COMMON APPLICATION FORM

Bank of India Mutual Fund

PLEASE FILL ALL FIELDS WITH BLACK BALL POINT IN BLOCK LETTERS AND ALL FIELDS MARKED WITH AN ASTERISK (*) ARE MANDATORY

1 DISTRIBUTOR INFORMATION (Refer Instruction No. 1)

Distributor ARN/ RIA	Sub Agent ARN Code	EUIN No.	Bank Branch Code/ Sub Broker Code

FOR OFFICE USE ONLY

Sales Code	Date/Time of Receipt

☐ 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. ***RIA/Declaration:** I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you,to the above mentioned SEBI-Registered Investment Adviser/RIA.

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

2 EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number and proceed to Scheme and Payment Details] (Refer Instruction No. 2(a))

Folio No.

3 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

4 APPLICANT'S DETAILS (Refer Instruction No. 2(b)) (#Refer Instruction No. 2(b)9) (* Mandatory)

FIRST/ SOLE APPLICANT'S DETAILS ☐ **Mr.** ☐ **Ms.** ☐ **M/s** **Gender:** ☐ **Male** ☐ **Female**

Name* (Name should be as per the income tax records)

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)

Email ID belongs to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian in case of minor ☐ Others _____

Mobile No. belongs to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian in case of minor ☐ Others _____

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)

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 | Date of Birth D D M M Y Y

Name (Name should be as per the income tax records)

Email ID* **Mobile*** +91

Email ID belongs to ☐Self ☐Spouse ☐Dependent Children ☐Dependent Siblings ☐Dependent Parents ☐Guardian in case of minor ☐Others _____

Mobile No. belongs to ☐Self ☐Spouse ☐Dependent Children ☐Dependent Siblings ☐Dependent Parents ☐Guardian in case of minor ☐Others _____

THIRD APPLICANT'S DETAILS ☐ Mr. ☐ Ms. | Nationality | Country of Birth | Date of Birth D D M M Y Y

Name (3rd) (Name should be as per the income tax records)

Email ID* **Mobile*** +91

Email ID belongs to ☐Self ☐Spouse ☐Dependent Children ☐Dependent Siblings ☐Dependent Parents ☐Guardian in case of minor ☐Others _____

Mobile No. belongs to ☐Self ☐Spouse ☐Dependent Children ☐Dependent Siblings ☐Dependent Parents ☐Guardian in case of minor ☐Others _____

5 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

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

6 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)**

We do not accept investments from investors residing in the USA or Canada.

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below. In case Tax Identification Number is not available, kindly provide its functional equivalent.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Country of Tax Residency#			
Tax Payer Ref. ID No ^			
Tax Identification Type * [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Tax Identification Type * [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Tax Identification Type * [TIN or other, please specify]			

7 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)
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

8 SCHEME AND PAYMENT DETAILS (Payment through Cash/Non-MICR Cheques/Outstation Cheques not accepted)* (Refer Instruction No.4 & 8)

Scheme Name	Plan	Option	Purchase Amount
Bank of India	☐ Regular ☐ Direct	☐ Growth ☐ Income DCW Payout ☐ IDCW Reinvestment	
Bank of India	☐ Regular ☐ Direct	☐ Growth ☐ Income DCW Payout ☐ IDCW Reinvestment	
Bank of India	☐ Regular ☐ Direct	☐ Growth ☐ Income DCW Payout ☐ IDCW Reinvestment	
		TOTAL INVESTMENT AMOUNT (₹)	

Mode of Payment: ☐ NEFT/RTGS ☐ Cheque ☐ Fund Transfer Form

Cheque Amount	Cheque Number/ UTR No.	Cheque Date	Bank Account No.	Drawn on Bank/ Branch/ City	Investment Amount

***If single investment, please write "scheme name". If multiple investment the Cheque is drawn in favour of "Bank of India Mutual Fund Multiple Scheme Coll AC' dated and dully signed.**
*** The Total Amount, Cheque Amount, and Investment Amount should match.**

REDEMPTION / INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL (IDCW) REMITTANCE (Refer Instruction No. 5)

☐ Electronic Payment (Default option) ☐ Cheque Payment

9 IDCW 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 _____

10 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.	

11 NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate] (Mandatory) (Refer Instruction No. 6)

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)

Investors may nominate up to three nominees. Details are required only for the nominee(s) being registered.

Nominee Details

Fields marked (*) are mandatory for each nominee being registered.

Mandatory Details	Nominee 1	Nominee 2	Nominee 3
Name of nominee*			
Date of Birth of nominee*			
Relationship*			
Name of the Guardian (Applicable if Nominee is Minor)			

Optional Details	Nominee 1	Nominee 2	Nominee 3
Shares of Nominee (%)	_____%	_____%	_____%
Mobile number & E-mail Id (Applicable if Nominee is Minor)	**Mobile number** _____ **Email Id** _____	**Mobile number** _____ **Email Id** _____	**Mobile number** _____ **Email Id** _____
Identity Type : PAN / Aadhaar (Last 4 Digits Only)/ Passport / Others			

NOMINEE DISCLOSURE PREFERENCE

1) I / We wish to have nominee details printed in the Statement of Holding / Statement of Account.

☐ Yes ☐ No

*Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

Signature(s) – As per mode of holding in demat accounts / MF Folio(s) for existing investors

Witness 1	1st holder	2nd holder	3rd holder
Name : Address :			
Witness 2	**1st holder**	**2nd holder**	**3rd holder**
Name : Address :			

Declaration for Opting out of Nomination

I hereby confirm that I do not wish to appoint any nominee(s) to my demat account/ mutual fund folio at this point of time.

I understand that –

(i) The nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.

(ii) In the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).

(iii) If no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

☐ **I / We hereby confirm that I / We have read and understood the above declaration and hereby opt out of nomination.**

12 DECLARATION & SIGNATURES

I/I/We confirm that I/we have read and understood the Statement of Additional Information (SAI)/ Scheme Information Document (SID) of the Scheme and subsequent amendment thereto and agree to the applicable terms and conditions, rules/regulations of the Scheme. I/We declare that I/we are duly authorized to invest, that the funds invested by me/us are from legitimate sources and investment complies with the applicable rules and regulation including Prevention of Money Laundering act and rules framed thereunder. I/We hereby declare that no rebates, gifts, indicative portfolio, or assured returns have been offered and 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. It is expressly understood that I/we have the express authority from our constitutional documents to invest in the units of the Scheme and the AMC/Trustees/Fund would not be responsible if the investment is ultra-vires thereto and the investment is contrary to the relevant constitutional documents. I/We declare that the information provided is true, complete, and correct, and consent to its use for account opening, servicing, regulatory reporting (including FATCA & CRS), and related purposes.

I/We authorize the Fund, its Investment Manager, registrars, and authorized agents to share investment-related information with banks, distributors, brokers, advisors, regulatory authorities, KYC agencies, UIDAI, and other authorized service providers, as required for account operations and regulatory compliance. I/We agree to abide by nomination rules and confirm that this declaration supersedes any prior nominations for the mentioned folio(s).

Applicable to NRIs only: I/We confirm that investments are made from permitted overseas remittances or NRE/NRO/FCNR accounts through approved banking channels.

CERTIFICATION: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby adhere to the same.

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

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

SIP Registration Cum Mandate Form for NACH / Direct Debit / OTM / Multi-Scheme Investment

Bank of India Mutual Fund

PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE ALL FIELDS

1 DISTRIBUTOR INFORMATION

Distributor ARN/ RIA*	Sub Agent ARN Code	EUIN No.	Bank Branch Code/ Sub Broker Code

FOR OFFICE USE ONLY

Sales Code	Date/Time of Receipt

☐ 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. ***RIA/Declaration:** I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/RIA.

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

2 REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / NACH FACILITY

☐ **New SIP Registration*** ☐ **SIP Cancellation** ☐ **SIP Top Up** (*Please provide a cancelled cheque)

3 APPLICANT INFORMATION (Name should be as per the Income Tax records)

PAN NUMBER

Sole / First Investor Name | Folio No.

4 SYSTEMATIC INVESTMENT PLAN DETAILS ☐ SIP ☐ MULTI SIP

Frequency (Please ✓) ☐ Weekly SIP ☐ Monthly SIP

$If single investment, please write "scheme name". If multiple investment the Cheque is drawn in favour of "Bank of India Mutual Fund Multiple Scheme Coll AC" dated and dully signed. The Total Amount, Cheque Amount, and Investment Amount should match.

Scheme Name/Plan/Option	SIP Amount$	SIP Date/Day#	Start Date	End Date**	Top Up Amount$	Top Up Frequency	Top Up End Date**
Bank of India		DD / Day	MMYYYY	MMYYYY		☐ Half Yearly ☐ Yearly	MMYYYY
Bank of India		DD / Day	MMYYYY	MMYYYY		☐ Half Yearly ☐ Yearly	MMYYYY
Bank of India		DD / Day	MMYYYY	MMYYYY		☐ Half Yearly ☐ Yearly	MMYYYY

Payment Details: Cheque Amt _____ Cheque No _____ date _____ drawn on _____

*This facility is applicable only to applications submitted along with a cheque, and the deposition will be processed by the RTA. • Choose a date (1–28) for monthly frequency, defaults to the 10th. For weekly frequency, choose a weekday (Mon–Fri); defaults to Wednesday. • ** SIP tenure can be registered upto a maximum of 40 years. Minimum SIP term should be for 6 months for Monthly SIP. • I/We hereby, authorize Bank of India Mutual Fund to debit my/our following bank account by Auto Debit / NACH Facility for collection of SIP payments.

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

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Bank of India Mutual Fund

DEBIT MANDATE FORM NACH / DIRECT DEBIT / OTM

Tick (✓)
CREATE ☐
MODIFY ☐
CANCEL ☐

UMRN FOR OFFICE USE ONLY Date DD MM YYYY

Sponsor Bank Code: For Office use only Utility Code: For Office use only

I/We hereby authorize **Bank of India Mutual Fund** to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank: Name of customers bank IFSC or MICR

an amount of Rupees: Amount in words ₹

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

Reference 1 Phone No.

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 DD MM YYYY

To DD MM YYYY

Maximum period of validity of this mandate is 40 years only.

Signature Primary Account holder | Signature of Account holder | Signature of Account holder

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.

Date DD MM YYYY

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. Investor Name

Scheme Name (Scheme Name)

Stamp & Signature