

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		Bank Branch Code/ RIA Registration Number	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt
ARN-181211				E				

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/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))					
---	---	--	--	--	--	--

☐ Single    ☐ Joint    ☐ 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    ☐ Mr.    ☐ Ms.    ☐ M/s

Name (1<sup>st</sup>)   

Date of Birth    

D	D	M	M	Y	Y
---	---	---	---	---	---

    Nationality       Country of Birth   

Legal Entity Identifier (LEI)    (Refer Instruction No. 18)

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)

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   

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

Name (2<sup>nd</sup>)   

Email ID\*   

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

Name (3<sup>rd</sup>)   

Email ID\*

☐ I/We wish to receive the following document(s) physically in lieu of Email.      ☐ Account Statement      ☐ News Letter      ☐ Annual Report      ☐ Other Statutory Information

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

Cancelled copy of a cheque required in case of investments not through cheque

EQUITY-KIM/04062019

[www.boimf.in](http://www.boimf.in)

