

SECOND APPLICANT'S DETAILS

☐ Mr. ☐ Ms. | Nationality

Country of Birth

Mobile* +91

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

Email ID*

Email ID belongs to

Mobile No. belongs to

THIRD APPLICANT'S DETAILS

☐ Mr. ☐ Ms. | Nationality

Country of Birth

Mobile* +91

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

Email ID*

Email ID belongs to

Mobile No. belongs to

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ADDITIONAL KYC DETAILS

(Refer Instruction No. 2(c))

Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatory/ Partners/ Directors/ Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Others (Please specify)								

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 ₹)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range (in ₹)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Network in ₹ (Mandatory for Non Individual) (not older than 1 year)

as on

DD MM YYYY

EMAIL COMMUNICATION INFORMATION

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

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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information [mandatory]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information [mandatory]	<input type="checkbox"/> Yes <input type="checkbox"/> 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 ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others			
Branch Address			
City			
State			
PIN Code			
MICR Code			
(Please enter the 9 digit number that appears after your cheque number)			
IFSC Code (RTGS/NEFT)			
(11 Character code appearing on your cheque leaf)			
Cancelled copy of a cheque required in case of investments not through cheque			

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* <input type="checkbox"/> S/B <input type="checkbox"/> NRE* <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR*			
*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) evidencing source of funds			
Please (✓) <input type="checkbox"/> NEFT/RTGS <input type="checkbox"/> Fund Transfer <input type="checkbox"/> OTM			
Bank A/c No.			
UTR/Reference no/URMN No			

REDEMPTION / DIVIDEND REMITTANCE		(Refer Instruction No. 5)
<input type="checkbox"/> 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.)		
<input type="checkbox"/> Cheque Payment		





10	DIVIDEND TRANSFER FACILITY (Please tick to select this facility)		(Refer Instruction No.4(e)(4))
<input type="checkbox"/> 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)			
<input type="checkbox"/> I/We wish to nominate as under: *Proof for Minor Nominee: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> 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%)*
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
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<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 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>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.</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 by the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.</p> <p>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.</p> <p>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.</p> <p>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.</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>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.</p>	<div style="text-align: right;">  <p>(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)</p> </div>
	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">SIGNATURE(S)</div> <div style="flex-grow: 1;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory </div> <div style="text-align: center; margin-bottom: 10px;">  </div> </div> </div>
	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">SIGNATURE(S)</div> <div style="flex-grow: 1;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Second Applicant/ Authorised Signatory </div> <div style="text-align: center; margin-bottom: 10px;">  </div> </div> </div>
	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">SIGNATURE(S)</div> <div style="flex-grow: 1;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Third Applicant/ Authorised Signatory </div> <div style="text-align: center; margin-bottom: 10px;">  </div> </div> </div>

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).

[illegible]