



Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

|   |                         |                     |
|---|-------------------------|---------------------|
| 1 | DISTRIBUTOR INFORMATION | FOR OFFICE USE ONLY |
|---|-------------------------|---------------------|

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.

☐ New SIP Registration\* ☐ SIP Cancellation ☐ Change in Bank Account\*  
 (\*Please provide a cancelled cheque)

[illegible]

I/We hereby, authorize BOI AXA Mutual Fund to debit my/our following bank account by Auto Debit / NACH Facility for collection of SIP payments.

**\*\*Minimum SIP term should be for 6 months for Monthly SIP.**

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 NACH/Standing Instruction/Direct Debit for a further increase in installment from my designated account. We are not Citizens / Residents of USA / Canada.

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

|                                          |            |                       |                            |   |   |   |  |   |   |   |   |   |              |                     |   |   |   |                                                      |                              |   |   |   |  |      |   |   |   |   |   |   |   |   |
|------------------------------------------|------------|-----------------------|----------------------------|---|---|---|--|---|---|---|---|---|--------------|---------------------|---|---|---|------------------------------------------------------|------------------------------|---|---|---|--|------|---|---|---|---|---|---|---|---|
| <b>BOI</b>                               | <b>AXA</b> | <b>UMRN</b>           |                            | F | O | R |  | O | F | F | I | C | E            |                     | U | S | E |                                                      | O                            | N | L | Y |  | Date | D | D | M | M | Y | Y | Y | Y |
| Tick <input checked="" type="checkbox"/> |            | Sponsor Bank Code     | For Office use only        |   |   |   |  |   |   |   |   |   | Utility Code | For Office use only |   |   |   |                                                      |                              |   |   |   |  |      |   |   |   |   |   |   |   |   |
| CREATE <input type="checkbox"/>          |            | I/We hereby authorize | <b>BOI AXA Mutual Fund</b> |   |   |   |  |   |   |   |   |   |              |                     |   |   |   | to debit (tick <input checked="" type="checkbox"/> ) | SB/CA/CC/SB-NRE/SB-NRO/Other |   |   |   |  |      |   |   |   |   |   |   |   |   |
| MODIFY <input type="checkbox"/>          |            | Bank a/c number       |                            |   |   |   |  |   |   |   |   |   |              |                     |   |   |   |                                                      |                              |   |   |   |  |      |   |   |   |   |   |   |   |   |
| CANCEL <input type="checkbox"/>          |            |                       |                            |   |   |   |  |   |   |   |   |   |              |                     |   |   |   |                                                      |                              |   |   |   |  |      |   |   |   |   |   |   |   |   |

with Bank  IFSC  or MICR   
 an amount of Rupees  \

FREQUENCY ☒ Mthly ☒ Qtly ☒ H -Yrly ☒ Yrly ☒ As & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

[illegible]

| Reference 2 | Email ID |
|-------------|----------|
|-------------|----------|

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank

| PERIOD |                                          |   |   |   |   |   |   |   |                                  |                             |                             |
|--------|------------------------------------------|---|---|---|---|---|---|---|----------------------------------|-----------------------------|-----------------------------|
| From   | D                                        | D | M | M | Y | Y | Y | Y | Signature Primary Account holder | Signature of Account holder | Signature of Account holder |
| To     | D                                        | D | M | M | Y | Y | Y | Y |                                  |                             |                             |
| Or     | <input type="checkbox"/> Until Cancelled |   |   |   |   |   |   |   | 1. Name as in bank records       | 2. Name as in bank records  | 3. Name as in bank records  |

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instruction as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

|                 |               |   |   |   |   |   |    |   |   |   |        |   |               |                                              |  |  |  |  |  |  |  |  |  |                   |
|-----------------|---------------|---|---|---|---|---|----|---|---|---|--------|---|---------------|----------------------------------------------|--|--|--|--|--|--|--|--|--|-------------------|
| Folio No.       |               |   |   |   |   |   |    |   |   |   |        |   | Investor Name |                                              |  |  |  |  |  |  |  |  |  | Stamp & Signature |
| Scheme Name     | (Scheme Name) |   |   |   |   |   |    |   |   |   |        |   |               |                                              |  |  |  |  |  |  |  |  |  |                   |
| Plan            |               |   |   |   |   |   |    |   |   |   | Option |   |               |                                              |  |  |  |  |  |  |  |  |  |                   |
| SIP Period From | D             | D | M | M | Y | Y | to | D | D | M | M      | Y | Y             | <input type="checkbox"/> Till further Notice |  |  |  |  |  |  |  |  |  |                   |

Certified that the signature of account holder and the details of Bank Account mentioned in Debit Mandate form for NACH/ Direct Debit are correct as per our records.

Signature of authorised Official from Bank (Bank stamp and date)

## TERMS AND CONDITIONS

- Existing investors seeking for Systematic Investment only, need to fill up this Systematic Investment Form. New investors who wish to enroll for the Systematic Investment should fill up SIP Form in addition to the Common Application Form, with or without the initial investment amount i.e. the first installment can be without the cheque. However in lines with SEBI and AMFI guidelines the requirement of submission of documents for subscription/transaction is modified from time to time. Therefore, for such additional requirements the investor is required to refer the "Instruction For Completing the Application Form" (as provided in the main application form) and submit such additional documentation for the same.
- The cheque may be drawn in favour of "Full name of the Scheme" followed by the name of the sole or 1st joint holder/ his PAN/folio number. For e.g. "XYZ Scheme A/c – Sole / First Investor name" or "XYZ Scheme A/c -Permanent Account Number" or "XYZ Scheme A/c -Folio Number".
- If the investment is without a first investment cheque then the cancelled cheque copy is mandatory for submission and, if such cancelled cheque is without any name a bankers attestation is required on the SIP form.
- Please check the Scheme Information Document & the Statement of Additional Information for SIP facility in respective scheme.
- Monthly SIP facility is available only on specific dates of the month viz - 1st or 7th or 10th or 15th or 20th or 25th & minimum Duration is 6 months for Monthly SIP.
- During ongoing purchase in monthly SIP your first SIP can be for any day of the month. Your second and subsequent SIPs are available only on the above specified dates of the month with a minimum gap of atleast 30 calendar days between first and second SIP installment. In case the chosen date turns out to be a non working day for the scheme; the SIP will be processed on the immediate following working day.
- The SIP cheque (where the investment is made by cheque) should be drawn on the same bank account which is to be registered for Auto Debit. The bank account provided for Auto Debit should participate in local MICR clearing.
- The first investment cheque while applying for Monthly SIP can be either equal to or greater than the subsequent Monthly SIP installment amounts. The subsequent Monthly SIP installment amounts however should remain the same as per the scheme specific information document and all the postdated cheques issued.
- If two consecutive SIP's fail, the SIP will automatically stand terminated and a communication to the effect will be sent to the investor.
- The investor has the right to discontinue SIP at any time he/she so desires by sending a written request, at least 15 working days prior to the due date of next SIP for Monthly SIP, to any of the offices of BOI AXA Mutual Fund or its Investor Service Centres.
- Investors availing the Micro SIP facility shall be exempted from submission of requirement of PAN. Micro SIP shall be applicable where aggregate of installments in a rolling 12 months period or in a financial year i.e. April-March does not exceed ` 50,000/- per year. Micro SIP benefit is available to individuals, NRI's, Minors and Sole Proprietors only. HUF's, PIO's and any other entities/ persons etc. are not eligible. The AMC will reject the application where they find that documents are deficient or where the installment total will exceed ` 50,000/- per year.
- Investor will not hold BOI AXA Investment Managers Pvt. Ltd., its registrars and other service providers responsible if the transaction is delayed or not effected, the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of Auto Debit / local holidays / incomplete or incorrect instructions from the applicant.
- BOI AXA Investment Managers Pvt. Ltd. reserves the right not to represent any mandate for SIP auto Debit facility if the registration could not be effected in time for reason beyond its control.
- BOI AXA Investment Managers Pvt. Ltd., its registrars and other service providers shall not be responsible and liable for any transaction failures, due to rejection of the transaction by your bank / branch or its refusal to register the SIP mandate.
- In case of renewal of SIP this form should be submitted at least 1 month prior to the due date.
- SIP TOP UP Facility:
  - Top Up facility will be available only for valid new registration(s) under SIP or renewal of SIP
  - The minimum SIP Top-up amount is ` 500 and in multiples of ` 500
  - Top Up can be done on a half yearly / annual basis;
  - If the investor does not specify the frequency, the default frequency for Top-up will be considered as Half-yearly.
  - This facility is available only for Monthly SIP.
  - SIP Top-up facility shall be available for SIP Investments through NACH / Direct Debit Facility/ Standing Instruction only.
  - Top Up Facility will not be available for investments under SIP where the auto debit period has not been indicated by the investor at the time of investments.
  - All other terms & conditions applicable for regular SIP will also be applicable to Top-up SIP.

## OTHER TERMS & CONDITIONS

- This facility is available presently only for Systematic Investment Plan.
- NACH debit facility is offered at various banks. For a detailed list of banks please refer the website [www.npci.org.in](http://www.npci.org.in)
- This facility is offered only to the investors having bank accounts with above mentioned Banks.  
Above list is subject to modification/update at any time in future at the sole discretion of BOI AXA Investment Managers Pvt Ltd, without assigning any reason or prior notice. If any bank is removed, SIP instructions of investors for such banks via NACH will be discontinued without any prior notice.
- By signing the NACH mandate form the investor agrees to abide by the terms and conditions of NACH facility through NPCI ([www.npci.org.in](http://www.npci.org.in)).
- New/Existing investors who wish to enroll for SIP through NACH should fill the SIP Application Form and the Registration cum Mandate Form for NACH.
- New Investors should mandatorily give a cheque for the first transaction.
  - First SIP Cheque should be dated current day. All subsequent Installments through NACH to be either 1st/7th/10th/15th/20th/25th of the month.
  - The Registration cum Mandate Form for NACH should be submitted at least 30 Calendar days prior to next sip cycle date through NACH.
  - \*Unique Mandate Registration Number (UMRN) is auto generated by NPCI during the mandate creation for the first time. Investors, who do not have the UMRN, please leave it blank. UMRN would be linked to the folio and maximum length is 20 characters comprising of Alpha Numeric Character allotted by NPCI.
  - Investors who already have UMRN registered under the folio can fill up the SIP Registration cum Mandate Form for NACH and should be submitted at least 30 Calendar days before the date of the first debit through NACH.
- Please provide the cancelled cheque leaf of the Bank A/c no. for which NACH facility is registered.
- Investors need to mandatorily fill the SIP Registration Cum Mandate form for NACH for any amendment and cancellation quoting their UMRN by giving 15 working days prior notice to any of the investor service centre.
- Investor can choose to discontinue the SIP facility under folio without cancelling the UMRN by giving 15 working days prior notice to any of the Investor Service Centre. Investor can choose to register any future SIP by simply filling up the Registration cum mandate form for NACH quoting their UMRN.
- Please enter IFSC Code (maximum length-11 Alpha Numeric Characters) and MICR Code (maximum length – 9 Numeric Characters) of investor bank.
- In case of existing investor, if application is received without existing UMRN then the first UMRN registered in the folio would be considered

## FOR MORE INFORMATION

Call us at (Toll Free)

1800-103-2263 & 1800-266-2676

Alternate Number

020-4011 2300 & 020-6685 4100

Email us at

[service@boi-axa-im.com](mailto:service@boi-axa-im.com)

Website

[www.boi-axa-im.com](http://www.boi-axa-im.com)