



# TRANSACTION FORM

## For Existing Investors Only

### 7. UNIT HOLDER DETAILS\* (MANDATORY) (Please fill in BLOCK Letters) (Refer Section 7 under instructions)

Name of Sole /First Applicant  Mr.  Ms.  M/s. **EXISTING FOLIO NO.**

### 8. CHANGE IN NOMINATION# (FRESH / ADDITION / CANCELLATION OF NOMINATION) (Refer Section 8 under instructions)

Name & Address of Nominee(s)	Date of Birth	Name & Address of the Guardian	Signature of Guardian	Proportion (%) by which the unit will be shared by each Nominee (should aggregate to 100%)
(To be furnished in case the Nominee is a Minor)				

# In case of SIP Shield, only the first nominee shall be considered.

### 9. EMAIL COMMUNICATION (Refer Section 9 under instructions)

I/We wish to receive the following document via e-mail in lieu of physical document(s) [Please (✓)]  Account Statement  News Letter  Annual Report  All other Statutory & other Information

### 10. CHANGE OF ADDRESS (Refer Section 10 under instructions)

Local

#Address of 1st Applicant

Landmark  City  Pin

State  \*Please provided self attested proof of adress

### 11. CHANGE OF CONTACT DETAILS (Refer Section 11 under instructions)

Tel No.	STD Code	Res.	Off.	Fax
1 <sup>st</sup> Applicant	Mobile No.		Email ID	

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

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**

**SIGNATURE(S)\***

<input type="text"/>	<input type="text"/>	<input type="text"/>
1 <sup>st</sup> applicant/Guardian/Authorised Signatory/POA	2 <sup>nd</sup> applicant/Authorised Signatory	3 <sup>rd</sup> applicant/Authorised Signatory

TEAR HERE

### TRANSACTION SLIP - ACKNOWLEDGEMENT

To be filled in by the Investor

Folio No.

1st APPLICANT <input type="text"/>		Stamp Signature & Date
SERVICE APPLICATION FORM	<input type="checkbox"/> CHANGE OF BANK DETAILS <input type="checkbox"/> CHANGE IN NOMINATION <input type="checkbox"/> EMAIL COMMUNICATION INFORMATION <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> CHANGE OF CONTACT DETAILS	

## FOR MORE INFORMATION

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

Alternate Number  
**020-4011 2300**

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

Website  
**www.boi-axa-im.com**