



**5 APPLICANT'S DETAILS** (Refer Instruction No. 2(b)) (#Refer Instruction No. 2(b)9) (\* Mandatory)

**SECOND APPLICANT'S DETAILS**  Mr.  Ms. | Nationality  Country of Birth  Mobile\* +91

Name (2<sup>nd</sup>) (Name should be as per PAN)

Email ID\*

**THIRD APPLICANT'S DETAILS**  Mr.  Ms. | Nationality  Country of Birth  Mobile\* +91

Name (3<sup>rd</sup>) (Name should be as per PAN)

Email ID\*

**6 ADDITIONAL KYC DETAILS** (Refer Instruction No. 2(c))

Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatory/ Partners/ Directors/ Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

**Non-Individual Investors involved/ providing any of the mentioned services**  Foreign Exchange / Money Changer Services  Gaming / Gambling / Lottery / Casino Services  
 Money Lending / Pawning  None of the above

Gross Annual Income Range (in ₹)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Gross Annual Income Range (in ₹)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Network in ₹ (Mandatory for Non Individual) (not older than 1 year)  as on DD MM YYYY

I/we wish to receive the following document(s) physically in lieu of Email.  Account Statement  News Letter  Annual Report  Other Statutory Information

**7 FATCA & CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification)** (Refer Instruction No. 14)

The below information is required for all applicant(s)/ guardian

**Address Type:**  Residential or Business  Residential  Business  Registered Office (for address mentioned in form/existing address appearing in Folio)

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the applicant(s)/ guardian's Country of Birth/ Citizenship/ Nationality/ Tax Residency other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information [mandatory]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information [mandatory]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information [mandatory]
Place/ City of Birth			
Country of Birth			
Country of Tax Residency			
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

**8 BANK ACCOUNT DETAILS - Mandatory (Payout Bank - If left blank, application will be rejected)** (Refer Instruction No. 3)

Name of the Bank

Account Number  A/C Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  Others

Branch Address

City  State  PIN Code

MICR Code  (Please enter the 9 digit number that appears after your cheque number)

IFSC Code (RTGS/NEFT)  (11 Character code appearing on your cheque leaf)

Cancelled copy of a cheque required in case of investments not through cheque

**FOR MORE INFORMATION**

**Bank of India Mutual Fund**

Add: B/204, Tower 1, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400013

Call us at (Toll Free)  
1800-266-2676 & 1800-103-2263

Email us at  
service@boimf.in

Website  
www.boimf.in

**9 SCHEME AND PAYMENT DETAILS (Payment through Cash/Non-MICR Cheques/Outstation Cheques not accepted) (Refer Instruction No.4 & 8)**

<b>Scheme Name</b>	<b>Bank of India Consumption Fund</b>	<b>Plan</b>	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<b>Option</b>	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> IDCW Payout
Investment Amount (₹)		DD Charges if any (₹)		Net Amount (₹)	
Cheque/ DD No.	Drawn Bank			Branch/City	
Account Type*	<input type="checkbox"/> S/B <input type="checkbox"/> NRE* <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR*	*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) evidencing source of funds			
Please (✓)	<input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Letter dated	D	D	M	M
UTR/ Reference no.		Y	Y	Bank A/c No.	

**REDEMPTION / DIVIDEND REMITTANCE (Refer Instruction No. 5)**

Electronic Payment (It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/destination branch corresponding to the Bank details.)

Cheque Payment

**10 DIVIDEND TRANSFER FACILITY (Please tick to select this facility) (Refer Instruction No.4(e)(4))**

This facility is available only under Transfer of Income Distribution cum capital withdrawal plan (IDCW Transfer) if the unit holder chooses to transfer the amount of the dividend receivable by them into any of the open ended scheme - Target Scheme \_\_\_\_\_

**11 DEMAT ACCOUNT DETAILS – (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). (If Demat Account details are provided below, units will be allotted by default in electronic mode only) (Refer Instruction No. 10)**

National Securities Depository Limited (NSDL)	DP Name	
	DP ID No.	I N
		Beneficiary Account No.
Central Depository Services (India) Limited (CDSL)	DP Name	
	Target ID No.	

**12 NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate] (Mandatory) (Refer Instruction No. 6)**

I/We wish to nominate as under: \*Proof for Minor Nominee:  Birth Certificate  School Leaving Certificate  Passport  Others

Name and Address of Nominee(s) (IN CAPITALS)*	PAN	Relationship of Nominee with Unitholder*	Date of Birth (Birth proof to be attached)*	Name of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)*
(to be furnished in case the Nominee is a minor)*						
Nominee 1						
Nominee 2						
Nominee 3						

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

**POA holder cannot nominate.**

\_\_\_\_\_ **First / Sole Applicant** \_\_\_\_\_ **Second Applicant** \_\_\_\_\_ **Third Applicant**

**13 DECLARATION**

<p>I/We have read and understood the contents of the Scheme Information Document 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 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>I/We are aware that the information provided/collected in this application form is necessary in relation to operation of my/our investment account. I/We hereby give consent for sharing my/our data/information with any third party as may be required by Bank of India Mutual Fund for the purpose of providing services to me/us or for opening, continuing and operating my/our investment account/folio.</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 by the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.</p> <p>I/We request Bank of India Mutual Fund to update my/our following details for the above Folios. I/we authorize 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. In case of any correction/change in name/address/mobile number/date of birth etc. recorded with UIDAI, please update the change with UIDAI's Aadhaar Self Service Update Portal, currently, <a href="https://ssup.uidai.gov.in/web/guest/update">https://ssup.uidai.gov.in/web/guest/update</a> and also with Bank of India MF.</p> <p>I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/ AMC/ ITS DISTRIBUTOR FOR THIS INVESTMENT.</p> <p>I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.</p> <p><b>Applicable to NRI only:</b> 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><b>CERTIFICATION:</b> I/ We have understood the information requirements of this Form (read along with the FATCA &amp; CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/ We also confirm that I / We have read and understood the FATCA &amp; CRS Terms and Conditions above and hereby accept the same.</p>	<p>(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)</p>	
	<p>First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory</p> <p>➔</p>	<p>Second Applicant/ Authorised Signatory</p> <p>➔</p>
	<p>Third Applicant/ Authorised Signatory</p> <p>➔</p>	



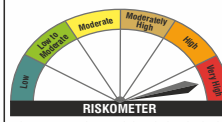
**Bank of India Consumption Fund**  
(An open ended equity scheme following consumption theme)

**APPLICATION SUPPORTED BY  
BLOCKED AMOUNT (ASBA) FORM**

**THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING\*:**

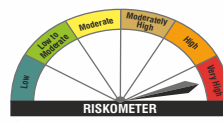
- Long term capital appreciation.
- An equity scheme investing in equity & equity related securities of companies engaged in consumption and consumption related sector or allied sectors.

**Scheme Riskometer**



Investors understand that their principal will be at very high risk

**Benchmark Riskometer (as applicable)**



Benchmark riskometer is at very high risk  
As per AMFI, Tier I Benchmark is Nifty India Consumption TRI.



\*Investor should consult their financial advisor if they are not clear about the suitability of the product.

**PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND ALL FIELDS ARE MANDATORY**

**Application No:**

**1 DISTRIBUTOR INFORMATION**

BROKER / AGENT INFORMATION			FOR OFFICE USE ONLY			
ARN Code & Name	Sub Distributor / Branch Code	EUIN	SCSB	SCSB IFSC Code	Syndicate Member Code	SI No.

\* The purpose of EUIN is to capture the identification of the sale person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory". However in case of any exception cases where there is no such interaction the investor can keep EUIN box blank and sign the following declaration.

"I/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 managers/sales person of the distributor/sub broker."

Sole/1 <sup>st</sup> applicant/Guardian	2 <sup>nd</sup> applicant	3 <sup>rd</sup> applicant
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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.

**2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY**

In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

- I confirm that I am a First time investor across Mutual Funds.  
 I confirm that I am an existing investor in Mutual Funds.

**3 APPLICANT(S) INFORMATION**

Name of First / Sole Applicant (Name should be as per PAN)	Mr. Ms. M/s.	F I R S T	N A M E	PAN
Name of Second Applicant (Name should be as per PAN)	Mr. Ms. M/s.	F I R S T	N A M E	PAN
Name of Third Applicant (Name should be as per PAN)	Mr. Ms. M/s.	F I R S T	N A M E	PAN

Legal Entity Identifier (LEI) \_\_\_\_\_ (Refer Instruction No. 18)

Status of First/ Sole Applicant  Individual  Non - Individual [For Non - individual - please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction No. 14 & 15) (Mandatory)

Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  PIO  Company  Minor through guardian  BOI  OCI  Body Corporate  LLP  Society / Club  Foreign National Resident in India  FPI  Sole Proprietorship  Non Profit Organisation  Others \_\_\_\_\_ (please specify)

**4 BANK ACCOUNT DETAILS FOR BLOCKING OF FUNDS**

Name of the Bank \_\_\_\_\_

Total Amount to be blocked (₹ in figures) \_\_\_\_\_ Total Amount to be blocked (₹ in words) \_\_\_\_\_

₹ \_\_\_\_\_ (₹ in words) \_\_\_\_\_

Account Number \_\_\_\_\_ A/C Type (Please ✓)  Savings  NRE  Current  NRO  FCNR

Branch Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PIN Code \_\_\_\_\_

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

(Please enter the 9 digit number that appears after your cheque number) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your Bank)

**5 INVESTMENT DETAILS**

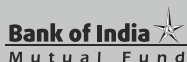
Scheme Name Bank of India Consumption Fund Plan  Regular  Direct  Option  Growth  IDCW Reinvestment  IDCW Payout

**6 DEMAT ACCOUNT DETAILS**

National Securities Depository Limited (NSDL) DP Name \_\_\_\_\_ DP ID No. I N \_\_\_\_\_ Beneficiary Account No. \_\_\_\_\_

Central Depository Services (India) Limited (CDSL) DP Name \_\_\_\_\_ Target ID No. \_\_\_\_\_

NFO Opens : November 29, 2024 | NFO Closes : December 13, 2024



**ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)**

**Application No:**

Scheme Name	Bank of India Consumption Fund											
Plan	<input type="checkbox"/> Regular		<input type="checkbox"/> Direct									
Received from	Mr. Ms. M/s.											
Account No.						Amount in ₹						Figures
Amount in Words						Words						
Bank Name						Branch Name						

Date	D	D	M	M	Y	Y	Y	Y
Stamp, Signature & Date								

## 7 UNDERTAKING BY ASBA INVESTOR AND ACCOUNT HOLDER

1. I/ We hereby undertake that, I/ we have read and understood the instructions contained in this Form and Terms and Conditions concerning ASBA as contained in the Scheme Information Document (SID) / Key Information Memorandum (KIM) of the above mentioned Scheme and Statement of Additional Information (SAI) of Bank of India Mutual Fund. Further, I/we understand that if the details as provided by me/us in this Form are different from those in the NFO Application Form, then in such a case; the information as provided by me/us herein will be relied upon. I/we further confirm and undertake that I am/ we are eligible ASBA applicants(s) as per the relevant provisions of the SEBI (Issue of Capital and Disclosure Requirement) Regulations, 2009.
2. In accordance with provisions of ASBA in the SEBI ICDR Regulations, 2009 and as disclosed in the SAI, I/We authorize:
  - a. the SCSB to do all acts as are necessary to make an application in the New Fund Offer of above mentioned Scheme, including uploading of application details, blocking the amount to the extent mentioned above under "DETAILS OF BANK ACCOUNT FOR BLOCKING OF FUNDS" or unblocking of funds in the bank account maintained with the SCSB specified above, transfer of funds to the Bank of India Mutual Fund's account on receipt of instructions from the Registrar to Bank of India Mutual Fund after finalisation of the basis of allotment, entitling me/us to receive mutual fund units on such transfer of funds, etc.
  - b. Registrar to issue instructions to the SCSB to unblock the funds in the bank account specified above upon finalisation of the basis of allotment and to transfer the requisite money to the Bank of India Mutual Fund's account.
3. In case the amount available in the bank account specified above is insufficient, the SCSB shall reject the application.
4. If the DP ID, Beneficiary or PAN is not provided by me/us or the details on the same as furnished in the form are incorrect or incomplete or not matching with the depository records, my/ our application shall be rejected and Mutual Fund or SCSB shall not be liable for losses, if any.
5. All future communication in connection with NFO should be addressed to the SCSB/RTA/AMC quoting the full name of the Sole/First Applicant, NFO Application Number, ASBA Application Number, Depository Account details [if it has been provided], Amount applied for and the account number from where NFO amount was blocked. 4) 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 NRIs only: I/We confirm that I am/we are non-resident of Indian Nationality/origin and I/we hereby confirm that the funds for subscription, have been remitted from abroad through normal banking channels or from funds in my/our non-resident external/ordinary account/FCNR account. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgement etc. of any regulation, including SEBI. I/We am/are confirm that my application is in compliance with applicable Indian and Foreign laws.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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### INSTRUCTIONS FOR FILLING ASBA APPLICATION FORM

1. An Application Supported by Blocked Amount (ASBA) investor shall submit a duly filled up ASBA Application form, physically or electronically, to the Self Certified Syndicate Bank (SCSB) with whom the bank account to be blocked, is maintained.
  - In case of ASBA application form in physical mode, the investor shall submit the ASBA Application Form at the Bank branch of SCSB, which is designated for the purpose and the investor must be holding a bank account with such SCSB.
  - In case of ASBA application form in electronic form, the investor shall submit the ASBA Application Form either through the internet banking facility available with the SCSB, or such other electronically enabled mechanism for subscribing to units of Mutual Fund scheme authorising SCSB to block the subscription money in a bank account.
2. Investors shall correctly mention the Bank Account number in the ASBA Application Form and ensure that funds equal to the subscription amount are available in the bank account maintained with the SCSB before submitting the same to the designated branch.
3. ASBA facility is currently available only to those investors who wish to hold the units in the dematerialized form.
4. Upon submission of an ASBA Application Form with the SCSB, whether in physical or electronic mode, investor shall be deemed to have agreed to block the entire subscription amount specified and authorized the Designated Branch to block such amount in the Bank Account.
5. On the basis of an authorisation given by the account holder in the ASBA Application Form, the SCSB shall block the subscription money in the Bank Account specified in the ASBA Application Form. The subscription money shall remain blocked in the Bank Account till allotment of units under the scheme or till rejection of the application, as the case may be.
6. If the Bank Account specified in the ASBA Application Form does not have sufficient credit balance to meet the subscription money, the ASBA application shall be rejected by the SCSB.
7. The ASBA Application Form should not be accompanied by cheque, demand draft or any mode of payment other than authorisation to block subscription amount in the Bank Account.
8. All grievances relating to the ASBA facility may be addressed to the BANK/AMC / RTA to the Issue, with a copy to the SCSB, giving full details such as name, address of the applicant, subscription amount blocked on application, bank account number and the Designated Branch or the collection centre of the SCSB where the ASBA Application Form was submitted by the Investor.
9. ASBA facility extended to investors shall operate in accordance with the SEBI guidelines in force from time to time.
10. Name of the First accountholder in bank to be the first unitholder in folio. If the name is not matched the application will be rejected and amount to be refunded if any.
11. Demat/Non-Demat Mode:
  1. Investor can hold units in demat/ non-demat mode. In case investor did not provide demat account details or details of DP ID/BO ID, provided by the investor, is incorrect or demat account is not activated or not in active status, the units would be allotted in non demat mode.
  2. The investor can dematerialize his/her holdings in non demat mode. Similarly, investor can rematerialize holdings in demat mode. All expenses in connection with conversion from demat to remat mode or remat to demat mode will have to be incurred by the investors.
  3. Allotment letters would be sent to investors who are allotted units in demat mode and Statement of Accounts would be sent to investors who are allotted units in non demat mode.
12. SCSB means Self Certified Syndicate Bank registered with the SEBI, which offers the facility of ASBA. The current list of SCSBs as available on [www.sebi.gov.in](http://www.sebi.gov.in), [www.bseindia.com](http://www.bseindia.com) and [www.nseindia.com](http://www.nseindia.com).

## FOR MORE INFORMATION

Call us at (Toll Free)  
1800-103-2263 & 1800-266-2676

Email us at  
[service@boimf.in](mailto:service@boimf.in)

Website  
[www.boimf.in](http://www.boimf.in)

## REGISTRAR & TRANSFER AGENT

KFIN Technologies Limited

Selenium, Tower B, Plot number 31 & 32 | Financial  
District Gachibowli | Hyderabad 500 008 | India.



# AUTO SWITCH FORM (Applicable during New Fund Offer Period only)

PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND ALL FIELDS ARE MANDATORY

Investors must read Instructions before completing this Form.

1 DISTRIBUTOR INFORMATION						FOR OFFICE USE ONLY	
Distributor ARN/ RIA	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO 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.

I/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 <sup>st</sup> applicant/Guardian/ Authorised Signatory/POA	2 <sup>nd</sup> applicant/Authorised Signatory	3 <sup>rd</sup> applicant/Authorised Signatory
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2 FOLIO DETAILS											
Folio No.											

3 PARTICULARS OF APPLICANT											
Unitholding Option	<input type="checkbox"/> Demat Mode	<input type="checkbox"/> Physical Mode	(Refer Instruction No. 11)								

4 DEMAT ACCOUNT DETAILS – (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). (If Demat Account details are provided below units will be allotted by default in electronic mode only)											
---	--	--	--	--	--	--	--	--	--	--	--

National Securities Depository Limited (NSDL)	DP Name																				
	DP ID No.	I	N									Beneficiary Account No.									
Central Depository Services (India) Limited (CDSL)	DP Name																				
	Target ID No.																				

**FIRST APPLICANT'S DETAILS**     Mr.     Ms.     M/s

Name (1<sup>st</sup>)   

**NAME OF GUARDIAN (in case of First/ Sole Applicant is a Minor)/ NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)/ POA HOLDER/ SOLE PROPRIETOR DETAILS**

Mr.     Ms.     M/s   

**SECOND APPLICANT'S DETAILS**     Mr.     Ms.

Name (2<sup>nd</sup>)   

**THIRD APPLICANT'S DETAILS**     Mr.     Ms.

Name (3<sup>rd</sup>)   

6 AUTO SWITCH FACILITY (Refer Instruction No. 4. Please refer respective SID/KIM for product labelling)											
From Scheme (Transferor) Scheme/Plan/Option _____											
I/ We would like to Auto Switch Rs. _____ or <input type="checkbox"/> All Units on closure date of NFO											
To Scheme (Transferee) Bank of India Consumption Fund (Plan) _____ Option _____											

7 DECLARATION & SIGNATURE/S											
<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 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><b>Applicable to NRI only:</b> 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>											
First/Sole Unit holder / Guardian				Second Unit holder				Third Unit holder			

## ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)

Folio No.											
Received from	Mr.	Ms.	M/s.								
Auto Switch Rs. _____ or <input type="checkbox"/> All Units on closure date of NFO											
From Scheme _____ Plan _____ Option _____											
To Scheme Bank of India Consumption Fund (Plan) _____ Option _____											

Stamp, Signature & Date
-------------------------

## INSTRUCTIONS FOR AUTO SWITCH

- (1) Auto Switch facility is a Special facility available to the investors having invested in Specified Schemes of Bank of India Mutual Fund only during the New Fund Offering (NFO) period whereby investors can switch their units from such Specified Schemes at the specified date during the NFO Period.
- (2) Auto Switch out facility is available only for Bank of India Liquid Fund, Bank of India Ultra Short Duration Fund, Bank of India Arbitrage Fund and Bank of India Overnight Fund.
- (3) Unit holders are advised to read the Statement of Additional Information (SAI), Scheme Information Document (SID) and Key Information Memorandum (KIM) of the Scheme which is available at all the Investor Service Centers (ISC), brokers/ distributors and on our website <http://www.boimf.in> carefully before investing.
- (4) This Auto Switch Form can be used only by the investors having invested in eligible/ specified schemes of Bank of India Mutual Fund to switch their units. Bank of India Mutual Fund reserves the right to extend or limit the said facility on such terms and conditions as may be decided from time to time. For eligible/ specified transferor scheme please refer to SID.
- (5) Existing unit holders having investments in Schemes other than mentioned above and wish to switch their investments have to fill up a separate Switch Form.
- (6) The application for Auto Switch will be processed on the closing day of the NFO.
- (7) All valid Auto Switch request would be treated as switchout/ redemption for the Transferor Scheme.
- (8) The units from the Specified Transferor Scheme will be switched, subject to provisions mentioned in the Scheme Information Document of the Transferor Scheme. The units in the Transferee Scheme will be allotted at the NFO Price of the Scheme on the Specified Schemes allotment date.
- (9) Unitholders are required to maintain clear balance in accordance with amount specified in the Auto Switch Application Form on the execution date. In case of insufficient balance in the account/ folio, the application for Auto Switch will be rejected.
- (10) Unit holders should note that Unit holders' details and mode of holding (single, joint, anyone or survivor) in the Transferee Scheme will be as per the folio number of the Transferor Scheme. Units will be allotted under the same folio number.
- (11) The Unit holders are given an Option to hold the units by way of an Account Statement or in Dematerialized ('Demat') form. Unit holders opting to hold the units in demat form must provide their Demat Account details in the specified section of the application form. The Unit holder intending to hold the units in Demat form are required to have a beneficiary account with the DP (registered with NSDL / CDSL as may be indicated by the Fund at the time of launch of the Plan) and will be required to indicate in the application the DP's name, DP ID Number and the beneficiary account number of the applicant with the DP. In case Unit holders do not provide their Demat Account details, an Account Statement shall be sent to them. Such investors will not be able to trade on the stock exchange till the holdings are converted in to demat form.
- (12) For Direct Investments, please mention "Direct" in the column "Name & Broker Code/ ARN".
- (13) This facility will not be available for units which are under any Lien/Pledged or any lock-in period.
- (14) The application is subject to detailed scrutiny and verification. Applications which are not complete in all respect are liable for rejection either at the collection point itself or subsequently after detailed scrutiny/ verification at the back office of the Registrar.
- (15) Bank of India Mutual Fund reserves the right to withdraw this amend or withdraw this facility or change the procedures from time to time.
- (16) Investors are requested to clearly mention the Plan and the Option in which investment is to be made. In case of any ambiguity, the application will be liable to be rejected. In the absence of clear indication as to the choice of Option (Growth or IDCW Payout), by default, the units will be allotted under the Growth Option of the Plan.
- (17) Employee Unique Identification Number (EUID) would assist in tackling the problem of mis-selling even if the employee/ relationship manager/ sales person leave the employment of the distributor.

### FOR MORE INFORMATION

Call us at (Toll Free)

1800-103-2263 & 1800-266-2676

Email us at  
[service@boimf.in](mailto:service@boimf.in)

Website  
[www.boimf.in](http://www.boimf.in)

### REGISTRAR & TRANSFER AGENT

KFIN Technologies Limited

Karvy Selenium, Tower B, Plot number 31 & 32 | Financial District Gachibowli | Hyderabad 500 008 | India.



# FOR NON-INDIVIDUALS - SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & SELF CERTIFICATION FORM



Name of the entity

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office  
 \*Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes\*

Folio Number  /  /

PAN  Date of incorporation

City of incorporation  Country of incorporation

Entity Constitution Type (Please tick as appropriate)  Partnership Firm  HUF  Private Limited Company  Public Limited Company  Society  AOP/BOI  Trust  Liquidator  
 Limited Liability Partnership  Artificial Juridical Person  Others  specify

**Please tick the applicable tax resident declaration:**

1. Is "Entity" a tax resident of any country other than India  Yes  No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number%	Identification Type (TIN or Other, please specify)

In case Tax Identification Number is not available, kindly provide its functional equivalent\$.  
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

**ADDITIONAL KYC INFORMATION**

Gross Annual Income (Rs.)  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore

**OR**

Net-worth (Mandatory for Non-Individuals) ₹  as on           (Not older than 1 year)

Politically Exposed Person (PEP) Status\* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)  PEP  Related to PEP  Not Applicable

Is the entity involved in any of the mentioned services: (Please tick as appropriate)  
 Foreign exchange/ Money changer  Gaming/ Gambling/ Lottery (Casinos, betting syndicates)  
 Money lending/ Pawning  Not applicable

\*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

**FATCA & CRS Declaration** (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

**PART A** (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Financial institution<sup>6</sup>

**OR**

Direct reporting NFE<sup>7</sup> (please tick as appropriate)

GIIN

**Note:** If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

GIIN not available (please tick as applicable) If the entity is a financial institution,  Applied for  Not required to apply for - please specify 2 digits sub-category<sup>10</sup>    Not obtained - Non-participating FI

**PART B** (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity of a publicly traded company <sup>2</sup> (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company <b>or</b> <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active NFE <sup>3</sup>	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive NFE <sup>4</sup>	Yes <input type="checkbox"/> Nature of Business <input type="text"/>

<sup>1</sup>Refer 2a of Part C | <sup>2</sup>Refer 2b of Part C | <sup>3</sup>Refer 2c of Part C | <sup>4</sup>Refer 3(ii) of Part C | <sup>6</sup>Refer 1 of Part C | <sup>7</sup>Refer 3(vii) of Part C | <sup>10</sup>Refer 1A of Part C



## PART C FATCA Instructions & Definitions

### 1 Financial Institution (FI) - The term FI means any financial institution that is a Depository Institution Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of
  - (i) The three financial years preceding the year in which determination is made; or
  - (ii) The period during which the entity has been in existence, whichever is less.
- Investment entity is any entity:
  - That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
    - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
    - (ii) Individual and collective portfolio management; or
    - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

or

- The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :

- (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
- (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c.)

- Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

#### FI not required to apply for GIIN:

##### A. Reasons why FI not required to apply for GIIN:

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

### 2. Non-financial entity (NFE) - Foreign entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

#### a. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

#### b. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

### c. Active NFE : (is any one of the following):

Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank , or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE that fulfills all of the following requirements: <ul style="list-style-type: none"> <li>• It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> <li>• It is exempt from income tax in India;</li> <li>• It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> </ul> The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof. Explanation - For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:- (I) an Investor Protection Fund referred to in clause (23EA); (II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and (III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;

### 3. Other definitions

#### (i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

#### (ii) Passive NFE

The term passive NFE means

- (i) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or
  - (ii) an investment entity defined in clause (b) of these instructions
  - (iii) a withholding foreign partnership or withholding foreign trust;
- (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

#### (iii) Passive income

The term passive income includes income by way of :

- (1) Dividends,
- (2) Interest
- (3) Income equivalent to interest,

## PART D FATCA Instructions & Definitions (Contd.)

- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE
- (5) Annuities
- (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
- (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
- (8) The excess of foreign currency gains over foreign currency losses
- (9) Net income from swaps
- (10) Amounts received under cash value insurance contracts

But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

### (iv) Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settl or, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

- i. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;  
or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institutions shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

### (A) Controlling Person Type:

Code	Sub-category
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangement-trust-trustee
06	CP of legal arrangement-trust-protector
07	CP of legal arrangement-trust-beneficiary
08	CP of legal arrangement-trust-other
09	CP of legal arrangement-Other-settlor equivalent
10	CP of legal arrangement-Other-trustee equivalent
11	CP of legal arrangement-Other-protector equivalent
12	CP of legal arrangement-Other-beneficiary equivalent
13	CP of legal arrangement-Other-other equivalent
14	Unknown

### (v) Specified U.S. person – A U.S. person other than the following:

- (i) a corporation the stock of which is regularly traded on one or more established securities markets;
- (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (iii) the United States or any wholly owned agency or instrumentality thereof;
- (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;

- (v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
- (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- (x) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
- (xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- (xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
- (xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

### (vi) Owner documented FFI

An FFI meets the following requirements:

- (a) The FFI is an FFI solely because it is an investment entity;
- (b) The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
- (c) The FFI does not maintain a financial account for any non participating FFI;
- (d) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- (e) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

### (vii) Direct reporting NFE

A direct reporting NFFE means a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

### (viii) Exemption code for U.S. persons

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

## FOR MORE INFORMATION

### Bank of India Mutual Fund

Add: B/204, Tower 1, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400013

Call us at (Toll Free)  
1800-266-2676 & 1800-103-2263

Email us at  
service@boimf.in

Website  
www.boimf.in

# DECLARATION FORM OF ULTIMATE BENEFICIAL OWNERSHIP [UBO] / CONTROLLING PERSONS

(Mandatory for Non-individual Investors)

I: Investor details:											
Investor Name											
Folio											
PAN											* If PAN is not available, specify Folio No. (s)

II: Category	
<input type="checkbox"/>	Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].
Name of the Stock Exchange where it is listed#: _____	
Security ISIN# _____	
Name of the Listed Company (applicable if the investor is subsidiary/associate): _____	
#mandatory in case of Listed company or subsidiary of the Listed Company	
<input type="checkbox"/>	Unlisted Company
<input type="checkbox"/>	Partnership Firm / LLP
<input type="checkbox"/>	Unincorporated association / body of individuals
<input type="checkbox"/>	Public Charitable Trust
<input type="checkbox"/>	Private Trust
<input type="checkbox"/>	Religious Trust
<input type="checkbox"/>	Trust created by a Will
<input type="checkbox"/>	Others [please specify] _____

UBO / Controlling Person(s) details	
Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.	
If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.	

	UBO-1 / Senior Managing Official (SMO)	UBO - 2	UBO - 3																								
Name of the UBO/SMO#.																											
UBO / SMO PAN#. For Foreign National, TIN to be provided]																											
% of beneficial interest#.	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>																								
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UBO / SMO Identity Type																											
UBO / SMO Place & Country of Birth#	Place of Birth: Country of Birth:	Place of Birth: Country of Birth:	Place of Birth: Country of Birth:																								
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UBO / SMO Date of Birth [dd-mmm-yyyy] #	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
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UBO / SMO PEP#	Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP <input type="checkbox"/>	Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP <input type="checkbox"/>	Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP <input type="checkbox"/>																								
UBO / SMO Address [include City, Pincode, State, Country]	Address:  City:  Pincode:  State:  Country:	Address:  City:  Pincode:  State:  Country:	Address:  City:  Pincode:  State:  Country:																								

UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
UBO / SMO Father's Name			
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
SMO Designation#			
UBO / SMO KYC Complied?	Yes <input type="checkbox"/> No. <input type="checkbox"/> If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes <input type="checkbox"/> No. <input type="checkbox"/> If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes <input type="checkbox"/> No. <input type="checkbox"/> If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.

# Mandatory column. Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory. \* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

#### Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [CAMS/Bank of India Mutual Fund/ Bank of India Investment Managers Pvt. Ltd] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/tax authorities.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
Name:	Name:	Name:
Designation:	Designation:	Designation:

Place \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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#### Instructions on Controlling Persons / Ultimate Beneficial Owner

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

#### A. For Investors other than individuals or trusts:

(i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:

- more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
- more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership.
- more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

(ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.

(iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

#### B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

#### C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

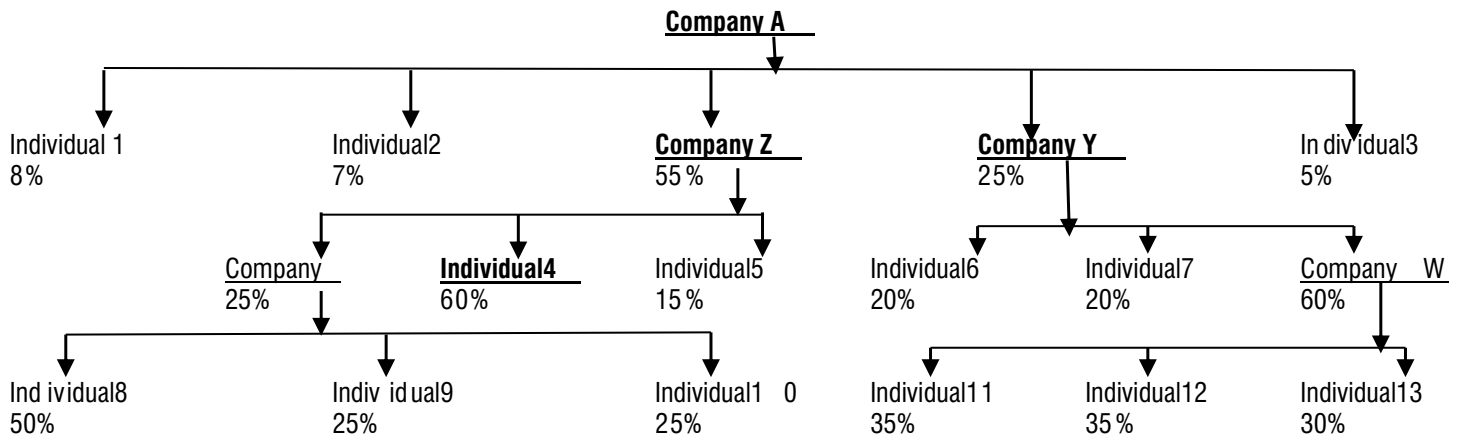
#### D. KYC requirements

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).



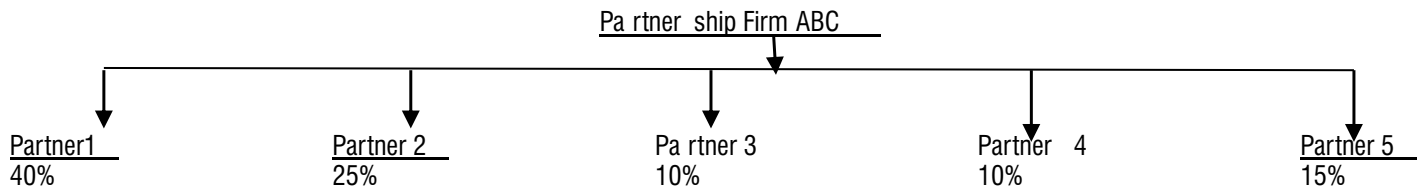
## Sample Illustrations for ascertaining beneficial owner

### Illustration No. 1 – Company A



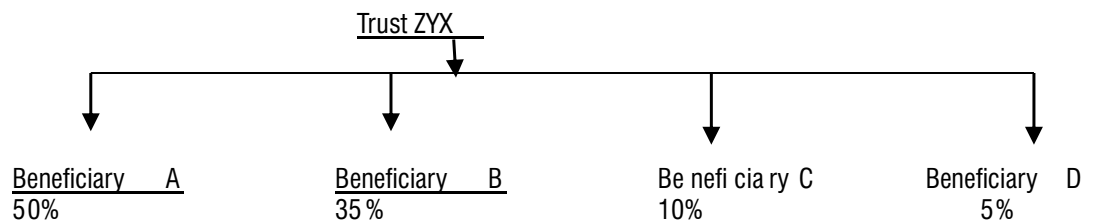
For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 33% in Company A. Hence details of Individual 4 must be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

### Illustration No. 2 – Partner ABC



For Partnership Firm ABC, Partners 1, 2 and 5 are considered as UBO as each of them holds  $\geq 15\%$  of capital. KYC proof of these partners needs to be submitted including shareholding.

### Illustration No. 3 – Trustee ZYX



For Trust ZYX, Beneficiaries A, B and C are considered as UBO as they are entitled to get benefitted for  $> 10\%$  of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust/ Protector of Trust, relevant information to be provided along with the proof indicated.

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**Know Your Client (KYC)**  
**Application Form (For Individuals Only)**



CDSL VENTURES LIMITED  
....Exploring New Horizons



Please fill the form in ENGLISH and in BLOCK letters  
Fields marked \* are mandatory  
Fields marked † are pertaining to CKYC and mandatory only if processing CKYC also

Application Number: \_\_\_\_\_

Application Type\*:  New KYC  Modification KYC

**KYC Mode\*:** Please Tick (✓)  
 Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline EKYC  Digilocker

**1. Identity Details** (please refer guidelines overleaf)

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name<sup>†</sup> (if any) \_\_\_\_\_

Fathers/Spouse's Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender\*  Male  Female  Transgender

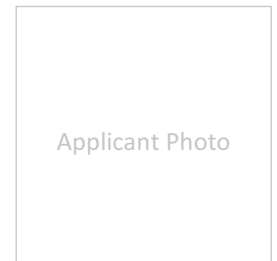
Marital Status\*  Single  Married

Nationality\*  Indian  Other \_\_\_\_\_

Residential Status\*  Resident Individual  Non Resident Indian

Please Tick (✓)  Foreign National  Person of Indian Origin

(Passport mandatory for NRIs, PIOs and Foreign Nationals)



Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A — Aadhaar Card XXXX XXXX \_\_\_\_/\_\_\_\_/\_\_\_\_

B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

C — Voter ID Card \_\_\_\_\_

D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

E — NREGA Job Card \_\_\_\_\_

F — NPR \_\_\_\_\_

Z — Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**2. Address Details\*** (please refer guidelines overleaf)

**A. Correspondence/ Local Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

	Applicant e-SIGN

**B. Permanent residence address of applicant, if different from above A / Overseas Address\* (Mandatory for NRI Applicant)**

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/

Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card      XXXX XXXX \_\_\_\_ \_\_\_\_

B — Passport Number      \_\_\_\_\_ (Expiry Date) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

C — Voter ID Card      \_\_\_\_\_

D — Driving License      \_\_\_\_\_ (Expiry Date) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E — NREGA Job Card      \_\_\_\_\_

F — NPR Letter      \_\_\_\_\_

Z — Others      \_\_\_\_\_ (any document notified by Central Government)

Identification Number      \_\_\_\_\_

**3. Contact Details**

Email ID \_\_\_\_\_

Mobile No. \_\_\_\_ - \_\_\_\_\_

Tel (off) \_\_\_\_ - \_\_\_\_\_      Tel (Res) \_\_\_\_ - \_\_\_\_\_

**4. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only**

In-Person Verification (IPV) carried out by\*

Intermediary Details\*

IPV Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Emp. Name \_\_\_\_\_

Emp. Code \_\_\_\_\_

Emp. Designation \_\_\_\_\_

Self certified document copies received (OVD)

True Copies of documents received (Attested)

AMC / Intermediary Name :

Employee Signature and Stamp

Institution Name and Stamp