

TRANSACTION FORM

For Existing Investors Only

1. DISTRIBUTOR INFORMATION (Refer Section 1 under instructions)				FOR OFFICE USE ONLY	
Distributor ARN/ RIA	Sub Agent ARN Code	EUIN No.	Bank Branch Code/ Sub Broker Code	Sales Code	Date/Time of Receipt

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.

☐ 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 st applicant/Guardian/ Authorised Signatory/POA	2 nd applicant/Authorised Signatory	3 rd applicant/Authorised Signatory
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• Country of Birth / Citizenship / Nationality or Tax Residency, other than India, for any applicant? (✓): ☐ Yes / ☐ No (Mandatory to ✓). If Yes, please fill FATCA Declaration.
• Non Individual investors should mandatorily fill separate FATCA & UBO Declarations

2. UNIT HOLDER DETAILS (MANDATORY) (Please fill in BLOCK Letters) (Refer Section 2 under instructions)			
Name of Sole /First Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.		EXISTING FOLIO NO.	
1 st Applicant	Permanent Account Number (PAN)	CKYC identification Number (KIN No)	KYC Proof Enclosed
2 nd Applicant			<input type="checkbox"/>
3 rd Applicant			<input type="checkbox"/>
Guardian			<input type="checkbox"/>
Legal Entity Identifier (LEI)			(Refer Section 8 under instructions)

3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under instructions)			
Scheme Name			
Plan	Option	<input type="checkbox"/> STP (Increase the additional purchase is for continuation of existing STP)	
Investment Amount	DD Charges	Net Amount	
Cheque/DD No	Cheque/DD Date	Drawn on Bank	
Branch Name	A/c Type [please ✓] <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR		
UMRN No			

• Cheque should be in favour of the scheme name. • Third Party & O/S cheques will not be accepted and transaction is liable to be rejected.
• Refer SID/ SAI. • Investment should be through the bank account registered with us.

4. SWITCH REQUEST (Refer Section 4 under instructions)			
From	Scheme	To	Scheme
	Plan/ Option		Plan/ Option
	IDCW Sub Option		IDCW Sub Option
	IDCW Frequency		IDCW Frequency
Amount	OR Number of Units		OR <input type="checkbox"/> All units (Please ✓)

5. REDEMPTION REQUEST (Refer Section 5 under instructions)			
Scheme	Plan	Option	
Amount	OR Number of Units	OR <input type="checkbox"/> All units (Please ✓)	

6. CHANGE OF CONTACT DETAILS			
Tel No.	STD Code	Res.	Off.
1 st Applicant	Mobile No.	Email ID	Fax

7. DECLARATION AND SIGNATURE(S) (Mandatory - If left blank, application will be rejected) (Refer Section 7 under instructions)			
<p>I/We have read and understood the contents of the Scheme Information Document(s) 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's bank(s) 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>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>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.</p> <p>I/we authorize Bank of India Mutual Fund, 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. 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>			
SIGNATURE(S)			DATE
1 st applicant/Guardian/Authorised Signatory/POA			D D M M Y Y
2 nd applicant/Authorised Signatory			
3 rd applicant/Authorised Signatory			

TEAR HERE

TRANSACTION FORM - ACKNOWLEDGEMENT

To be filled in by the Investor

Folio No.

Transaction Details (Please ✓)

☐ ADDITIONAL PURCHASE REQUEST
☐ CHANGE OF CONTACT DETAILS

☐ SWITCH REQUEST

☐ REDEMPTION REQUEST

Stamp Signature & Date