

1 DISTRIBUTOR INFORMATION

*with effect from January 1, 2013

6574

Name & Agent Code

BOI AXA SIP Shield

Please read the instructions carefully, before filling up the application form.

Sub-Agent Name & Code/ Bank Branch Code

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section '1' of instructions)





FOR OFFICE USE ONLY

Registrar

Serial No.

Date/Time

of Receipt

Application No:

(Refer Instruction No. 1)

MO Code

PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE MANDATORY (MARKED*) FIELDS

UIN No.*

 $mutual fund investor) \ will be \ deducted from your subscription amount and paid directly to the \ distributor. Units will be issued against the \ balance \ amount invested.$

Up front 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.

In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time

EUIN- E019976

CO Code

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Applications with Third Party Cheques, prefunded instrument Payment Declaration form is available on www.boiaxa-im.com #w.e.f. January 1, 2013 or such other date as may prescribe approval(s).	m or at BOI AXA Mutual F	und branch offices.			·					
DECLARATION OF GOOD HEALTH (Mandatory R	Requirement)						(Re	fer Inst	ruction No	ο.
Please tick (✓) For Either Yes or No – Otherwise The	Application Will Be	Invalid								_
Have you within the last 2 years taken any form of med Have you within the last two years consulted any media I understand and agree that the answers to the questions in the knowledge and belief. I authorize any medical practitioner, host Dai-ichi Life Insurance Company Limited any information rel I understand and agree that failure to answer any question in the Date of Birth Da	ical practitioner for any this Declaration of Goo spital, employer, institu lating to my health or r	condition other than d Health are true and tion or any other pers ny employment now	minor impairment of complete to the be on, to disclose to State or at any time in the	such as colost of my ar Union e future.	d or flu?			+=	Yes Yes	N
	Place			V		Signature	of Life Assu	red		
Name of the Nominee & Address of (s)	Date of Birth (Mandatory)		ddress of the Guardia n case the Nominee i		Relations	hip with Nominee		of Nomi	nee/ Guard is minor)	ian
The holder of a policy of life insurance on his own life, may, wh shall be paid in the event of his death. Where such nominee is a Please note that this nomination will be register for insurance.	a minor, the policy hold	· · · · · · · · · · · · · · · · · · ·						* .	-	ро
DECLARATION AND SIGNATURE(S)							(R	efer Ins	truction I	۷o
I/We have read and understood the contents of the Schem "Prevention of Money Laundering". I/We hereby apply for Allo authorised to make this investment and that the amount inves Act, Rules, Regulations, Notifications or Directions issued by investment to my bank(s)/BOI AXA Mutual Fund's bank(s) and investment. I/We declare that the information given in this apply I/We are aware that the information provided/collected i data/information with any third party as may be required by Bo	otment/Purchase of Un sted in the Scheme is the oy any regulatory autho d/or Distributor / Broke plication form is correct in this application for OI AXA Mutual Fund for	its in the Scheme and rough legitimate sou rity in India. I/We he r/Investment Adviso c, complete and truly s n is necessary in re	agree to abide by the rees only and does not be authorise BOI Ar. I/We have neither tated. I ation to operation	eterms and ot involve a AXA Mutual received no of my/ou	d conditions ap and is not desig I Fund, its Inve or been induced ir investment a ning, continuin	oplicable thereto. Ined for the purpo stment Manager d by any rebate or account. I/We hay and operating n	I/We hereby d se of any contra and its agents gifts, directly o ereby give con	eclare the avention to discle rindirect sent for	nat I/We an or evasion ose details tly, in makin sharing mount/folio.	n/ of of ng
I am informed about the arrangement between BOI AXA Mutu and hereby wish to avail the insurance cover.	ual Fund and the Insura	nce company and ab	out the Master Polic	y Documen	t. I understand	l that i am eligible	to avail cover	under su	ch arrange	71111
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FOR MORE INFORMATION



D D M M Y Y Y Y Amount (₹)

SIP SHIELD AUTO DEBIT FACILITY: REGISTRATION CUM MANDATE



Acknowledgement Stamp

INVESTORS SUBSCRIBING TO THE SCHEME THROUGH SIP AUTO DERIT FACILITY TO COMPLETE THIS FORM COMPILISORILY ALONGWITH COMMON SIP SHIFLD FORM

Application should be submitted atleast For terms & conditions refer overleaf	30 days be	fore p	roces	sing o	of Mont	thly S	IP SHII	ELD								Аp	plic	atio	n No) :							
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Drawn on Bank and Branch