

SPECIAL PRODUCTS APPLICATION FORM (SWP/ STP)

1 DISTRIBUTOR INFORMATION (Refer Instruction No. 1)				FOR OFFICE USE ONLY	
Distributor ARN/ RIA	Sub Agent ARN Code	EUIIN No.	Bank Branch Code/ Sub Broker Code	Sales Code	Date/Time of Receipt
<input type="checkbox"/> I/We hereby confirm that the EUIIN 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 st applicant/Guardian/Authorised Signatory/POA		2 nd applicant/Authorised Signatory		3 rd applicant/Authorised Signatory	
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 INFORMATION OF EXISTING INVESTOR	
Folio Number <input style="width: 100%;" type="text"/>	Mandatory field*

3 APPLICANT INFORMATION (Please refer Point No. 8) (Please ✓)	
Name of Sole /First Applicant* <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	Date of Birth <input style="width: 100%;" type="text"/> (*Mandatory for all investors)
<input style="width: 100%;" type="text"/> F I R S T N A M E <input style="width: 100%;" type="text"/> M I D D L E N A M E <input style="width: 100%;" type="text"/> L A S T N A M E	
Documents Enclosed ^	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC <input type="checkbox"/> PAN* <input style="width: 100%;" type="text"/>
Name of Guardian/Contact Person* Relationship with MINOR <input style="width: 100%;" type="text"/>	Guardian's Date of Birth <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/> F I R S T N A M E <input style="width: 100%;" type="text"/> M I D D L E N A M E <input style="width: 100%;" type="text"/> L A S T N A M E	
Documents Enclosed ^	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC <input type="checkbox"/> PAN* <input style="width: 100%;" type="text"/>
*Please mention the contact person in case of Non-individual	
Mode of Holding	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor' (Default)

4 SYSTEMATIC WITHDRAWAL PLAN (SWP)		
FROM SCHEME*:	PLAN*:	OPTION*:
SUB OPTIONS*:		IDCW FREQUENCY*:
Withdrawal Option (Please ✓)	<input type="checkbox"/> FIXED or <input type="checkbox"/> APPRECIATION WITHDRAWAL	Amount (₹) (in figures) <input style="width: 100%;" type="text"/>
Fixed Withdrawal Frequency (Please ✓)	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> HALF YEARLY <input type="checkbox"/> ANNUALLY	
Dates (Only one 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)	Withdrawal Period From <input style="width: 100%;" type="text"/> To <input style="width: 100%;" type="text"/>

5 SYSTEMATIC TRANSFER PLAN (STP)		
FROM SCHEME*:	PLAN*:	OPTION*:
TO SCHEME*:	PLAN*:	OPTION*:
Amount per Transfer (₹)	Transfer Period From <input style="width: 100%;" type="text"/>	To <input style="width: 100%;" type="text"/>
Transfer Frequency (Please ✓)	<input type="checkbox"/> Daily <input type="checkbox"/> WEEKLY (Monday to Friday)* Day of Transfer <input style="width: 100%;" type="text"/> (*Default day is Wednesday)	
	<input type="checkbox"/> Monthly <input type="checkbox"/> 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)	
No. of Installments	<input style="width: 100%;" type="text"/>	

6 DECLARATION AND SIGNATURES		
<p>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'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.</p> <p>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.</p> <p>Applicable to citizen of USA/ Canada: I/We hereby confirm that I/We am/are not restricted persons resident in Canada or in Countries which are non-compliant with FATF Agreements or in the United States of America (USA), or corporations, or partnerships or any other entity created or organised in or under the laws of USA or any person/entity falling within the definition of the term 'US Person' under the US Securities Act of 1933, (as amended). I/We hereby confirm that I/We are not giving a false confirmation and/or disguising my/our country of residence. I/We confirm that Bank of India Investment Managers Pvt. Ltd. is relying upon this confirmation and in no event shall members of the Bank of India Group and / or their directors, officers and employees be liable for any direct, indirect, special, incidental or consequential damages arising out of false confirmation/information.</p> <p>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 the Scheme is being recommended to me/us. 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.</p>		
Signature(s)	<input style="width: 100%; height: 40px;" type="text"/> Sole/1 st applicant/Guardian/Authorised Signatory/POA	<input style="width: 100%; height: 40px;" type="text"/> 2 nd applicant/Authorised Signatory
	<input style="width: 100%; height: 40px;" type="text"/> 3 rd applicant/Authorised Signatory	
(To be signed by All Applicants if mode of operation is Joint)		

(To be filled in by the First applicant/Authorized Signatory) : Received from Name & address : <input style="width: 100%;" type="text"/> <input type="checkbox"/> SWP/ STP <input type="checkbox"/> For ₹ <input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/> Acknowledgement Stamp
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