 BANK ACCOUNT DETAILS - Mandatory (Payout Bank - If left blank, application will be rejected)

(Refer Page no. 6, Instruction No. 3)

Name of the Bank															
Account Number					A/C Type (Please ✓)		<input type="checkbox"/> Savings <input type="checkbox"/> Current		<input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR		<input type="checkbox"/> Others				
Branch Address															
City					State					PIN Code					
MICR Code					(Please enter the 9 digit number that appears after your cheque number)										
IFSC Code (RTGS/NEFT)					(Mandatory for Credit via NEFT/RTGS). (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your Bank)										

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

REDEMPTION / DIVIDEND REMITTANCE

(Refer Page no. 6, Instruction No. 5)

Electronic Payment (It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/destination branch corresponding to the Bank details.)
 Cheque Payment

6 DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). (If Demat Account details are provided below, units will be allotted by default in electronic mode only)

(Refer Page no. 7, Instruction No.10)

National Securities Depository Limited (NSDL)				DP Name															
				DP ID No.		I		N		Beneficiary Account No.									
Central Depository Services (India) Limited (CDSL)				DP Name															
				Target ID No.															

7 SCHEME AND PAYMENT DETAILS (Payment through Cash/Non-MICR Cheques/Outstation Cheques not accepted)

(Refer Page no. 6,7 & 8, Instruction No.4, 8 & 14)

Scheme Name														
Plan					Option									
Sub Option					Dividend Frequency									
Investment Amount (₹)					DD Charges if any (₹)					Net Amount (₹)				
Cheque/ DD No.					Drawn Bank					Branch/ City				
Account Type* <input type="checkbox"/> S/B <input type="checkbox"/> NRE* <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR*					*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) e v i d encing source of funds									
Please (✓) <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Letter dated					D D M M Y Y					Bank A/c No.				

8 DIVIDEND TRANSFER FACILITY (Please tick to select this facility)

(Refer Page no. 6, Instruction No.4(e)(4))

This facility is available only under Dividend Payout option if the unit holder chooses to transfer the amount of the dividend receivable by them into any of the open ended scheme - Target Scheme _____

9 NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate]

(Refer Page no. 6, Instruction No.6)

I/we do wish to nominate as under: I/we do not wish to nominate.

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship with Unit Holder	@% of share
1.		D D M M Y Y Y Y			
2.		D D M M Y Y Y Y			
3.		D D M M Y Y Y Y			

*If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

Sole/ 1 st applicant/ Guardian			2 nd applicant			3 rd applicant		
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10 DECLARATION

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information of BOI AXA Mutual Fund including the section on Who cannot invest and Prevention of Money Laundering. I/We hereby apply for Allotment/Purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am /are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorise BOI AXA Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/ BOI AXA Mutual Fund and /or Distributor /Broker / Investment Advisor. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated.

I/We are aware that the information provided/collected in this application form is necessary in relation to operation of my/our investment account. I/We hereby give consent for sharing my/our data/information with any third party as may be required by BOI AXA Mutual Fund for the purpose of providing services to me/us or for opening, continuing and operating my/our investment account/folio.

Applicable to NRI only: I/We confirm that I am/we are Non-Resident Indian/Person of Indian Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We undertake that all additional purchases made under this Folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account.

Applicable to citizen of USA/ Canada: I/We hereby confirm that I/We am/are not restricted persons resident in Canada or in Countries which are non-compliant with FATF Agreements or in the United States of America (USA), or corporations, or partnerships or any other entity created or organised in or under the laws of USA or any person/entity falling within the definition of the term 'US Person' under the US Securities Act of 1933, (as amended). I/We hereby confirm that I/We are not giving a false confirmation and/or disguising my/our country of residence. I/We confirm that BOI AXA Investment Managers Pvt. Ltd. is relying upon this confirmation and in no event shall members of the BOI AXA Group and /or their directors, officers and employees be liable for any direct, indirect, special, incidental or consequential damages arising out of false confirmation/information.

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 by the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory			Second Applicant/ Authorised Signatory			Third applicant/ Authorised Signatory		
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CHECKLIST (Please submit the following documents with your application (where applicable). All documents should be original/ true copies Certified by a Director/Trustee/Company Secretary/Authorized signatory/ Notary Public).

Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII	HUF	AOP & BOI	Demat Holder
PAN Card [Micro investments, Investor(s) from Sikkim, government officials specifically exempt]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Resolution/ Authorisation to invest	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
List of authorised signatories with specimen signatures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Memorandum & Articles of Association	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Trust Deed						✓					
Bye-laws											
Partnership Deed				✓							
Notarised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Demat Statement (Latest available)											✓
Client Master Statement (Latest available)											✓
HUF Deed									✓		
Overseas Auditor's Certificate & SEBI Regn. Certificate								✓			

FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)



FIRST / SOLE APPLICANT / GUARDIAN

Name

Gender Male Female PAN

Occupation Service Business Others

Father's Name

Folio No.

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA Residential or Business Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others

Date of Birth Place of Birth

Country of Birth Nationality

Are you a tax resident of any country other than India? Yes No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country [#]	Tax Identification Number [*]	Identification Type (TIN or Other, please specify)

[#]To also include USA, where the individual is a citizen / green card holder of The USA ^{*}In case Tax Identification Number is not available, kindly provide its functional equivalent \$

SECOND APPLICANT

Name

Gender Male Female PAN

Occupation Service Business Others

Father's Name

Folio No.

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA Residential or Business Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others

Date of Birth Place of Birth

Country of Birth Nationality

Are you a tax resident of any country other than India? Yes No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country [#]	Tax Identification Number [*]	Identification Type (TIN or Other, please specify)

[#]To also include USA, where the individual is a citizen / green card holder of The USA ^{*}In case Tax Identification Number is not available, kindly provide its functional equivalent \$

THIRD APPLICANT

Name

Gender Male Female PAN

Occupation Service Business Others

Father's Name

Folio No.

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA Residential or Business Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others

Date of Birth Place of Birth

Country of Birth Nationality

Are you a tax resident of any country other than India? Yes No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country [#]	Tax Identification Number [*]	Identification Type (TIN or Other, please specify)

[#]To also include USA, where the individual is a citizen / green card holder of The USA ^{*}In case Tax Identification Number is not available, kindly provide its functional equivalent \$

CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same

SIGNATURES

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place <input type="text"/>	<input type="text"/>

FOR NON-INDIVIDUALS - SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM



Name of the entity

Type of address given at KRA Residential or Business Residential Business Registered Office
 Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes

Folio Number / /

PAN Date of incorporation

City of incorporation Country of incorporation

Entity Constitution Type (Please tick as appropriate) Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI Trust Liquidator
 Limited Liability Partnership Artificial Juridical Person Others specify

Please tick the applicable tax resident declaration:

1. Is "Entity" a tax resident of any country other than India Yes No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number*	Identification Type (TIN or Other, please specify)

*In case Tax Identification Number is not available, kindly provide its functional equivalent\$.
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

ADDITIONAL KYC INFORMATION

Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore

OR

Net-worth (Mandatory for Non-Individuals) ₹ as on (Not older than 1 year)

Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) PEP Related to PEP Not Applicable

Is the entity involved in any of the mentioned services: Foreign exchange/ Money changer Gaming/ Gambling/ Lottery (Casinos, betting syndicates)
 Money lending/ Pawning Not applicable

*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Financial institution ⁶ <input type="checkbox"/> OR Direct reporting NFE ⁷ <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/>
	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity <input type="text"/>
GIIN not available (please tick as applicable) If the entity is a financial institution,	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input type="text"/> <input type="text"/> <input type="checkbox"/> Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active ³ NFE	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive ⁴ NFE	Yes <input type="checkbox"/> Nature of Business <input type="text"/>

¹ Refer 2a of Part C | ² Refer 2b of Part C | ³ Refer 2c of Part C | ⁴ Refer 3(ii) of Part C | ⁶ Refer 1 of Part C | ⁷ Refer 3(vii) of Part C | ¹⁰ Refer 1A of Part C

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category) Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals Private Trust
 Public Charitable Trust Religious Trust Others

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).
 (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of part C)

Details	UBO1	UBO2	UBO3
Name			
PAN			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No [‡]			
Tax ID Type			
Address	_____ _____ Zip <input type="text"/> State _____ Country _____	_____ _____ Zip <input type="text"/> State _____ Country _____	_____ _____ Zip <input type="text"/> State _____ Country _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Percentage of Holding (%) ^			

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent

^ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

^ Refer 3(iii) of Part C | ^ Refer 3(iv) (A) of Part C

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with BOI AXA Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name

Designation

Signatures	Signatures	Signatures
------------	------------	------------

Date

Place