

COMMON APPLICATION FORM - FIXED INCOME

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

Application No: _____

1. DISTRIBUTOR INFORMATION (Refer Instruction No 1)		FOR OFFICE USE ONLY		
Name & Agent Code	Sub-Agent Name & Code	Bank/Branch Name & Serial No.	Registrar Serial No.	Date/Time of Receipt
35275				

2. INFORMATION OF EXISTING UNIT HOLDER	(For existing Investors, please mention the Folio Number & go directly to Section 7 (Scheme Details). Note that Applicant Details and Mode of Holding will be as per existing Folio Number) (Refer Instruction No 2)
Folio No. <input type="text"/>	

Please read the instructions carefully, before filling up the application form. Use this form if you are making the first time investment.

3. APPLICANT INFORMATION (Refer Instruction No 3)	
Name of Sole /First Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	Date of Birth <input type="text"/>
<input type="text"/>	
PAN <input type="text"/>	<input type="checkbox"/> Attested PAN Proof enclosed KYC Compliant Status (Mandatory for Rs. 50,000 & above) (If yes, attach proof) : <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Second Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	Date of Birth <input type="text"/>
<input type="text"/>	
L A S T N A M E	
PAN <input type="text"/>	<input type="checkbox"/> Attested PAN Proof enclosed KYC Compliant Status (Mandatory for Rs. 50,000 & above) (If yes, attach proof) : <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Third Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	Date of Birth <input type="text"/>
<input type="text"/>	
L A S T N A M E	
PAN <input type="text"/>	<input type="checkbox"/> Attested PAN Proof enclosed KYC Compliant Status (Mandatory for Rs. 50,000 & above) (If yes, attach proof) : <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Guardian/Contact Person* Relationship with MINOR <input type="text"/>	Minors Date of Birth <input type="text"/>
<input type="text"/>	
L A S T N A M E	
PAN <input type="text"/>	<input type="checkbox"/> Attested PAN Proof enclosed KYC Compliant Status (Mandatory for Rs. 50,000 & above) (If yes, attach proof) : <input type="checkbox"/> YES <input type="checkbox"/> NO

Mode of Holding <input type="checkbox"/> Single <input type="checkbox"/> Joint ¹ <input type="checkbox"/> Anyone or Survivor ^(Default)
Status <input type="checkbox"/> Resident individual <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Company / Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Listed Company <input type="checkbox"/> Partnership <input type="checkbox"/> Flls <input type="checkbox"/> Bank / FI <input type="checkbox"/> AOP / BOI <input type="checkbox"/> Club / Society <input type="checkbox"/> Minor <input type="checkbox"/> NGO <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Government Body <input type="checkbox"/> HUF <input type="checkbox"/> Others _____
Occupation <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector / Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____

4. FIRST APPLICANT'S CONTACT INFORMATION (Refer Instruction No 4)	
Correspondence Address of Sole/First Applicant (P.O. Box alone may not be sufficient)	
<input type="text"/>	<input type="text"/>
City <input type="text"/>	State <input type="text"/> Pin code <input type="text"/>
Overseas Address # (mandatory for NRI/FII applicant). (P.O. Box alone may not be sufficient)	
<input type="text"/>	<input type="text"/>
City <input type="text"/>	Country <input type="text"/> Pin code <input type="text"/>

Document proof for foreign address to be provided (self certified copy of bank account statement/Passbook will serve as proof of address. Incase the documents are in foreign language, the same to be translated to English and certified by Govt. authorities in the country of residence or the Indian Embassy.

Contact Details				
Tel No.	STD Code	Res.	Off.	Fax
1 st Applicant	Mobile No.		Email ID	
2 nd Applicant	Mobile No.		Email ID	
3 rd Applicant	Mobile No.		Email ID	

5. EMAIL COMMUNICATION (Refer Instruction No 5)	
I/We wish to receive the following document via e-mail in lieu of physical document(s) [Please ✓]	<input type="checkbox"/> Account Statement <input type="checkbox"/> News Letter <input type="checkbox"/> Annual Report <input type="checkbox"/> Other Statutory Information

Application No: _____

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from: Mr. / Ms. / M/s _____ an application for allotment of units under scheme _____ Plan _____
 Option _____ Cheque/DD No _____ Dated ____/____/____
 Amount (Rs.) _____ Drawn on Bank and Branch _____
 Checklist Investments Details Bank Mandate Attested PAN Card Copy KYC Details

Please note: All purchases are subject to realization of cheques/Demand Drafts.

Collection Centre's Stamp & Receipt Date and Time

6. BANK ACCOUNT DETAILS (Refer Instruction No 6) (* Mandatory - If left blank, application will be rejected) (Refer Instruction No 6)

A/c Type [please ✓] Saving Current NRO NRE FCNR

Account No

Bank Name

Branch City Pin

IFSC Code* (mandatory for credit via NEFT/RTGS) (11 Character code appearing on your cheque leaf.)

MICR Code* (9 Digit No. next to your Cheque Number) **(Please attach blank cancelled cheque/Copy of cheque)**

Direct credit facility is available for redemption/dividend proceeds. However, if you wish to receive a cheque payout, please tick here (✓)

Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓)

7. SCHEME DETAILS (Refer Instruction No 7)

Scheme Name	Plan	Option	Dividend Frequency (Pls Mark the frequency only for Dividend Option)	Sub Option ^(Payout option available Only for Monthly frequency)
<input type="checkbox"/> Bharti AXA Liquid Fund	<input type="checkbox"/> Retail	<input type="radio"/> Growth <input type="radio"/> Dividend	<input checked="" type="radio"/> Weekly	<input checked="" type="radio"/> Reinvest
	<input type="checkbox"/> Institutional	<input type="radio"/> Growth <input type="radio"/> Dividend	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout ²
	<input type="checkbox"/> Super Institutional	<input type="radio"/> Growth <input type="radio"/> Dividend	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout ²
<input type="checkbox"/> Bharti AXA Treasury Plus	<input type="checkbox"/> Retail	<input type="radio"/> Growth <input type="radio"/> Dividend	<input checked="" type="radio"/> Weekly	<input checked="" type="radio"/> Reinvest
	<input type="checkbox"/> Institutional	<input type="radio"/> Growth <input type="radio"/> Dividend	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout ²

8. INVESTMENT & PAYMENT DETAILS (Refer Instruction No 8)

Investment Amount DD Charges Net Amount

Cheque/DD No Cheque/DD Date Drawn on Bank

Branch Name A/c Type [please ✓] Saving Current NRO NRE FCNR

• 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.
• Separate cheque/demand draft is required for investment in each scheme/plan)

9. NOMINATION DETAILS (Please cross out this section if you do not wish to nominate) (Refer Instruction No 9)

I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my Folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

Nominee's Name Mr. Ms. Relationship (Mandatory In case of Minor) Date of Birth

Name of Guardian (In case Nominee is a Minor (Other than the Applicant))

Mailing Address

City Pin

Signature of Guardian/ Nominee

10. DECLARATION AND SIGNATURE(S) (Refer Instruction No 10) (* Mandatory - If left blank, application will be rejected)

I/We have read and understood the contents of the Offer Document of the above Scheme of Bharti AXA 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 Bharti AXA Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Bharti AXA 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.

Applicable to NRI only: I/We confirm that I am/we are Non-Resident of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/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/FCNR Account.

DATE

SIGNATURE(S)

1st applicant/Guardian/Authorised Signatory/POA

2nd applicant/Guardian/Authorised Signatory/POA

3rd applicant/Guardian/Authorised Signatory/POA

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/Authorised signatory/Notary Public.)

Documents	Ind	Co.	Soc.	Partnership Firms	Investment through POA	Trusts	NRI	Fils
Resolution/ Authorisation to invest		✓	✓			✓		✓
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓
Memorandum & Articles of Association		✓						
Trust Deed						✓		
Bye-laws			✓					
Partnership Deed				✓				
Notarised POA					✓			
Bank confirmation of Non Resident Account Type / FIRC/ Approval from FIPB							✓	
KYC Acknowledgement (If application for Rs. 50,000 or above)	✓	✓	✓	✓	✓	✓	✓	✓
PAN Card	✓	✓	✓	✓	✓	✓	✓	✓

For more information visit us at
www.bharti-axa-im.com

Email us at
service@bharti-axa-im.com

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1-800-1032-263