

# 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 ARN Code	EUIN No.	Bank Branch Code/ Sub Broker Code	Sales Code	Date/Time of Receipt

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

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))	
<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default)	

	Permanent Account Number (PAN)	KYC Identification Number (KIN)	
First Applicant			<input type="checkbox"/> PAN/ KYC Proof Enclosed
Second Applicant			<input type="checkbox"/> PAN/ KYC Proof Enclosed
Third Applicant			<input type="checkbox"/> PAN/ KYC Proof Enclosed
Guardian (in case Minor)			<input type="checkbox"/> PAN/ KYC Proof Enclosed

5 APPLICANT'S DETAILS (Refer Instruction No. 2(b)) (#Refer Instruction No. 2(b)9) (* Mandatory)			
FIRST/ SOLE APPLICANT'S DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s			

Name (1<sup>st</sup>) (Name should be as per PAN) \_\_\_\_\_

Date of Birth\* 

D	D	M	M	Y	Y
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 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  Minor through guardian  BOI  OCI  Body Corporate  LLP  Society / Club  Foreign National Resident in India  FPI  Sole Proprietorship  Non Profit Organisation  Others (please specify) \_\_\_\_\_

LEI No. \_\_\_\_\_ (Refer Instruction No. 17) Expiry Date: 

DD	MM	YYYY
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(Mandatory for Non - Individuals transacting / proposing to transact for an amount of Rs. 50 crores or more)

\* Trust/Societies/Section 8 companies to give below declaration

We are a "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please quote Registration No. of Darpan portal of Niti Aayog. (If not registered already, please register immediately and confirm with the above information)	

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

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s	
Designation	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.

\*I/We hereby declare that the email address and the mobile number provided on the application form belongs to (Please tick (✓) any one from the below options)

Email ID belongs to  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian in case of minor  Others \_\_\_\_\_

Mobile No. belongs to  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian in case of minor  Others \_\_\_\_\_

Please note: In the event that the mobile number or the email id provided herein above does not appear to be the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.

Overseas address (for FPIs/ NRIs/ PIOs)

Mailing address	
Landmark	City
State	Country Zip Code

## 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



**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)																

**9 SCHEME AND PAYMENT DETAILS (Payment through Cash/Non-MICR Cheques/Outstation Cheques not accepted) (Refer Instruction No.4 & 8)**

Scheme Name																											
Plan											Option																
Sub Option											IDCW Frequency																
Investment Amount (₹)											DD Charges if any (₹)											Net Amount (₹)					
Cheque/ DD No.											Drawn Bank											Branch/City					
Account Type*	<input type="checkbox"/> S/B	<input type="checkbox"/> NRE*	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR*	*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) evidencing source of funds																					
Please (✓)	<input type="checkbox"/> NEFT/RTGS	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM											Bank A/c No.													
UTR/Reference no/URMN No																											

**REDEMPTION / DIVIDEND REMITTANCE (Refer Instruction No. 5)**

Electronic Payment (It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/destination branch corresponding to the Bank details.)

Cheque Payment

**10 DIVIDEND TRANSFER FACILITY (Please tick to select this facility) (Refer Instruction No.4(e)(4))**

This facility is available only under Transfer of Income Distribution cum capital withdrawal plan (IDCW Transfer) if the unit holder chooses to transfer the amount of the dividend receivable by them into any of the open ended scheme - Target Scheme \_\_\_\_\_

**11 DEMAT ACCOUNT DETAILS – (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). (If Demat Account details are provided below units will be allotted by default in electronic mode only) (Refer Instruction No. 10)**

National Securities Depository Limited (NSDL)	DP Name																									
	DP ID No.	I	N											Beneficiary Account No.												
Central Depository Services (India) Limited (CDSL)	DP Name																									
	Target ID No.																									

**12 NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate] (Mandatory) (Refer Instruction No. 6)**

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)

Nomination Details			
Mandatory Details	Nominee 1	Nominee 2	Nominee 3
Name of nominee			
Share of nominee (%)**			
Relationship			
Postal Address			
Mobile number & E-mail	Mobile number	Mobile number	Mobile number
	E-mail	E-mail	E-mail
Identity Number ***			
Additional Details (Incase Nominee is minor)			
Date of Birth of nominee			
Guardian details	Name	Name	Name
	Address	Address	Address

\*\* If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').

\*\*\* Provide only number: PAN or Driving Licence or Aadhaar (last 4 digit of Aadhaar). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

1) I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)

Name of nominee(s)  Nomination: Yes / No

- 2) I hereby authorize \_\_\_\_\_ (nominee number \_\_\_\_\_) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to \_\_\_\_\_ % of assets in the account / folio or ₹ \_\_\_\_\_. (Optional) (strike off portions that are not relevant)
- 3) This nomination shall supersede any prior nomination made by me / us, if any.
- 4) Signature(s) – As per the mode of holding in demat account(s) / MF folio(s)
- 5) \* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

Transmission aspects	
Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners.
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

Signature(s) – As per mode of holding in demat accounts / MF Folio(s) for existing investors

Name of the Holder	Signature/ Thumb Impression of holder	Signature of two witness(es) along with name & address are required, if the account holder affixes thumb impression instead of signature	
		Name & Address of Witness	Witness Signature
Sole / 1st Holder (Mr./Ms.)		Witness 1 - Name: Address:	Witness 1
		Witness 2 - Name Address:	Witness 2
2nd Holder (Mr./Ms.)		Witness 1 - Name: Address:	Witness 1
		Witness 2 - Name Address:	Witness 2
3rd Holder (Mr./Ms.)		Witness 1 - Name: Address:	Witness 1
		Witness 2 - Name Address:	Witness 2

Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

**13 DECLARATION**

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information of Bank of India 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 Bank of India Mutual Fund its Investment Manager and its agents to disclose details of my investment to my bank(s)/Bank of India Mutual Fund 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 Bank of India Mutual Fund for the purpose of providing services to me/us or for opening, continuing and operating my/our investment account/folio.

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 by the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.


I/We request Bank of India Mutual Fund to update my/our following details for the above Folios. I/we authorize Bank of India Investment Managers Pvt. Ltd. Registrars to refer these details to any of the appropriate authorities including Unique Identification Authority of India (UIDAI)/ KYC Registration Agency/Authentication Agencies etc. and also authorize such agencies / service providers including UIDAI to share the data as per their records, for verification purpose. In case of any correction/change in name/address/mobile number/date of birth etc. recorded with UIDAI, please update the change with UIDAI's Aadhaar Self Service Update Portal, currently, <https://ssup.uidai.gov.in/web/guest/update> and also with Bank of India MF.

I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/ AMC/ ITS DISTRIBUTOR FOR THIS INVESTMENT.



I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above. I/ We hereby agree to read the respective SID and SAI of the schemes of Bank of India Mutual Fund before investing in any scheme of Bank of India Mutual Fund.

**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.

**CERTIFICATION:** I/ We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/ We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions above and hereby accept the same.



(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

SIGNATURE(S)	First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory  	
	Second Applicant/ Authorised Signatory  	
	Third Applicant/ Authorised Signatory  