

# COMMON APPLICATION FORM



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND ALL FIELDS ARE MANDATORY

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

Application No: \_\_\_\_\_

1 DISTRIBUTOR INFORMATION (Refer Instruction No. 1)						FOR OFFICE USE ONLY	
Distributor ARN/ RIA	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt
<b>ARN-0018</b>	ARN-						

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 <sup>st</sup> applicant/Guardian/ Authorised Signatory/POA	2 <sup>nd</sup> applicant/Authorised Signatory	3 <sup>rd</sup> applicant/Authorised Signatory
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## 2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. 1(a))

In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

I confirm that I am a First time investor across Mutual Funds.  
 I confirm that I am an existing investor in Mutual Funds.

## 3 EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number and proceed to Scheme and Payment Details] (Refer Instruction No. 2(a))

Folio No.

## 4 MODE OF HOLDING & KIN/ KYC DETAILS (Refer Instruction No. 9(a & b))

Single  Joint  Anyone or Survivor (Default)

First Applicant KYC Identification Number (KIN)	<input type="checkbox"/> Proof Enclosed	<input type="checkbox"/> KRA KYC Proof Enclosed
Second Applicant KYC Identification Number (KIN)	<input type="checkbox"/> Proof Enclosed	<input type="checkbox"/> KRA KYC Proof Enclosed
Third Applicant KYC Identification Number (KIN)	<input type="checkbox"/> Proof Enclosed	<input type="checkbox"/> KRA KYC Proof Enclosed

## 5 FIRST APPLICANT'S DETAILS (Refer Instruction No. 2(b))

Name (1<sup>st</sup>)

Date of Birth  PAN  Nationality  Country of Birth

Status of First/ Sole Applicant [Please tick (✓)]  Individual  Non - Individual [For Non - individual - please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction No. 14 & 15) (Mandatory)

Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  PIO  Company  Fils  Minor through guardian  BOI  OCI  Body Corporate  LLP  Society / Club  Foreign National Resident in India  FPI  Sole Proprietorship  Non Profit Organisation  Others (please specify)

For Investments "On behalf of Minor"  Birth Certificate  School Certificate  Passport  Other | Relationship with minor  Father  Mother  Legal Guardian

NAME OF GUARDIAN (in case of First/ Sole Applicant is a Minor)/ NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)/ POA HOLDER/ SOLE PROPRIETOR DETAILS

Mr.  Ms.  M/s  Designation  PAN   KYC Proof Enclosed | Mobile +91

Please note that your address and contact details will be updated as per your KYC/ CKYC records.

Mailing address

Landmark

City  State  Pin Code

Email ID  Mobile +91  Tel.

Overseas address (for Fils/ NRIs/ PIOs)

Mailing address

Landmark  City

State  Country  Zip Code

SECOND APPLICANT'S DETAILS  Mr.  Ms. | Nationality  Country of Birth  Mobile +91

Name (2<sup>nd</sup>)

PAN  Email ID

THIRD APPLICANT'S DETAILS  Mr.  Ms. | Nationality  Country of Birth  Mobile +91

Name (3<sup>rd</sup>)

PAN  Email ID

## ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)

Application No: \_\_\_\_\_

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

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

**6 ADDITIONAL KYC DETAILS (Mandatory) (Refer Instruction No. 2(c))**

Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatory/ Partners/ Directors/ Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>AADHAR CARD NUMBER (Refer Instruction No. 2(b)9)</b>			
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Applicant			
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant			
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup> Applicant			
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian			
Others (Please specify)								

**Non-Individual Investors involved/ providing any of the mentioned services**

Foreign Exchange / Money Changer Services     Gaming / Gambling / Lottery / Casino Services  
 Money Lending / Pawning     None of the above

Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)

\_\_\_\_\_ as on DD MM YYYY

**7 EMAIL COMMUNICATION INFORMATION (Refer Instruction No. 7)**

I/We wish to receive the following document(s) physically in lieu of Email.     Account Statement     News Letter     Annual Report     Other Statutory Information

**7 FATCA & CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer Instruction No. 14)**

The below information is required for all applicant(s)/ guardian

Address Type:  Residential or Business     Residential     Business     Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?     Yes     No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency			
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

**8 BANK ACCOUNT DETAILS - Mandatory (Payout Bank - If left blank, application will be rejected) (Refer Instruction No. 3)**

Name of the Bank																			
Account Number											A/C Type (Please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others		
Branch Address																			
City											State						PIN Code		
MICR Code											(Please enter the 9 digit number that appears after your cheque number)							Cancelled copy of a cheque required in case of investments not through cheque	
IFSC Code (RTGS/NEFT)											(11 Character code appearing on your cheque leaf)								

**FOR MORE INFORMATION**

**BOI AXA Mutual Fund**

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

Call us at (Toll Free)  
1800-103-2263 & 1800-266-2676

Alternate Number  
020-4011 2300 & 020-6685 4100

Email us at  
service@boi-axa-im.com

Website  
www.boi-axa-im.com



# SIP Registration Mandate - AUTO DEBIT/ NACH FACILITY/ MICRO SIP/ SIP TOP UP



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE ALL FIELDS

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

Application No: \_\_\_\_\_

## 1 DISTRIBUTOR INFORMATION FOR OFFICE USE ONLY

Distributor ARN	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt
<b>ARN-0018</b>	<b>ARN-</b>						

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 <sup>st</sup> applicant/Guardian/Authorised Signatory/POA	2 <sup>nd</sup> applicant/Authorised Signatory	3 <sup>rd</sup> applicant/Authorised Signatory
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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.

## 2 REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / NACH FACILITY

New SIP Registration\*     
  SIP Cancellation     
  Change in Bank Account\*  
 (\*Please provide a cancelled cheque)

## 3 APPLICANT INFORMATION AND SCHEME DETAILS

Sole / First Investor Name																
PAN No.											Folio No.					
Scheme Name																
Plan											Option					
Sub Option											Dividend Frequency					

## 4 SIP DETAILS

Each SIP Amount (✓)						SIP Frequency (✓)	<input checked="" type="checkbox"/> Monthly
SIP Auto Debit Dates	<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)

Regular SIP      SIP Period \*\*: Start M M Y Y Y Y      End M M Y Y Y Y       Till further Notice (Note: Please allow minimum one month for auto debit to register and start).  
 If end date is not specified, the fund will continue SIP till it receives termination notice from the investor.

SIP TOP UP (Optional)      TOP UP Amount: ₹ \_\_\_\_\_      TOP UP Frequency:  Half Yearly  Yearly  
 (Tick to avail this facility)      TOP UP amount has to be in multiples of ₹ 500 only (Refer Point No. 16).

I/We hereby, authorize BOI AXA Mutual Fund to debit my/our following bank account by Auto Debit / NACH Facility for collection of SIP payments.  
 \*\*Minimum SIP term should be for 6 months for Monthly SIP.

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 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 hereby agree to avail the TOP UP facility for SIP and authorize my bank to execute the NACH/Standing Instruction/Direct Debit for a further increase in installment from my designated account. We are not Citizens / Residents of USA / Canada.

First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory	Second Applicant/ Authorised Signatory	Third Applicant
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## DEBIT MANDATE FORM NACH / DIRECT DEBIT

UMRN **F O R O F F I C E U S E O N L Y**      Date **D D M M Y Y Y Y**

Tick (✓)       Sponsor Bank Code \_\_\_\_\_ For Office use only      Utility Code \_\_\_\_\_ For Office use only  
 I/We hereby authorize **BOI AXA Mutual Fund** to debit (tick ✓) **SB/CA/CC/SB-NRE/SB-NRO/Other**  
 Bank a/c number \_\_\_\_\_

with Bank \_\_\_\_\_ Name of customers bank      IFSC \_\_\_\_\_ or MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_ Amount in words      ₹ \_\_\_\_\_

FREQUENCY  Mthly  Qly  H -Yrly  Yrly  As & when presented      DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 \_\_\_\_\_ Phone No. \_\_\_\_\_

Reference 2 \_\_\_\_\_ Email ID \_\_\_\_\_

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank

PERIOD From **D D M M Y Y Y Y**      Signature Primary Account holder      Signature of Account holder      Signature of Account holder  
 To **D D M M Y Y Y Y**  
 Or  Until Cancelled      1. \_\_\_\_\_ Name as in bank records      2. \_\_\_\_\_ Name as in bank records      3. \_\_\_\_\_ Name as in bank records

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instruction as agreed and signed by me.  
 • I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

## ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. \_\_\_\_\_ Investor Name \_\_\_\_\_  
 Scheme Name \_\_\_\_\_ (Scheme Name)  
 Plan \_\_\_\_\_ Option \_\_\_\_\_  
 SIP Period From **D D M M Y Y** to **D D M M Y Y**       Till further Notice  
 Stamp & Signature \_\_\_\_\_

Certified that the signature of account holder and the details of Bank Account mentioned in Debit Mandate form for NACH/ Direct Debit are correct as per our records.

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

## TERMS AND CONDITIONS

- Existing investors seeking for Systematic Investment only, need to fill up this Systematic Investment Form. New investors who wish to enroll for the Systematic Investment should fill up SIP Form in addition to the Common Application Form, with or without the initial investment amount i.e. the first installment can be without the cheque. However in lines with SEBI and AMFI guidelines the requirement of submission of documents for subscription/transaction is modified from time to time. Therefore, for such additional requirements the investor is required to refer the "Instruction For Completing the Application Form" (as provided in the main application form) and submit such additional documentation for the same.
- The cheque may be drawn in favour of "Full name of the Scheme" followed by the name of the sole or 1st joint holder/ his PAN/folio number. For e.g. "XYZ Scheme A/c – Sole / First Investor name" or "XYZ Scheme A/c -Permanent Account Number" or "XYZ Scheme A/c -Folio Number".
- If the investment is without a first investment cheque then the cancelled cheque copy is mandatory for submission and, if such cancelled cheque is without any name a bankers attestation is required on the SIP form.
- Please check the Scheme Information Document & the Statement of Additional Information for SIP facility in respective scheme.
- Monthly SIP facility is available only on specific dates of the month viz - 1st or 7th or 10th or 15th or 20th or 25th & minimum Duration is 6 months for Monthly SIP.
- During ongoing purchase in monthly SIP your first SIP can be for any day of the month. Your second and subsequent SIPs are available only on the above specified dates of the month with a minimum gap of atleast 30 calendar days between first and second SIP installment. In case the chosen date turns out to be a non working day for the scheme; the SIP will be processed on the immediate following working day.
- The SIP cheque (where the investment is made by cheque) should be drawn on the same bank account which is to be registered for Auto Debit. The bank account provided for Auto Debit should participate in local MICR clearing.
- The first investment cheque while applying for Monthly SIP can be either equal to or greater than the subsequent Monthly SIP installment amounts. The subsequent Monthly SIP installment amounts however should remain the same as per the scheme specific information document and all the postdated cheques issued.
- If two consecutive SIP's fail, the SIP will automatically stand terminated and a communication to the effect will be sent to the investor.
- The investor has the right to discontinue SIP at any time he/she so desires by sending a written request, at least 15 working days prior to the due date of next SIP for Monthly SIP; to any of the offices of BOI AXA Mutual Fund or its Investor Service Centres.
- Investors availing the Micro SIP facility shall be exempted from submission of requirement of PAN. Micro SIP shall be applicable where aggregate of installments in a rolling 12 months period or in a financial year i.e. April-March does not exceed ₹ 50,000/- per year. Micro SIP benefit is available to individuals, NRI's, Minors and Sole Proprietors only. HUF's, PIO's and any other entities/ persons etc. are not eligible. The AMC will reject the application where they find that documents are deficient or where the installment total will exceed ₹ 50,000/- per year.
- Investor will not hold BOI AXA Investment Managers Pvt. Ltd., its registrars and other service providers responsible if the transaction is delayed or not effected, the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of Auto Debit/ local holidays/ incomplete or incorrect instructions from the applicant.
- BOI AXA Investment Managers Pvt. Ltd. reserves the right not to represent any mandate for SIP auto Debit facility if the registration could not be effected in time for reason beyond its control.
- BOI AXA Investment Managers Pvt. Ltd., its registrars and other service providers shall not be responsible and liable for any transaction failures, due to rejection of the transaction by your bank/ branch or its refusal to register the SIP mandate.
- In case of renewal of SIP this form should be submitted at least 1 month prior to the due date.
- SIP TOP UP Facility:
  - Top Up facility will be available only for valid new registration(s) under SIP or renewal of SIP
  - The minimum SIP Top-up amount is ₹ 500 and in multiples of ₹ 500
  - Top Up can be done on a half yearly/ annual basis;
  - If the investor does not specify the frequency, the default frequency for Top-up will be considered as Half-yearly.
  - This facility is available only for Monthly SIP.
  - SIP Top-up facility shall be available for SIP Investments through NACH / Direct Debit Facility/ Standing Instruction only.
  - Top Up Facility will not be available for investments under SIP where the auto debit period has not been indicated by the investor at the time of investments.
  - All other terms & conditions applicable for regular SIP will also be applicable to Top-up SIP.

## OTHER TERMS & CONDITIONS

- This facility is available presently only for Systematic Investment Plan.
- NACH debit facility is offered at various banks. For a detailed list of banks please refer the website [www.npci.org.in](http://www.npci.org.in)
- This facility is offered only to the investors having bank accounts with above mentioned Banks.  
Above list is subject to modification/update at any time in future at the sole discretion of BOI AXA Investment Managers Pvt Ltd, without assigning any reason or prior notice. If any bank is removed, SIP instructions of investors for such banks via NACH will be discontinued without any prior notice.
- By signing the NACH mandate form the investor agrees to abide by the terms and conditions of NACH facility through NPCI ([www.npci.org.in](http://www.npci.org.in)).
- New/Existing investors who wish to enroll for SIP through NACH should fill the SIP Application Form and the Registration cum Mandate Form for NACH.
- New Investors should mandatorily give a cheque for the first transaction.
  - First SIP Cheque should be dated current day. All subsequent installments through NACH to be either 1st/7th/10th/15th/20th/25th of the month.
  - The Registration cum Mandate Form for NACH should be submitted at least 30 Calendar days prior to next sip cycle date through NACH.
  - \*Unique Mandate Registration Number (UMRN) is auto generated by NPCI during the mandate creation for the first time. Investors, who do not have the UMRN, please leave it blank. UMRN would be linked to the folio and maximum length is 20 characters comprising of Alpha Numeric Character allotted by NPCI.
  - Investors who already have UMRN registered under the folio can fill up the SIP Registration cum Mandate Form for NACH and should be submitted at least 30 Calendar days before the date of the first debit through NACH.
- Please provide the cancelled cheque leaf of the Bank A/c no. for which NACH facility is registered.
- Investors need to mandatorily fill the SIP Registration Cum Mandate form for NACH for any amendment and cancellation quoting their UMRN by giving 15 working days prior notice to any of the investor service centre.
- Investor can choose to discontinue the SIP facility under folio without cancelling the UMRN by giving 15 working days prior notice to any of the Investor Service Centre. Investor can choose to register any future SIP by simply filling up the Registration cum mandate form for NACH quoting their UMRN.
- Please enter IFSC Code (maximum length-11 Alpha Numeric Characters) and MICR Code (maximum length – 9 Numeric Characters) of investor bank.
- In case of existing investor, if application is received without existing UMRN then the first UMRN registered in the folio would be considered

## FOR MORE INFORMATION

### BOI AXA Mutual Fund

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

Call us at (Toll Free)  
**1800-103-2263 & 1800-266-2676**

Alternate Number  
**020-4011 2300 & 020-6685 4100**

Email us at  
**[service@boi-axa-im.com](mailto:service@boi-axa-im.com)**

Website  
**[www.boi-axa-im.com](http://www.boi-axa-im.com)**



