

# COMMON APPLICATION FORM

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

**bharti** **AXA**  
Investment Managers

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	Sub-Agent Name & Code	Bank/Branch Name & Serial No.	Registrar Serial No.	Date/Time of Receipt
ARN-13308				
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				
3. APPLICANT INFORMATION (Refer Instruction No. 3)				
Name of Sole /First Applicant			Date of Birth	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			DD MM YY	
FIRST NAME			MIDDLE NAME	
LAST NAME				
Documents Enclosed <sup>A</sup>			PAN*	
<input type="checkbox"/> Micro SIP			<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC	
Name of Guardian/ Name of the Contact Person Designation <sup>*</sup>			Relationship with MINOR	
FIRST NAME			MIDDLE NAME	
LAST NAME				
Documents Enclosed <sup>A</sup>			PAN*	
<input type="checkbox"/> Micro SIP			<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC	
Name of Second Applicant			Date of Birth	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			DD MM YY	
FIRST NAME			MIDDLE NAME	
LAST NAME				
Documents Enclosed <sup>A</sup>			PAN*	
<input type="checkbox"/> Micro SIP			<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC	
Name of Third Applicant			Date of Birth	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			DD MM YY	
FIRST NAME			MIDDLE NAME	
LAST NAME				
Documents Enclosed <sup>A</sup>			PAN*	
<input type="checkbox"/> Micro SIP			<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC	
<sup>A</sup> Please mention the contact person in case of Non-individual <sup>KYC</sup> - Mandatory for investments of ₹ 50,000/- and above, for certain category of investors, mandatory irrespective of transaction value (Refer Instruction No. 13) <sup>For Micro SIP refer instruction No. 5 to 7 of Special Product Form</sup>				
Mode of Holding				
<input type="checkbox"/> Single <input type="checkbox"/> Joint <sup>1</sup> <input type="checkbox"/> Anyone or Survivor <sup>(Default)</sup>				
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 <sup>st</sup> Applicant		Mobile No.	Email ID*	
2 <sup>nd</sup> Applicant		Mobile No.	Email ID*	
3 <sup>rd</sup> 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 ( )]				
<input type="checkbox"/> Account Statement <input type="checkbox"/> News Letter <input type="checkbox"/> Annual Report <input type="checkbox"/> Other Statutory Information				
PERSONAL IDENTIFICATION NUMBER (PIN) (Please ✓)				
<input type="checkbox"/> I would like to apply for a PIN <sup>1</sup> (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 along with this Common Application Form.				



Investment Managers

**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.



Email us at

service@bharti-axa-im.com



Website

www.bharti-axa-im.com



Call us at (Toll Free)

1-800-1032-263



Alternate Number

020-4011 2300

Application No:

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.

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.

DATE

SIGNATURE(S)

Sole/1 <sup>st</sup> applicant/Guardian/Authorised Signatory/POA	2 <sup>nd</sup> applicant/Guardian/Authorised Signatory/POA	3 <sup>rd</sup> 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)

1-800-1032-263

Alternate Number

020-4011 2300

EQUITY-KIM/011210

# SIP AUTO DEBIT FACILITY : REGISTRATION CUM MANDATE FORM

INVESTORS SUBSCRIBING TO THE SCHEME THROUGH SIP AUTO DEBIT FACILITY TO COMPLETE THIS FORM COMPULSORILY ALONGWITH COMMON APPLICATION FORM

Application should be submitted atleast 30 days (for Monthly SIPs) and 15 days (for Daily SIPs) before the 1<sup>st</sup> Debit Clearing date. For terms & conditions refer overleaf

Application No: \_\_\_\_\_

## 1. DISTRIBUTOR INFORMATION

## FOR OFFICE USE ONLY

Name & Agent Code	Sub-Agent Name & Code	Bank/Branch Name & Serial No.	Registrar Serial No.	Date/Time of Receipt
ARN-13308				

Please any one only ☐ **SIP Registration - by Existing Investor** (Please do not fill the Application Form) ☐ **SIP Registration - by New Investor** (Complete the Application Form compulsorily alongwith this form.) ☐ **Micro SIP** (Refer Point No. 15 to 17)

**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. INVESTOR DETAILS (Please refer Point No. 15 to 17 for Micro SIP)

(For Existing Investor / Zero Balance Folio Holders please mention Folio Number / For New Applicants please mention the Application Form Number) (\*Mandatory for all investors) (Please the enclosures)  
(\*mandatory for investments equal to or greater than ₹ 50,000/- except for certain category of investors mandatory irrespective of transaction value (Refer Instruction No. 13 of main Application Form))

Folio No. / Application No. / Zero Balance Folio No. \_\_\_\_\_

Name of 1st Applicant / \_\_\_\_\_

Documents Enclosed ☐ Micro SIP ☐ PAN Proof ☐ KYC\* ☐ PAN\* \_\_\_\_\_

Name of 2nd Applicant / \_\_\_\_\_

Documents Enclosed ☐ Micro SIP ☐ PAN Proof ☐ KYC\* ☐ PAN\* \_\_\_\_\_

Name of 3rd Applicant / \_\_\_\_\_

Documents Enclosed ☐ Micro SIP ☐ PAN Proof ☐ KYC\* ☐ PAN\* \_\_\_\_\_

Name of Father/ Guardian in case of Minor \_\_\_\_\_

Documents Enclosed ☐ Micro SIP ☐ PAN Proof ☐ KYC\* ☐ PAN\* \_\_\_\_\_

## 3. SIP DETAILS (First SIP cheque and subsequent via Auto Debit Facility in select cities only)

Scheme Name	Plan	Option
Sub Option	Dividend Frequency	

Please refer the scheme specific SID and SAL to know the Plan, Option & Sub-Options related information.

Frequency (please ) ☐ Monthly SIP Date : ☐ 1st ☐ 7th\* ☐ 10th ☐ 15th ☐ 20th ☐ 25th (\*Default date is 7th) ☐ Daily\*

Instalment Amount (In figures) \_\_\_\_\_ Enrolment Period From\*\* D D M M Y Y Y Y To D D M M Y Y Y Y

Drawn on Bank /Branch Name \_\_\_\_\_

\*Daily SIP facility is currently available only with following banks: HDFC Bank, IDBI Bank, Kotak Mahindra Bank, IndusInd Bank, Bank of Baroda for all locations. For Mumbai, Delhi, Kolkatta, Chennai Daily SIP shall be accepted in all Banks.  
\*\*Minimum SIP term should be for 6 months for monthly SIP & 1 month for Daily SIP.

## 4. PARTICULARS OF BANK ACCOUNT (Refer instruction under B overleaf)

Name of 1st Account Holder \_\_\_\_\_

Name of 1st Joint Holder \_\_\_\_\_

Name of 2nd Joint Holder \_\_\_\_\_

Name of Bank & Branch \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_

Account No. \_\_\_\_\_

9 digit MICR Code (Mandatory) \_\_\_\_\_ (This is 9 digit number next to the cheque number)

IFSC Code \_\_\_\_\_

**Please provide a copy of cancelled cheque leaf from an Auto Debit eligible bank (Mandatory)**

Account Type (Please )	
Savings <input type="checkbox"/>	NRO <input type="checkbox"/>
Current <input type="checkbox"/>	NRE / FCNR <input type="checkbox"/>

**DECLARATION & SIGNATURE:** 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.

<b>SIGNATURE (S)</b> (as in Bank records)	Sole/1 <sup>st</sup> applicant/Guardian/Authorised Signatory/POA	2 <sup>nd</sup> applicant/Guardian/Authorised Signatory/POA	3 <sup>rd</sup> applicant/Guardian/Authorised Signatory/POA
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## 5. BANKER'S ATTESTATION

Certified that the signature of account holder and the Details of Bank account are correct as per our records

Signature of authorised Official from Bank (Bank stamp and date)

Signature verification request (To be retained by the Customers Bank)

## The Branch Manager

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Date D D M M Y Y

Sub : Mandate verification for A/c. No.

This is to inform you that I/We have registered for making payment towards my investments in Bharti AXA Mutual Fund by debit to my /our above account directly or through ECS (Debit Clearing). I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.

Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

Thanking you,  
Yours sincerely

<b>SIGNATURE (S)</b> (as in Bank records)	Sole/1 <sup>st</sup> applicant/Guardian/Authorised Signatory/POA	2 <sup>nd</sup> applicant/Guardian/Authorised Signatory/POA	3 <sup>rd</sup> applicant/Guardian/Authorised Signatory/POA
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