Systematic Investment Plan (SIP)
Auto Debit Facility/ MICRO SIP/ SIP TOP UP

BOI AXA Investment Managers

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

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
Bonanza - 0186						

☐ 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.

Sole/1st applicant/Guardian/Authorised Signatory/POA	2nd applicant/Authorised Signatory	3rd 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 REGISTRATION CUM MANDATE FORM FOR ECS (DEBIT CLEARING / AUTO DEBIT)

First Investment in SIP vide a cheque and subsequent investments via Auto Debit, available in select cities only.

☐ 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. (Refer Instruction No.10) Folio No.

Scheme Name

Plan Option

Sub Option Dividend Frequency

4 SIP DETAILS

Each SIP Amount (✓) SIP Frequency (✓) ☐ Daily* ☐ Monthly

SIP Auto Debit Dates ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th (Default date is 7th)

Regular SIP SIP Period **: Start M M Y Y Y Y End M M Y Y Y Y

(Note: Please allow minimum one month for auto debit to register and start).
Default period will be considered 3 years if end date is not mentioned.

☐ SIP TOP UP (Optional) (Tick to avail this facility)

TOP UP Amount: ₹ _____ TOP UP Frequency: ☐ Half Yearly ☐ Yearly

TOP UP amount has to be in multiples of ₹ 500 only (Refer Point No. 23).

I/We hereby, authorize BOI AXA Mutual Fund to debit my/our following bank account by ECS (Debit Clearing) / auto debit to account for collection of SIP payments.

*Daily SIP facility is currently available only with following banks: Bank of India, HDFC Bank, IDBI Bank, Kotak Mahindra Bank, IndusInd Bank, Bank of Baroda for all locations. For Mumbai, Delhi, Kolkatta, Chennai Daily SIP shall be accepted in all Banks. **Minimum SIP term should be for 6 months for Monthly SIP and 1 month for Daily SIP.

5 BANK ACCOUNT DETAILS - Mandatory

Name of First Account Holder

Name of Second/Joint Account Holder

Name of Third/Joint Account Holder

Bank Name

Account Number A/C Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Branch Address

City State PIN Code

MICR Code (Please enter the 9 digit number that appears after your cheque number)

IFSC Code (RTGS/NEFT) (Mandatory for Credit via NEFT/RTGS). (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your Bank)

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 ECS/Standing Instruction/Direct Debit for a further increase in installment from my designated account.

First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory	Second Applicant/ Authorised Signatory	Third Applicant

6 BANKER'S ATTESTATION

Certified that the signature of account holder and the Details of Bank account are correct as per our records	Signature of authorised Official from Bank (Bank stamp and date)
Signature verification request (To be retained by the Customers Bank)	

The Branch Manager Date D D M M Y Y

Bank Branch

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)	Sole/1st applicant/Guardian/Authorised Signatory/POA	2nd applicant/Authorised Signatory	3rd applicant/Authorised Signatory

BOI AXA Investment Managers

ACKNOWLEDGEMENT SLIP

To be filled in by the Investor

Folio No. / Application No.

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

Received from Name & address :

an application for Purchase of Units alongwith Cheque ☐ *SIP/ Micro SIP* ☐ *For ₹*

Acknowledgement Stamp