TRANSACTION FORM

BOI AXA Investment Managers

1. DISTRIBUTOR INFORMATION (Refer Section 1 under instructions) FOR OFFICE USE ONLY

Name & Agent Code	Sub-Agent Name & Code	Bank/Branch Name & Serial No.	Registrar Serial No.	Date/Time of Receipt
ARN-446 E032737				

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

2. UNIT HOLDER DETAILS (MANDATORY) (Please fill in BLOCK Letters) (Refer Section 2 under instructions)

Name of Sole /First Applicant ☐ Mr. ☐ Ms. ☐ M/s.

EXISTING FOLIO NO.

FIRST NAME MIDDLE NAME

LAST NAME

3. ☐ ADDITIONAL PURCHASE REQUEST (Refer Section 3 under instructions)

3 A. SCHEME DETAILS

Scheme Name

Plan Option ☐ STP (Incase the additional purchase is for continuation of existing STP)

3 B. INVESTMENT & PAYMENT DETAILS

Investment Amount DD Charges Net Amount

Cheque/DD No Cheque/DD Date Drawn on Bank

Branch Name A/c Type [please ✓] ☐ Saving ☐ Current ☐ NRO ☐ NRE ☐ 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.**
- **Separate cheque/demand draft is required for investment in each scheme/plan)**

4. ☐ SWITCH REQUEST (Refer Section 4 under instructions)

***FILL THIS SECTION ONLY FOR SWITCH REQUEST**

From		**To***	
Scheme		Scheme	
Plan		Plan	
Option		Option	
Dividend Sub Option		Dividend Sub Option	
Dividend Frequency		Dividend Frequency	

Amount OR Number of Units OR ☐ All units (Please √)

5. ☐ REDEMPTION REQUEST (Refer Section 5 under instructions)

Scheme _____ **Plan** _____ **Option** _____

Amount OR Number of Units OR ☐ All units (Please √)

6. DECLARATION AND SIGNATURE(S) (Refer Section 6 under instructions) (* Mandatory - If left blank, application will be rejected)

I/We have read and understood the contents of the Scheme Information Document(s) 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's 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.

DATE D D M M Y Y

SIGNATURE(S)

1st applicant/Guardian/Authorised Signatory/POA	2nd applicant/Guardian/Authorised Signatory/POA	3rd applicant/Guardian/Authorised Signatory/POA

TEAR HERE

BOI AXA Investment Managers

TRANSACTION FORM - ACKNOWLEDGEMENT

To be filled in by the Investor

Trustee : BOI AXA Trustee Services Private Limited

Investment Manager : BOI AXA Investment Managers Private Limited

Folio No. **(To be filled in by the First applicant/Authorized Signatory) :**

TRANSACTION DETAILS

☐ ADDITIONAL PURCHASE REQUEST ☐ STP*
(*Incase the additional purchase is for continuation of existing STP)

Cheque/DD No	
Date	
Amount (Rs.)	
Drawn on	

☐ REDEMPTION REQUEST ☐ SWITCH REQUEST

From		To	
Scheme		Scheme	
Plan		Plan	
Option		Option	
☐ Amount	(IN WORDS)		
☐ Units	(IN FIGURES)		

☐ NEW BANK DETAILS

ACCOUNT NO.

BANK NAME

Stamp Signature & Date