

COMMON APPLICATION FORM

Bharti AXA Equity Fund
Bharti AXA Tax Advantage Fund
Bharti AXA Focused Infrastructure Fund



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

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

Application No: _____

1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1)			FOR OFFICE USE ONLY	
Name & Agent Code ARN-13308	Sub-Agent Name & Code	Bank/Branch Name & Serial No.	Registrar Serial No.	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 services rendered by the distributor.				
2. INFORMATION OF EXISTING INVESTOR (For existing Investors / Zero Balance Folio Holders, 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. / ZERO Balance Folio Number			(*Mandatory for all investors)	
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	
FIRST NAME		MIDDLE NAME	LAST NAME	
Documents Enclosed [^] <input type="checkbox"/> Micro SIP <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC [~] PAN* _____				
Name of Guardian/ Name of the Contact Person Designation [†]		Relationship with MINOR		
FIRST NAME		LAST NAME		
Documents Enclosed [^] <input type="checkbox"/> Micro SIP <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC [~] PAN* _____				
Name of Second Applicant		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	Date of Birth	
FIRST NAME		MIDDLE NAME	LAST NAME	
Documents Enclosed [^] <input type="checkbox"/> Micro SIP <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC [~] PAN* _____				
Name of Third Applicant		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	Date of Birth	
FIRST NAME		MIDDLE NAME	LAST NAME	
Documents Enclosed [^] <input type="checkbox"/> Micro SIP <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC [~] PAN* _____				
*Please mention the contact person in case of Non-individual [~] KYC - Mandatory for investments of ₹ 50,000/- and above, for certain category of investors, mandatory irrespective of transaction value (Refer Instruction No. 13) [^] For Micro SIP refer instruction No. 5 to 7 of Special Product Form				
Mode of Holding <input type="checkbox"/> Single <input type="checkbox"/> Joint [‡] <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)				
City _____ State _____ Pin code _____				
Overseas Address # (mandatory for NRI/FII applicant). (P.O. Box alone may not be sufficient)				
City _____ Country _____ Pin code _____				
# 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*	

*Mobile number is mandatory to enable us to communicate with you better *Email ID compulsory for ECO Plan

5. EMAIL COMMUNICATION INFORMATION (Investors in ECO Plan will be compulsorily communicated via Email only) (Refer Instruction No. 5)

I/We wish to receive the following document(s) via e-mail in lieu of physical document(s) [Please ()] Account Statement News Letter Annual Report Other Statutory Information

PERSONAL IDENTIFICATION NUMBER (PIN) (Please ✓)

I would like to apply for a PIN* (PIN will allow you to access your account / transact online subject to the Terms & Conditions for online transaction facility given in this form / as available on the AMC website from time to time. Please sign on the PIN Agreement Form attached and submit it alongwith this Common Application Form.



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 (₹) _____ Drawn on Bank and Branch _____

Checklist Investment Details Bank Mandate Attested PAN Card Copy KYC Details

Please note: All purchases 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.

Collection Centre's Stamp & Receipt Date and Time

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

A/c Type [please] Saving Current NRO NRE FCNR Others (Please Specify) _____

Bank Name

Account No

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 for investors having HDFC Bank Account.

IN CASE INVESTOR WISH TO RECEIVE A CHEQUE
 (instead of a direct credit into their bank account), please indicate the preference below:
 I/We want to receive the redemption and dividend proceeds (if any) by way of a cheque. please (For multiple bank registration, use multiple bank account registration form

7. SCHEME DETAILS (Refer Instruction No. 7)

Scheme Name : _____

Investment In	Plan	In case of Dividend Option	
		Option	Dividend Sub-Option
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP (please fill the SIP Form)			

8. DIVIDEND TRANSFER FACILITY (Please to select this facility) (Refer Instruction No. 8)

This facility is available only under Dividend Payout option if the unit holder chooses to transfer the amount of the dividend receivable by them into any of the open ended schemes.

9. INVESTMENT & PAYMENT DETAILS (Refer Instruction No 9)

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

• 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 plan of a scheme. Further for different mode of payments specified declaration should be provided as mentioned in instruction no. 9

10. NOMINATION DETAILS (Refer Instruction No. 10)

I/ we do wish to nominate as under: I/ we do not wish to nominate.

Name & Address of Nominee(s)	Date of Birth	Name & Address of the Guardian	Signature of Guardian	Proportion (%) by which the unit will be shared by each Nominee (should aggregate to 100%)
(To be furnished in case the Nominee is a Minor)				
1.				
2.				
3.				

11. BENEFICIAL OWNER (Refer Instruction No. 13 b)

I am / we are the Beneficial Owners of the Units that will be allotted pursuant to this Application - Yes No
 (If No, indicate name of Beneficial Owner _____)
 (Note: If the response is not completed, it is assumed that you are the Beneficial Owner)

12. DECLARATION AND SIGNATURE(S) (Refer Instruction No. 11)

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information 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 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.

DATE

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.

SIGNATURE(S)

Solo/1 st applicant/Guardian/Authorised Signatory/POA	2 nd applicant/Guardian/Authorised Signatory/POA	3 rd applicant/Guardian/Authorised Signatory/POA
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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
PAN Card (not required for Micro SIP)							
KYC Acknowledgement*							
Resolution/ Authorisation to invest							
List of authorised signatories with specimen signatures							
Memorandum & Articles of Association							
Trust Deed							
Bye-laws							
Partnership Deed							
Notorised POA (signed by investor and POA Holder)							

*Please refer instruction no. 13 for further details

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

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

Call us at (Toll Free) | Alternate Number
1-800-1032-263 | 020-4011 2300