

TRANSACTION FORM

For Existing Investors Only

1. DISTRIBUTOR INFORMATION

(Refer Section 1 under instructions)

FOR OFFICE USE ONLY

Distributor ARN/ RIA	Bank Branch Code/ RIA Registration Number	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt

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/1 st applicant/Guardian/ Authorised Signatory/POA	2 nd applicant/Authorised Signatory	3 rd applicant/Authorised Signatory
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• 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. UNIT HOLDER DETAILS (MANDATORY) (Please fill in BLOCK Letters)

(Refer Section 2 under instructions)

Name of Sole /First Applicant	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	EXISTING FOLIO NO.	

	Permanent Account Number (PAN)	CKYC Identification Number (KIN No)	KYC Proof Enclosed
1st Applicant			<input type="checkbox"/>
2nd Applicant			<input type="checkbox"/>
3rd Applicant			<input type="checkbox"/>
Guardian			<input type="checkbox"/>
Legal Entity Identifier (LEI)			

(Refer Section 9 under instructions)

3. ADDITIONAL PURCHASE REQUEST

(Refer Section 3 under instructions)

Scheme Name	
Plan	Option
Investment Amount	DD Charges
Cheque/DD No	Cheque/DD Date
Branch Name	Drawn on Bank
	A/c Type [please ✓] <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR

• Cheque should be in favour of the scheme name. • Third Party & O/S cheques will not be accepted and transaction is liable to be rejected.

• Refer SID/ SAI. • Investment should be through the bank account registered with us.

4. SWITCH REQUEST

(Refer Section 4 under instructions)

From	Scheme	To	Scheme
	Plan/ Option		Plan/ Option
	IDCW Sub Option		IDCW Sub Option
	IDCW Frequency		IDCW Frequency
Amount	OR Number of Units		OR <input type="checkbox"/> All units (Please ✓)

5. REDEMPTION REQUEST

(Refer Section 5 under instructions)

Scheme	Plan	Option
Amount	OR Number of Units	OR <input type="checkbox"/> All units (Please ✓)

6. CHANGE OF CONTACT DETAILS

(Refer Section 6 under instructions)

Tel No.	STD Code	Res.	Off.	Fax
1 st Applicant	Mobile No.		Email ID	

7. REGISTRATION/ CHANGE/ CANCELLATION OF NOMINATION

(Refer Section 7 under instructions)

☐ Registration ☐ Change ☐ Cancellation

I/ We* do hereby nominate the person(s) more particularly described hereunder/ and*/ cancel the nomination made by me/ us on the day of in respect of the Units under Folio No. (*strike out which is not applicable). All Joint holders should sign, even in case of 'Anyone or Survivor'.

	Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) by which the units will be shared by each Nominee\$
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

\$ The allocation/ share should be in whole numbers without any decimals making a total of 100 percent. If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

8. DECLARATION AND SIGNATURE(S) (Mandatory - If left blank, application will be rejected)

(Refer Section 8 under instructions)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information of Bank of India Mutual Fund (Formerly 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 Bank of India Mutual Fund (Formerly BOI AXA Mutual Fund), its Investment Manager and its agents to disclose details of my investment to my bank(s)/Bank of India Mutual Fund's (Formerly BOI AXA Mutual Fund) bank(s) 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.

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.

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

I/we authorize Bank of India Mutual Fund (Formerly BOI AXA Mutual Fund), Bank of India Investment Managers Pvt. Ltd. (Formerly BOI AXA Investment Managers Pvt. Ltd.) Registrars to refer these details to any of the appropriate authorities including Unique Identification Authority of India (UIDAI)/KYC Registration Agency/Authentication Agencies etc. and also authorize such agencies / service providers including UIDAI to share the data as per their records, for verification purpose.

SIGNATURE(S)	DATE	D	D	M	M	Y	Y
1 st applicant/Guardian/Authorised Signatory/POA	2 nd applicant/Authorised Signatory	3 rd applicant/Authorised Signatory					