COMMON APPLICATION FORM



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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

·	(landatory)						(Refer Instruc	(0//
Occupation details for	1st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP I	Not Applicable
Private Sector Service					1 st Applicant	10 47 21		
Public Sector Service					2 nd Applicant	+		
Government Service					3 rd Applicant			
Business					Guardian			
Professional					Authorised Signatory/ Partners/ Directors/ Others			
Agriculturist					AADHAR CARD NUMBER		No. 2(h)9)	
Retired					1st Applicant	(Holor Histradion)	110. 2(8)3)	
Housewife								
Student	Ц	<u> </u>		Щ	2 nd Applicant			
Proprietorship	Ш			Ш	3 rd Applicant			
Others (Please specify)					Guardian			
Non-Individual Investors in	olved/ providin	a any of the ment	ioned services	[Foreign Exchange / Money Changer Services		bling / Lottery / Cas	ino Services
	•				Money Lending / Pawning [None of the abo		
Gross Annual Income Range	(in Rs.) 1 st App	olicant 2 nd Applic	ant 3 rd Applicant	t Guardian	Gross Annual Income Range (in Rs.) 1st Ap	oplicant 2 nd Applic	ant 3 rd Applicant	Guardian
Below 1 lac					10-25 lac			
1-5 lac					25 lac- 1 cr			
5-10 lac								
3-10 lac					> 1 Cl			
OR Networth in Rs. (Mandat for Non Individual) (not older than 1 year)						as on DD	MM YY	YY
EMAIL COMMUNICATION INF	ORMATION						(Refer Insti	ruction No. 7)
I/We wish to receive the	following docum	ent(s) physically i	n lieu of Email.	Account St	tatement News Letter Ann	ual Report	Other Statutor	y Information
	•							
FATCA & CRS INFORMATION	(for Individual i	ncluding Sole Pro	prietor) (Self Cei	rtification)			(Refer Instru	uction No. 14)
If Yes, please provide the follo Please indicate all countries in	•		poses and the ass	sociated Tax Refe	erence Numbers below.			
Category		First Applicant (Second Applicant/ Guardian	TI	hird Applicant	
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Place/ City of Birth Country of Birth								
Country of Birth								
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FOR MORE INFORMATION

BOI AXA Mutual Fund

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

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



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1. Is "En	tity" a t	ax res	ident	of a	any co	untr	y oth	er th	an Indi	ia 🗀	Yes [□No	(If	yes, plo	ease	provid	e cou	ıntry/i	es in v	which	h the	entity	is a re	sider	nt for	r tax pı	ırpos	ses ai	nd the	asso	ciated	Tax ID) num	ber b	elow.)
			Cou	ntry	ı								Та	x Ide	ntifi	icatio	n Nu	mbe	r [%]						lde	ntific	atio	n Typ	e (TI	N or	Other,	please	e sper	cify)	
*In case Ta	v Identifi	cation I	Vlumbe	or ic	not ava	ilahla		ly prov	ida ite f	uncti	na len	mival	ant¢.																						
In case TIN															nber	or Glo	bal E	ntity I	dentif	icatio	on Nı	ımber	or GI	IN, et	C.										
In case th	ne Entit	y's Cou	ıntry	of I	ncorpo	oratio	on / T	ax re	sidenc	e is	U.S. b	out E	ntity	y is no	ot a	Speci	ified	U.S.	Per	son,	, mei	ntion	Entit	y's e	xer	nptio	n co	de h	ere						
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Gross Anr	nual Inc	ome (F	Rs.)		[B	elow	1 Lac	<u> </u>] 1 - 5	5 Lac	s			5 - 1	0 La	CS] 10	- 25	Lacs				25	Lac	s - 1	Cror	e			1 Cr	ore
0	R																				.,	., [
Net-worth					′∟											on _	D	D	M	VI	Υ	Υ	Υ	Υ		older									
Politically E																ee/ Who	ole tim	ne Dire	ectors)] PE	P] Rela	ted	to P	EP	_			Vot A	pplic	able
Is the entity (Please tick			y of th	ie m	entione	d sei	rvices		Foreigr Money					chan	ger	_	_	_	Gan licabl		ng/ L	ottery	/ (Cas	inos, l	bettin	ng synd	icate	s)							
*PEP are de senior execu												c func	tions	s in a fo	oreig	n coun	try, e.	.g., H	eads c	of Sta	ates o	r of G	overnr	nents	, sei	nior po	liticia	ans, s	enior	Gove	rnmen	t/judic	ial/ m	ilitary	office
												- 4.3.	6	ftl				FATO	A 0 0	DO -	-1:	C41													
FATCA									our prof				or to	or turtr	ier g	uidand	e on	FAIG	A & U	K5 0	ciassi	ncauc	in)												
PART A	(to be	filled b	y Fin	anc	ial Inst	itutio	ons or	Dire	ct Repo	ortin	NFE	s)																							
We are a, Financial		n 6				GIIN																													
		ווע	Ш				Note:	: If you	u do not	have	a GIIN	l but y	/0u :	are spo	nso	red by	anotl	her er	ntity, p	leas	e pro	vide y	our s	oonso	or's (GIIN a	oove	and	indica	ite yo	our spo	nsor's	s nam	ie bel	ow
Direct rep	OR orting N	IFF ⁷				Nan	ne of	spon	soring	entity	/																			L					
(please tick																														\perp					
GIIN not av	,				1		Applie	ed for			□ N	ot re	quir	ed to	appl	ly for	- ple	ase s	speci	fy 2	digit	s sul	o-cate	egor	y ¹⁰			□ N	ot ob	otain	ed - N	on-p	artic	ipatir	ng Fl
PART B	(pleas	e fill ar	nv on	e as	appro	nriat	te "to	be fil	led by	NFF	othe	r thai	n Di	rect R	eno	rtina l	NFFs	:")																	
1	Is the E												_	Yes 🗌					ecify	any	one s	tock	excha	nge d	n w	hich tl	ne st	ock i	requ	 ılarly	traded		_		
-	shares a													Name						,															
2	Is the E												ny '	Yes 🗌	((If yes,	pleas	e spe	cify na	ame c	of the	listed	comp	any a	nd o	ne sto	ck ex	chan	ge on	which	h the st	ock is	regul	arly tr	aded)
	whose s	snares a	are reg	Julari	ly trade	u on i	an est	ablisti	ea secu	nues	шагке	l)		Name	of li	isted (comp	oany																	
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3	Is the E	Intity a	n acti	ive³l	NFE								,	Yes 🗌																					
														Nature	of	Busin	ess	Γ																	
														Please	sp	ecify 1	the s	ub-c	atego	ory c	of Ac	tive I	IFE			(N	lenti	on co	de-re	fer 2	c of Pa	rt D)			
4	Is the E	ntity a	pass	ive ⁴	NFE								+	Yes 🗌																					
		-												Matura	of B	Rusines	ee [—	—		\neg

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

UBO Declaration (Mandatory for all entities	es except, a Publicly Traded Company or a related en	tity of Publicly Traded Company)	
Category (Please tick applicable category) Unlist	sted Company 🗆 Partnership Firm 🗀 Limited L	iability Partnership Company 🔲 Unincorporated as	ssociation / body of individuals Private Trust
☐ Public	ic Charitable Trust 🗌 Religious Trust 🔲 Others		
(Please attach additional sheets if necessary)	y) ´	manent residency / citizenship and ALL Tax Identifica	
Owner-documented FFI's should provide FFI	Owner Reporting Statement and Auditor's Let	ter with required details as mentioned in Form V	V8 BEN E (Refer 3(vi) of part C)
Details	UBO1	UB02	UBO3
Name			
PAN			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No:			
Tax ID Type			
Address			
	Zip	Zip	Zip
	State	State	State
	Country	Country	Country
Address Type	☐ Residence ☐ Registered office ☐ Business	Residence Registered office Business	☐ Residence ☐ Registered office ☐ Business
City of Birth			
Country of birth			
Occupation Type	☐ Service☐ Business☐ Others	☐ Service☐ Business ☐ Others	☐ Service ☐ Business ☐ Others
Nationality			
Father's Name			
Gender	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others
Date of Birth	D D M M Y Y Y	D D M M Y Y Y	D D M M Y Y Y
Percentage of Holding (%) ^			
* To include US, where controlling person is a US c %In case Tax Identification Number is not available,	, kindly provide functional equivalent g pattern duly self attested by Authorized Signatory /		
	FATCA - CRS Te	rms and Conditions	
and beneficial owner information and certain cert Towards compliance, we may also be required to in relation thereto.	tifications and documentation from all our account	1962, which Rules require Indian financial institution holders. In relevant cases, information will have to holding agents for the purpose of ensuring appropry, i.e., within 30 days.	be reported to tax authorities/ appointed agencies
Please note that you may receive more than one reguest, even if you believe you have already supply		ships with BOI AXA Mutual Fund or its group entities	. Therefore, it is important that you respond to our
	31 3 1	g person of the entity is a US citizen or resident or gro	een card holder, please include United States in the
foreign country information field along with the US	S Tax Identification Number.		·
\$1t is mandatory to supply a TIN or functional equivand attach this to the form.	valent if the country in which you are tax resident is	sues such identifiers. If no TIN is yet available or has	not yet been issued, please provide an explanation
CERTIFICATION			
I / We have understood the information requir		CA & CRS Instructions) and hereby confirm tha od the FATCA& CRS Terms and Conditions belo	
Name			
Designation			
Signatures	Sign	atures	Signatures
	Place		
Date D D M M Y Y Y Y	1 1000		