



BOI AXA SIP Shield

Application Form (For BOI AXA Equity Fund and BOI AXA Tax Advantage Fund)



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE MANDATORY (MARKED*) FIELDS

Please read the instructions carefully, before filling up the application form.

Application No: _____

1 DISTRIBUTOR INFORMATION (Refer Instruction No. 1) FOR OFFICE USE ONLY

Name & Agent Code	Sub-Agent Name & Code/ Bank Branch Code	EUIN No.	CO Code	MO Code	Registrar Serial No.	Date/Time of Receipt

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction*.

1st Applicant	2nd Applicant	3rd Applicant
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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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section '1' of instructions)

In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from your subscription amount and paid directly to the distributor. Units will be issued against the balance amount invested.

2 APPLICANT INFORMATION (Refer Instruction No. 2)

Name of Sole /First Applicant	Mr./Ms.	F I R S T N A M E	M I D D L E	N A M E	Date of Birth*	D D M M Y Y Y Y
Documents Enclosed	<input type="checkbox"/> Micro SIP^		<input type="checkbox"/> KYC* PAN*			
Name of Second Applicant	Mr./Ms.	F I R S T N A M E	M I D D L E	N A M E	Date of Birth*	D D M M Y Y Y Y
Documents Enclosed	<input type="checkbox"/> Micro SIP^		<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC* PAN*			
Name of Third Applicant	Mr./Ms.	F I R S T N A M E	M I D D L E	N A M E	Date of Birth*	D D M M Y Y Y Y
Documents Enclosed	<input type="checkbox"/> Micro SIP^		<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC* PAN*			

*For Micro SIP refer Terms and Conditions No. 15 to 17 of SIP SHIELD Auto Debit Facility Form

(*Mandatory for all investors)

Mode of Holding	Status	Occupation
<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor* (*Default)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector/ Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____

3 FIRST APPLICANT'S CONTACT INFORMATION (Refer Instruction No. 3)

Correspondence Address of Sole/First Applicant (P.O. Box alone may not be sufficient)									
City	State	Pin code							
Overseas Address (mandatory for NRI applicant). (P. O. Box alone may not be sufficient)									
City	Country	Pin code							
Incase the documents are in foreign language, the same to be translated to English and certified by Govt. authorities in the country of residence or the Indian Embassy.									
Contact Details	Tel No. STD Code	Res.	Off.	Fax					
1 Applicant	Mobile No.#	Email ID							
2 Applicant	Mobile No.#	Email ID							
3 Applicant	Mobile No.#	Email ID							

*Mobile number is mandatory to enable us to communicate with you better

4 BANK ACCOUNT DETAILS (Payout Bank) (* Mandatory - If left blank, Application will be rejected) (Refer Instruction No. 4)

A/c Type (please 3 tick)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____ (Please Specify)	
Bank Name	Account No.	
Branch	City	Pin code
IFSC Code*	MICR Code*	(Please attach blank cancelled cheque/Copy of cheque)

(mandatory for credit via NEFT/RTGS) (11 Character code appearing on your cheque leaf.)

(9 Digit No. next to your Cheque Number)

IN CASE INVESTOR WISH TO RECEIVE A CHEQUE

(instead of a direct credit into their bank account), please indicate the preference below:
I/We want to receive the redemption and dividend proceeds (if any) by way of a cheque. (Please ✓ tick)

For multiple bank registration, use multiple bank account registration form



ACKNOWLEDGEMENT SLIP FOR SIP SHIELD (To be filled in by the investor)

Application No: _____

Received from: Mr. Ms.		
an application for allotment of units under Scheme	Cheque/DD No.	
Date D D M M Y Y Y Y	Amount (₹)	Drawn on Bank and Branch
Checklist	<input type="checkbox"/> Investment Details <input type="checkbox"/> Bank Mandate <input type="checkbox"/> Attested PAN Card Copy <input type="checkbox"/> KYC Details	

Please note: All purchases 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.

Collection Centre's Stamp & Receipt Date and Time

5 SCHEME DETAILS & INVESTMENT & PAYMENT DETAILS

(Refer Instruction No 5 & 8)

Scheme Name											
Plan/ Option/ Sub Option (Please tick the appropriate boxes only if applicable to the scheme in which you plan to invest)						<input type="checkbox"/> Regular Plan <input type="checkbox"/> Growth Option <input type="checkbox"/> Direct Plan [#] <input type="checkbox"/> Bonus Option		Dividend Option - <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout OR Dividend Frequencies - <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			
SIP Through <input type="checkbox"/> ECS/ Standing Instruction / Direct Debit				SIP Date		<input type="checkbox"/> 1st <input type="checkbox"/> 7th* <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th		(*Default date is 7th)			
Payment Details for First Cheque/ DD				Mode of Payment		<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS					
Investment Amount				DD Charges				Net Amount			
Cheque/DD No.				Cheque/DD Date				Drawn on Bank			
A/c Type				<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> NRE				Account No.			

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Third Party Payment Declaration form is available on www.boiaxa-im.com or at BOI AXA Mutual Fund branch offices.
 #w.e.f. January 1, 2013 or such other date as may prescribed by the Regulator. The terms and conditions will be subject to Regulatory approval and will be issued by way of an addendum after necessary approval(s).

6 DECLARATION OF GOOD HEALTH (Mandatory Requirement)

(Refer Instruction No. 10)

Please tick (✓) For Either Yes or No - Otherwise The Application Will Be Invalid

1.	Have you ever been treated for symptoms of high blood pressure, diabetes, heart attack or heart disease, stroke, chest pain, kidney disease, AIDS or AIDS related complex, cancer or tumor, asthma or respiratory disease, mental or nervous disease, liver disease, blood disease, digestive and bowel disorder, disorder of the bones, spine or muscle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you within the last 2 years taken any form of medication for more than 14 consecutive days to treat an illness or disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you within the last two years consulted any medical practitioner for any condition other than minor impairment such as cold or flu?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand and agree that the answers to the questions in this Declaration of Good Health are true and complete to the best of my knowledge and belief. I authorize any medical practitioner, hospital, employer, institution or any other person, to disclose to Star Union Dai-ichi Life Insurance Company Limited any information relating to my health or my employment now or at any time in the future. I understand and agree that failure to answer any question in this declaration truthfully will render the insurance cover invalid and void.

Date of Birth	D	D	M	M	Y	Y	Y	Y	Date	D	D	M	M	Y	Y	Y	Y
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female		Place												

Signature of Life Assured

7 NOMINATION DETAILS

(Refer Instruction No. 6)

I/ We hereby nominate the under mentioned nominee to receive the amounts to my/ our credit in event of my/ our death.

I/ We also understand that all the payments and settlements made to such nominee and signature of the nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fund/ Trustee.

Name of the Nominee & Address of (s)	Date of Birth (Mandatory)	Name & Address of the Guardian (To be furnished in case the Nominee is a Minor)	Relationship with Nominee	Signature of Nominee/ Guardian (If nominee is minor)

The holder of a policy of life insurance on his own life, may, when effecting the policy or any time before the policy matures for payment, nominate the person or persons to whom the money secured by the policy shall be paid in the event of his death. Where such nominee is a minor, the policy holder may also appoint any person who is a major, to receive the Death benefit during the minority of the nominee.

Please note that this nomination will be register for insurance also.

8 DECLARATION AND SIGNATURE(S)

(Refer Instruction No. 8)

I/We have read and understood the contents of the Scheme Information Document 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.

I/We are aware that the information provided/collected in this application form is necessary in relation to operation of my/our investment account. I/We hereby give consent for sharing my/our data/information with any third party as may be required by BOI AXA Mutual Fund for the purpose of providing services to me/us or for opening, continuing and operating my/our investment account/folio.

I am informed about the arrangement between BOI AXA Mutual Fund and the Insurance company and about the Master Policy Document. I understand that I am eligible to avail cover under such arrangement; and hereby wish to avail the insurance cover.

I/ We hereby declare that I/ We do not have any existing Micro SIP which together with the current application will result in a total investments exceeding ₹ 50,000 in a year.

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 SIP installment 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	Y	Y
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1st Applicant	2nd Applicant	3rd Applicant
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SIP SHIELD/290414

FOR MORE INFORMATION

Call us at (Toll Free)
1-800-1032-263

Alternate Number
020-4011 2300

Email us at
service@boiaxa-im.com

Website
www.boiaxa-im.com



SIP SHIELD AUTO DEBIT FACILITY : REGISTRATION CUM MANDATE



INVESTORS SUBSCRIBING TO THE SCHEME THROUGH SIP AUTO DEBIT FACILITY TO COMPLETE THIS FORM COMPULSORILY ALONGWITH COMMON SIP SHIELD FORM

Application should be submitted atleast 30 days before processing of Monthly SIP SHIELD
For terms & conditions refer overleaf

Application No:

1 INVESTOR DETAILS (Please refer Point No. 15 to 17 for Micro SIP)

Folio No. / Application No.																				
Name of 1st Applicant																				
Name of 2nd Applicant																				
Name of 3rd Applicant																				

2 SIP DETAILS

Scheme Name																				
Plan										Option										
Sub Option											Dividend Frequency									

Please refer the scheme specific SID and SAI to know the Plan, Option & Sub-Options related information.

Frequency (Please ✓)	<input type="checkbox"/> Monthly	SIP Date	<input type="checkbox"/> 1st	<input type="checkbox"/> 7th*	<input type="checkbox"/> 10th	<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th	(#Default date is 7th)											
Instalment Amount (In figures)																				
Drawn on Bank / Branch Name																				
Mandatory Enclosures (Please ✓)	If the first instalment is not by cheque <input type="checkbox"/> Blank Cancelled Cheque																			
Enrolment Period	From									To										Enrolment period has to be for a minimum period of 3 years and can be extended upto age of 55 years of the first applicant.

3 PARTICULARS OF BANK ACCOUNT (Refer instruction under Point No. 3 overleaf)

Name of 1st Account Holder																				
Name of Bank & Branch																				
City																			Pin	
Account No.										Account Type (Please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> Current	<input type="checkbox"/> NRE / FCNR						
9 digit MICR Code (Mandatory)										IFSC Code										

(This is 9 digit number next to the cheque number) Please provide a copy of cancelled cheque leaf from an Auto Debit eligible bank (Mandatory)

DECLARATION & SIGNATURE: I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/ We would not hold the user institution responsible. I/ We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

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.

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 SIP Installments 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.

SIGNATURE (S) (as in Bank records)																				
	1st Applicant						2nd Applicant						3rd Applicant							

4 BANKER'S ATTESTATION

Certified that the signature of account holder and the Details of Bank account are correct as per our records

Signature verification request (To be retained by the Customer's Bank)

Signature of authorised Official from Bank
(Bank stamp and date)

The Branch Manager

Date																				
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Bank

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 Branch

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Sub : Mandate verification for A/c. No.

This is to inform you that I/We have registered for making payment towards my investments in BOI AXA Mutual Fund by debit to my /our above account directly or through ECS (Debit Clearing).

I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.

Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

Thanking you,

Yours sincerely

SIGNATURE (S) (as in Bank records)																				
	1st Applicant						2nd Applicant						3rd Applicant							



ACKNOWLEDGEMENT SLIP FOR SIP SHIELD AUTO DEBIT FACILITY

(To be filled in by the investor)

Application No:

(To be filled in by the First applicant/Authorized Signatory) :

Received from: Mr. Ms. M/s																																
an application for allotment of units under Scheme										Cheque/DD No.																						
Date																					Amount (₹)						Drawn on Bank and Branch					

Acknowledgement Stamp