COMMON APPLICATION FORM

Bank of India Mutual Fund

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)

Distributor ARN/ RIA	Sub Agent ARN Code	EUIN No.	Bank Branch Code/ Sub Broker Code
ARN-95070		E-101834	

FOR OFFICE USE ONLY

Sales Code	Date/Time of Receipt

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

☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

	Permanent Account Number (PAN)	KYC Identification Number (KIN)	
First Applicant			☐ PAN/ KYC Proof Enclosed
Second Applicant			☐ PAN/ KYC Proof Enclosed
Third Applicant			☐ PAN/ KYC Proof Enclosed
Guardian (in case Minor)			☐ 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 ☐ **Mr.** ☐ **Ms.** ☐ **M/s**

Name (1st) (Name should be as per PAN)

Date of Birth* D D M M Y Y 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

(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).	☐ **YES** ☐ **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

☐ **Mr.** ☐ **Ms.** ☐ **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)

☐ Self ☐ Spouse ☐ My Dependents ☐ My Childrens

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

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

Name (2nd) (Name should be as per PAN)

Email ID*

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

Name (3rd) (Name should be as per PAN)

Email ID*

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

Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Private Sector Service	☐	☐	☐	☐
Public Sector Service	☐	☐	☐	☐
Government Service	☐	☐	☐	☐
Business	☐	☐	☐	☐
Professional	☐	☐	☐	☐
Agriculturist	☐	☐	☐	☐
Retired	☐	☐	☐	☐
Housewife	☐	☐	☐	☐
Student	☐	☐	☐	☐
Proprietorship	☐	☐	☐	☐
Others (Please specify)	_____	_____	_____	_____

Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
1st Applicant	☐	☐	☐
2nd Applicant	☐	☐	☐
3rd Applicant	☐	☐	☐
Guardian	☐	☐	☐
Authorised Signatory/ Partners/ Directors/ Others	☐	☐	☐

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 ₹)	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Below 1 lac	☐	☐	☐	☐
1-5 lac	☐	☐	☐	☐
5-10 lac	☐	☐	☐	☐

Gross Annual Income Range (in ₹)	1st Applicant	2nd Applicant	3rd Applicant	Guardian
10-25 lac	☐	☐	☐	☐
25 lac- 1 cr	☐	☐	☐	☐
> 1 cr	☐	☐	☐	☐

OR Networth in ₹ (Mandatory for Non Individual) (not older than 1 year) _____ as on DD MM YYYY

☐ 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)**

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
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]	☐ Yes ☐ No If Yes, please provide the following information [mandatory]	☐ Yes ☐ No If Yes, please provide the following information [mandatory]
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.

FOR MORE INFORMATION

Bank of India Mutual Fund

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

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

Email us at service@boimf.in

Website www.boimf.in

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 ✓)	☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ 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*	☐ S/B ☐ NRE* ☐ Current ☐ NRO ☐ FCNR*	*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) evidencing source of funds			
Please (✓)	☐ NEFT/RTGS ☐ Fund Transfer ☐ 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 wish to nominate as under:** ***Proof for Minor Nominee:** ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Others ______________

Name and Address of Nominee(s) (IN CAPITALS)*	PAN	Relationship of Nominee with Unitholder*	Date of Birth (Birth proof to be attached)*	Name of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)*
			(to be furnished in case the Nominee is a minor)*			
Nominee 1						
Nominee 2						
Nominee 3						

☐ **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.

POA holder cannot nominate.

First / Sole Applicant	**Second Applicant**	**Third Applicant**

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	

CHECKLIST (Please submit the following documents with your application (where applicable). All documents should be original/ true copies Certified by a Director/Trustee/Company Secretary/Authorized signatory/ Notary Public).

Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FPI	HUF	AOP & BOI	Demat Holder
PAN Card	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Resolution/ Authorisation to invest		✓	✓	✓		✓		✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓		✓	
Memorandum & Articles of Association		✓									
Trust Deed						✓					
NPO declaration			✓			✓					
Bye-laws			✓								
Partnership Deed				✓							
Notorised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Demat Statement (Latest available)											✓
Client Master Statement (Latest available)											✓
HUF Deed									✓		
Overseas Auditor's Certificate & SEBI Regn. Certificate								✓			
UBO		✓	✓	✓		✓		✓	✓	✓	
FATCA & CRS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓