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



DISTRIBUTOR INFORMATION Sub-Adopt Name & Code/			FOR OFFICE USE ONLY			
Name & Agent Code	Sub-Agent Name & Code/ Bank Branch Code	EUIN No.	CO Code	MO Code		ate/Time f Receipt
I/We hereby confirm that the person of the above distributor/su				y interaction or advice by the emp tionship manager/sales person o		
,			<u> </u>		, , , , , , , , , , , , , , , , , , , ,	
Sole/1 st applicant/Guardia	n/Authorised Signatory/POA	2 nd applicant/Ar	rthorised Signatory	3 rd applicant/Ai	ıthorised Signatory	
Upfront commission shall be paid (directly by the investor to the AMF	Tregistered Distributors based o	n the investors' assessment of vai	ious factors including services re	ndered by the distribut	tor.
INFORMATION OF EXIST	ING INVESTOR					
Folio No. / ZERO Balance			Mandatory field*			
	ON (Please refer Point N	lo. 8) (Please ✓)				
Name of Sole /First Application	ant* Mr. Ms.	M/s.	Date of Birth D) M M Y Y Y Y (*	Mandatory for all investors)	
FIRST	V A M E	M I D D L	E NAME	L A	S T N A	M E
Documents Enclosed / /	Micro SIP		PAN Proof	KYC PAN*		
Name of Guardian/Contac	:t Person [#] Relationship wi	th MINOR		Guardian's Date of Birth	D D M M Y	YYY
FIRSTI	V A M E	M I D D L	E NAME	L A	S T N A	M E
Documents Enclosed^			PAN Proof	KYC PAN*		
Please mention the contact per	son in case of Non-individual	KYC - Mandatory for investment mandatory irrespective of transactions.	s of ₹ 50,000/- and above, for certa tion value (Refer Instruction No. 8)	in category of investors, ^Fo	r Micro SIP refer Poir	nt No. 5 an
Mode of Holding Single	Joint Anyone or					
SYSTEMATIC INVESTMEN	T PLAN (SIP) / MICRO SI	P				
SIP SCHEME	*:		PLAN*:	OPTION ³	:	
Micro SIP (Refer Instruction No. 5) SUB OPT	TONS*:		DIVIDEND FREQU	ENCY*:		
nvestment Amount (₹) (in figures)		Investment (Period (in months)	From D D M M Y Y	To D D	M Y
nvestment Commencement Date	D D M M Y Y Y	Dates _	1st 7th* 10th 15	h 20th 25th	(*Default date is 7	7th)
Bank A/c No.			Frequency (Please ✓)	MONTHLY* (*Minimum 6	months)	
Drawn on Bank				Branch		
Cheque Dates From D D M	$M \mid Y \mid Y \mid Y \mid Y \mid To \mid D$	D M M Y Y Y Y	Cheque Nos. From	То		
Account Type (Please ✓)	SAVINGS CURRENT	OTHERS (please specify)	PDC facility for da	ily SIP is not available		
SYSTEMATIC WITHDRAW	AL PLAN (SWP)					
FROM SCHEME*:		PLAN*: _		OPTION*:		
SUB OPTIONS*:			DIVIDEND FREQUENCY*:			
Withdrawal Option (Please ✓)	FIXED or	APPRECIATION WITHDRAWAL		Amount (₹) (in figures)		
Total Amount of SWP (₹) (in figures	s)	Fixed Withdrawal	Frequency (Please ✓)	MONTHLY (minimum 6 months) Or	QUARTERLY	
Dates (Only one date) 1st	7th* 10th 15th 20th	th 25th (*Default date is 7th) With	hdrawal Period From D D A	M M Y Y Y Y To	D D M M	YYY
SYSTEMATIC TRANSFER	PLAN (STP)					
FROM SCHEME*:		PLAN*:_		OPTION*:		
TO SCHEME*:		PLAN*:_		OPTION*:		
Amount per Transfer (₹)		Transfer Period From		Y Y To D D M M	ЛҮҮҮҮ	
Dates 1st 7th* 10th		efault date is 7th) Frequency (Please] MONTHLY	M	
Total Amount of Transfer (₹) (in fi	5 ,	Total Amou	nt in words		No. of Installmer	nts
DECLARATION AND SIGNA We have read and understood the cor		ocument and Statement of Addition	al Information of ROLAXA Mutual E	and including the section on "Who c	annot invest" and "Pro-	vention of Ma
We have read and understood the cor undering". I/We hereby apply for Allot at the amount invested in the Sches sued by any regulatory authority in Ir istributor /Broker / Investment Adviso wrect, complete and truly stated.	otment/Purchase of Units in the Schene is through legitimate sources only	me and agree to abide by the terms and does not involve and is not de	and conditions applicable thereto. signed for the purpose of any contr	We hereby declare that IWe am /are avention or evasion of any Act, Rules	authorised to make this, Regulations, Notifications	is investment
stributor /Broker / Investment Adviso prrect, complete and truly stated.	r. IWe have neither received nor be	en induced by any rebate or gifts, o	directly or indirectly, in making this in	vestment. IWe declare that the info	ormation given in this ap	oplication for
pplicable to NRI only: I /We confirm the count. I/We undertake that all addition pplicable to citizen of USA/ Can	onal purchases made under this Folio ada: I/We hereby confirm that I/V	will also be from funds received from We am/are not restricted persons	m abroad through approved banking esident in Canada or in Countries	g channels or from funds in my/our N which are non-compliant with FA	RE/NRO/FCNR Account. TF Agreements or in th	ne United St
f America (USA), or corporations, c ecurities Act of 1933, (as amended	or partnerships of any other entity). I/We hereby confirm that I/We a lid in no event shall members of '	/ created or organised in or unde re not giving a false confirmation the BOI AXA Group and / or the	r the laws of USA or any person/ and/or disguising my/our country ir directors, officers and employe	which are non-compliant with FA entity falling within the definition of residence. IWe confirm that BC es be liable for a wife confirmation of the	of the term 'US Persoi DI AXA Investment Ma t. special, incidental o	n' under the anagers Pvt. ar conseque
relying upon this confirmation an	ation/information. as disclosed to me/us all the comr	missions (in the form of trail comr	nission or any other mode), payak	ole to him for the different compet	ing Schemes of variou	ıs Mutual Fu
relying upon this confirmation an amages arising out of false confirm We confirm that the ARN holder h	peing recommended to me/us.			·		
relying upon this confirmation ar amages arising out of false confirm We confirm that the ARN holder h om amongst which the Scheme is l	1					
We confirm that the ARN holder hom amongst which the Scheme is l						
We confirm that the ARN holder hom amongst which the Scheme is l	an/Authorised Signatory/POA		Authorised Signatory	3 rd applicant	:/Authorised Signatory	у
We confirm that the ARN holder hom amongst which the Scheme is l	an/Authorised Signatory/POA	(To be signed by All Applicant	s if mode of operation is Joint)		:/Authorised Signator	у
We confirm that the ARN holder hom amongst which the Scheme is l	an/Authorised Signatory/POA		NTSLIP Fol	3 rd applicant	Authorised Signator	y

Acknowledgement Stamp