COMMON APPLICATION FORM



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1	DISTRIBUTOR	INFO	ORMATI	ON															(I	Refer	Inst	ructi	on N	o. 1)									FO	R OF	FICE	USE	ONLY	7
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wit bro	I/We hereby co thout any interac oker or notwithst	ction of	or advice ng the ad	e by t vice	the em of in-a	ploye pprop	e/rela riater	tionsh less, if	iip ma any,	anager/ provide	sales ed by t	pers he er	on of nploy	the al ee/re	oove latior	distri Iship	butor/ mana	sub ger/						ardiar y/P0 <i>F</i>			Z a		anı <i>r</i> ynato	Author ory	isea		3		Signat	Autho tory	riseo	
	les person of the TRANSACTION					ICAT	IONS	THR	OUG	H DIST	rriri	ITOF	RS/AC	FNT	'S 01	NI Y																	(Re	fer In	struc	tion N	lo. 1	(a))
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4	MODE OF HOL	.DIN(3 & KIN	/ KY	C DE	TAILS	;																									(Ro	efer li	nstru	ction	No. 9	(a &	b))
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					L.	Peri	mane	nt Ac	coun	nt Num	ber (PAN)						KYC) Idei	ntific	ation	Nun	nber ((KIN)													
	First Applic	ant																													PAN,	/ KYC P	roof E	Enclos	sed			
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	Third Applic	cant																													PAN,	/ KYC P	roof E	Enclos	sed			
	Guardian (i	n cas	se Mino	r)											L																PAN,	/ KYC P	roof E	Enclos	sed			
5	APPLICANT'S	DET/	AILS																			(R	efer	Instru	ıctio	n No.	2(b)) ((#R	efer l	nstru	iction N	lo. 2(l	b)9)	(* Mai	ndato	ory)
	FIRST/ SOLE A	\PPL	ICANT'S	S DE	TAILS	3 [M	r. [M	s.	M/s	s																										
	Name (1 st) (Na	me s	hould b	e as	per P	AN)			Ī																		П	Т						Т	Т			
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	(Mandatory for						_			-				amou	nt o	Rs.	50 cı	ores	s or n	nore)											DI)	MM		Υ	YYY		
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	We are a "No tax Act, 1961 Company regi	(43	of 1961	l), a	nd is i	regist	ered	as a t	rust	or a so	ciety	und	er the	e Soc	cietie	s Re	gistra	tion	Act,	1860	(21	of 18	360)	or any	/ sim	ilar S	tate	egisla	ation	or a			YE	S		NO		
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	Designation										Мо	bile	+91																									
	Please note th	at yo	ur add	ress	and c	conta	ct de	tails v	will b	e upda	ated a	as p	er yo	ur K	/C/ C	KYC	reco	rds.																				
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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

SECOND APPLICANT'S DETAILS	☐ Mr. ☐	Ms. Na	ationality		Country of Birth	Date of B	Birth D D N	M Y Y
Name (2 nd) (Name should be as per	PAN)							
Email ID*					Mohile	e* +91		
Email ID belongs to Self	Spouse	Dependent	Children De	ependent Sibling				
Mobile No. belongs to Self	Spouse	Dependent		ependent Sibling		=		
•			ationality	pondont olbling	Country of Birth			4 M V V
THIRD APPLICANT'S DETAILS		Ms. Na	allonality		Country of Birtin	Date of B	Birth D D N	/ M Y Y
Name (2 nd) (Name should be as per	PAN)							
Email ID*					Mobile	e* +91		
Email ID belongs to Self	Spouse	Dependent	Children De	ependent Sibling	gs Dependent Parents Guardian in case	e of minor Others	s	
Mobile No. belongs to Self	Spouse	Dependent	Children De	ependent Sibling	gs Dependent Parents Guardian in cas	e of minor Others	s	
ADDITIONAL KYC DETAILS							(Refer Instru	ction No. 2(c))
Occupation details for 1st /	Applicant 2°	d Applicant	3 rd Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service Public Sector Service					- I ontotally Exposed Foreign (FEF) detaile.	13 0 1 11	Ticiated to 1 Li	Not Applicable
Government Service					1 st Applicant			
Business					Ond Assatisant			
Professional					Applicant			
Agriculturist Retired					3 rd Applicant			
Housewife					Cuardian			
Student					Guardian			
Proprietorship Others (Please specify)					Authorised Signatory/ Partners/ Directors/ Oth	ers		
Non-Individual Investors involved	/ providing any	of the mention	ned services	 [[☐ Foreign Exchange / Money Changer Services ☐ Money Lending / Pawning	Gaming / Gam	lbling / Lottery / Ca	sino Services
Gross Annual Income Range (in ₹)	1 st Applican	t 2 nd Applican	t 3 rd Applicant	Guardian		Applicant 2 nd Applic		t Guardian
Below 1 lac					10-25 lac			
1-5 lac					25 lac- 1 cr			
5-10 lac					> 1 cr			
for Non Individual) (not older than 1 year)	ATION .					DD DD	MM Y	YYY
EMAIL COMMUNICATION INFORMA) physically in li	iou of Email	Account St	tatement News Letter A	nnual Report	Other Statuto	ary Information
		, , , ,			tatement News Letter A	illiuai neport		
FATCA & CRS INFORMATION (for It The below information is required Address Type: Residential or E Please indicate all countries in which	for all applican Business 🔲 R	t(s)/ guardian esidential	Business 🗌 R	Registered Office	e (for address mentioned in form/existing addreserace Numbers below.	ss appearing in Folio	•	ruction No. 14)
Category		t Applicant (inc			Second Applicant/ Guardian	Т	Third Applicant	
Is the applicant(s)/ guardian's		Yes	□ No		Yes No	П	Yes No	
Country of Birth/ Citizenship/		If Yes, please p			If Yes, please provide the	_	s, please provide th	e
Nationality/ Tax Residency other than India?		wing informatio			following information [mandatory]		information [manda	
Place/ City of Birth								
Country of Birth								
Country of Tax Residency								
Tax Payer Ref. ID No ^								
Identification Type [TIN or other, please specify]								
Country of Tax Residency 2								
Tax Payer Ref. ID No. 2								
Identification Type [TIN or other, please specify]								
Country of Tax Residency 3								
Tax Payer Ref. ID No. 3								
Identification Type [TIN or other, please specify]								

FOR MORE INFORMATION

Bank of India Mutual Fund

 $Add: B/204, Tower\ 1, Peninsula\ Corporate\ Park,\ Ganpatrao\ Kadam\ Marg,\ Lower\ Parel,\ Mumbai\ 400013$

Call us at (Toll Free) 1800-266-2676 & 1800-103-2263 Email us at service@boimf.in

Website www.boimf.in

	BANK ACCOUNT DETAILS - Mandatory	Payout Ban	k - If lef	t blank	, appli	icati	on will b	e reje	ected)																(F	łefer	Instr	ıctior	No. 3)
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ĺ	MICR Code		(Please	enter	the 9	9 digit nu	mber	that a	ppear	rs after	your (hequ	e nun	nber)							Can	ncelle	d con	v of a	chea	le real	ired in	case of
	IFSC Code (RTGS/NEFT)						(1	1 Cha	aracter	code	e appea	ring o	ı you	r che	que le	eaf)						Our					rough		
	SCHEME AND PAYMENT DETAILS (Pay	nent throug	h Cash/l	lon-Mi	CR C	nequ	es/Outst	ation	Cheq	ues n	ot acc	epted)										_	_	(Refe	r Ins	tructi	on No	.4 & 8)
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[Plan				H			Opt	tion	\dashv						\top	\dagger	1		\exists							\forall	1	
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ĺ	Investment Amount (₹)						DD Cha	rges	if any	(₹)						Net	٩mo	unt (₹)								П	T	
ĺ	Cheque/ DD No.	Dra	wn Banl	(<u> </u>	Bran	ich/C	ity								<u></u>		<u> </u>			
Ì	Account Type* S/B NRE*	Current	NF	RO [] FCNF	۲*	*Kindly	orovid	de pho	tocop	y of the	paym	ent Ir	strun	nent (or Fore	ign I	nwar	d rer	nittar	nce C	ertifi	icate	(FIR	C) ev	iden	ing s	ource	of funds
Ì	Please (✓)	Fun	d Transt	er			ОТМ					Bank A	/c No).			T	T											
ĺ	UTR/Reference no/URMN No																							•		•			
R	REDEMPTION / DIVIDEND REMITTANCE																								(F	Refer	Instr	ıctior	No. 5)
	Electronic Payment (It is the respons	bility of the I	nvestor	to ensu	ire the	cori	rectness	of the	IFSC	code	/ MICR	code	or Ele	ectror	nic Pa	yout a	t rec	ipien	t/des	tinat	ion b	ranc	ch co	rresp	ondi	ng to	the E	ank d	etails.)
	Cheque Payment	4:-1-4	-1.11.																					-/-		1		N	(-)(4))
	DIVIDEND TRANSFER FACILITY (Please																												(e)(4))
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	Central Depository Services (India) Lir	nited (CDSL)			-	P Na		<u> </u>		_		_	<u> </u>			_	_	_	_			_			_	Т	$\overline{}$	_	_
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	NOMINATION DETAILS for Individuals [I/We hereby nominate the following per										- `			of m	v / oı	ır dom	ica	ac tr	uetor	anc	l on h	nohal	lf of	mv /	•				No. 6)
	17 We hereby hominate the following per	suii(s) wiiu s	SIIAII IEC	cive all	uie as	55615	s rieiu iii i	_			Detail		eveni	. 01 111	y / U	ii ueii	156,	as II	นอเซเ	anc	I UII L	Jena	11 01	illy /	our	eyai	1611 (2		
	Mandatory Details			Nomi	inee 1								Nom	inee	2									No	mine	e 3			
	Name of nominee																												
	Share of nominee (%)**																								$\overline{}$				
	Relationship																												
	Ticiationship																_												
	Postal Address																												
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	Postal Address			Aohile	numha	ar						T.	Inhile	numl	har									Mohil	9 1111	mhai			
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	Postal Address Mobile number & E-mail Identity Number ***		1		nail	er	Additio	nal De	etails	(Inca	ise Noi		E-l	mail	ber									E		il			
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	Postal Address Mobile number & E-mail Identity Number ***		1	E-n	nail	er	Additio	nal De	etails	(Inca	ise Noi		E-dis min	mail	ber									E	E-mai	il ;			
	Postal Address Mobile number & E-mail Identity Number ***			E-n	nail me	er	Additio	nal De	etails	(Inca	ise Noi		E-dis min	mail nor)	ber									E	-mai	il ;			

^{**} If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').

^{***} Provide only number: PAN or Driving Licence or Aadhaar (last 4 digit of Aadhaar). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

3.5 of the circular He / She is a	uthorized to encash my assets up to	(nominee nu % of assets in the ac	ımber) to operate my account on my behalf, in case ccount / folio or ₹ (Optional) (strike off	of my incapacitation in terms of parag portions that are not relevant)
3) This nomination shall supersed	e any prior nomination made by me / us, if an of holding in demat account(s) / MF folio(s)	ny.	. (optional) (dame on	por dono unat are not rolovanty
,	. , , , , , , , , , , , , , , , , , , ,		ffixes thumb impression, instead of wet signature.	
		Transmissio	on aspects	
	Event		Transmission of Account	/ Folio to
Demise of one or more joint holder(S)		Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners.	
Demise of all joint holders simultane	eously – having nominee		Nominee	
Demise of all joint holders simultane	eously – not having nominee		Legal heir(s) of the youngest holder	
Signature(s) – As per mode of hol	ding in demat accounts / MF Folio(s) for ex	disting investors		
Name of the Holder	Signature/ Thumb Impression of holder	Signati	ure of two witness(es) along with name & address are re affixes thumb impression instead of sign	
			Name & Address of Witness	Witness Signature
		Witness 1 - Name:		
		Address:		Witness 1
Sole / 1st				
Holder (Mr./Ms.)		Witness 2 - Name		
		Address:		Witness 2
		Witness 1 - Name:		
		Address:		Witness 1
2nd Holder				
(Mr./Ms.)		Witness 2 - Name		
		Address:		Witness 2
		Witness 1 - Name:		
		Address:		Witness 1
3rd Holder				
(Mr./Ms.)		Witness 2 - Name		
		Address:		Witness 2
Annual de attendiciona de la laca				
•	ssigned / transferred to the first nominee me We do not wish to appoint any nominee(s		units held in my / our mutual fund folio and understand	he issues involved in non appointm
nominee(s) and further are awa			al heirs would need to submit all the requisite documents	
DECLARATION	issets held in the mutual lund long.			
	contents of the Scheme Information Docum	nent and Statement of	U	
Additional Information of Bank of In	ndia Mutual Fund including the section on W	/ho cannot invest and	(Please write Application Form	
agree to abide by the terms and cor	Ve hereby apply for Allotment/Purchase of Un aditions applicable thereto. I/We hereby decl	lare that I/We am /are	on the reverse of the Cheque / I	Demand Draft /
sources only and does not involve an	and that the amount invested in the Scheme and is not designed for the purpose of any contra	ravention or evasion of	Payment Instrumer	t.)
any Act, Rules, Regulations, Notifica hereby authorise Bank of India Mutu:	tions or Directions issued by any regulatory a al Fund its Investment Manager and its agents	authority in India. I/We		
	of India Mutual Fund and /or Distributor /Broker	r / Investment Advisor.	First/ Sole Applicant/	
	illuuced by any repate of quits, directly of illo	illectly, ill making tills i	Guardian/ PoA/	
I/We have neither received nor been investment. I/We declare that the info	ormation given in this application form is corre	ect, complete and truly		
I/We have neither received nor been investment. I/We declare that the info stated.	ormation given in this application form is corre		Authorised Signatory	
I/We have neither received nor been investment. I/We declare that the info stated. I/We are aware that the information p operation of my/our investment acco	ormation given in this application form is corre provided/collected in this application form is no bunt. I/We hereby give consent for sharing my	ecessary in relation to y/our data/information		
I/We have neither received nor been investment. I/We declare that the infostated. I/We are aware that the information poperation of my/our investment account any third party as may be requestrives to me/us or for opening, con	ormation given in this application form is corre provided/collected in this application form is no bunt. I/We hereby give consent for sharing my juired by Bank of India Mutual Fund for the ntinuing and operating my/our investment acc	ecessary in relation to y/our data/information purpose of providing count/folio.		
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