## **COMMON APPLICATION FORM**

Amount (₹)\_

Checklist

\_ Drawn on Bank and Branch

Scheme Information Document and Statement of Additional Information.

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

Bharti AXA Liquid Fund, Bharti AXA Treasury Advantage Fund Bharti AXA Short Term Income Fund and Bharti AXA Regular Return Fund



Investment Managers PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE MANDATORY (MARKED\*) FIELDS **Application No:** Please read the instructions carefully, before filling up the application form. 1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1) **FOR OFFICE USE ONLY** Sub-Agent Name & Code Name & Agent Code Bank/Branch Name & Serial No Registrar Serial No Date/Time of Receipt Ganesh S. Shanbhad ARN – 0988 | 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 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section '1' of instructions) In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from your subscription amount and paid directly to the distributor. Units will be issued against the balance amount invested.  $(For\ existing\ Investors\ /\ Zero\ Balance\ Folio\ Holders,\ please\ mention\ the\ Folio\ Number\ \&\ go\ directly\ to\ Section\ 7\ (Scheme\ Folio\ Number\ \&\ go\ directly\ to\ Section\ 7\ (Scheme\ Folio\ Number\ \&\ go\ directly\ to\ Section\ 7\ (Scheme\ Folio\ Number\ \&\ go\ directly\ to\ Section\ 7\ (Scheme\ Folio\ Number\ \&\ go\ directly\ to\ Section\ 7\ (Scheme\ Folio\ Number\ \&\ go\ directly\ to\ Section\ 7\ (Scheme\ Folio\ Number\ \&\ go\ directly\ to\ Section\ 7\ (Scheme\ Folio\ Number\ \&\ go\ directly\ to\ Section\ 7\ (Scheme\ Folio\ Number\ \&\ go\ directly\ to\ Section\ 7\ (Scheme\ Folio\ Number\ \&\ go\ directly\ to\ Section\ 7\ (Scheme\ Folio\ Number\ \&\ go\ directly\ to\ Section\ 7\ (Scheme\ Folio\ Number\ \&\ go\ directly\ to\ Section\ 1)$ 2. INFORMATION OF EXISTING INVESTOR 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 (Existing unit holders holding units in demat form shall provide the demat account details as mentioned below) (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of th **DEMAT ACCOUNT DETAILS** Depository Participant. Refer Instruction No. 2A) Demat Account details are compulsory if demat mode is opted below **Unit Holding Option:** ☐ Physical Mode ☐ Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only) **NSDL:** Depository participant Name I N **CDSI**: Depository participant Name Beneficiary Account No. 3. APPLICANT INFORMATION (Refer Instruction No. 3) Date of Birth Name of Sole /First Applicant ☐ Mr. ☐ Ms. **Documents Enclosed^** Micro SIP ☐ PAN Proof ☐ KYC PAN<sup>3</sup> Relationship with MINOR Name of Guardian/ Name of the Contact Person Designation **Documents Enclosed<sup>^</sup>** ☐ Micro SIP ☐ PAN Proof PAN\* Date of Birth Name of Second Applicant Mr. Ms. Ms. Documents Enclosed<sup>^</sup> ☐ Micro SIP □ PAN Proof □ KYC<sup>\*</sup> PAN<sup>3</sup> **Name of Third Applicant** Date of Birth **Documents Enclosed^** Micro SIP. □ PAN Proof ☐ KYC PAN\* "Please mention the contact person in case of Non-individual KYC - Refer Instruction No. 12 ^For Micro SIP refer instruction No. 5 to 8 of Special Product Form Mode of Holding **Status Occupation** Resident Individual NRI/PIO Company/ Body Corporate Trust Listed Company Partnership FIIs Bank/ FI AOP / BOI Single Private Sector Service Public Sector/ Government Service Business Professional Agriculturist Retired Joint1 Anyone or Survivor Club/ Society Minor NGO Defence Defence Establishment Housewife Student Forex Dealer Government Body HUF Others (1Default) 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 Pin code Overseas Address # (mandatory for NRI/FII applicant). (P.O. Box alone may not be sufficient) # Document proof for foreign address to be provided (self certified copy of bank account statement/Passbook will serve as proof of address. the same to be translated to English and certified by Govt. authorities in the country of residence or the Indian Embassy. Incase the documents are in foreign language Contact Details | Tel No. STD Code 1<sup>st</sup> Applicant Mobile No. Fmail ID\* 2<sup>nd</sup> Applicant Mobile No. Email ID\* Email ID\* 3rd Applicant Mobile No. Mobile number is mandatory to enable us to communicate with you better \*Email ID compulsory for ECO Plan **5. EMAIL COMMUNICATION INFORMATION** (Refer Instruction No. 5) I/We wish to receive the following document(s) via e-mail in lieu of physical document(s) [Please ( )] Account Statement News Letter Annual Report Other Statutory Information PERSONAL IDENTIFICATION NUMBER (PIN) (Please <) I would like to apply for a PIN' (PIN will allow you to access your account / transact online subject to the Terms & Conditions for online transaction facility given in this form / as available on the AMC website from time to time. Please sign on the PIN Agreement Form attached and submit it along with this Common Application Form. Application No: bhartí Collection Centre's Stamp & **Investment Managers** Receipt Date and Time ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Received from: Mr. / Ms. / M/s\_ an application for allotment of units \_, Option under Scheme Cheque/DD No\_ Dated

ACO TIPO (posses)   Sainty   Current   NRO   NRC   FONR   Others (Please Specify)    Bank Name	6. BANK ACCOUNT DETAILS (Payout Bank) (* Mandatory - If left blank, Application will be rejected) (Refer Instruction No. 6)											
Account No Branch  Bra	A/c Type [please ] Saving	Current NRO	□ NRE □ FC	CNR Others (Pleas	se Specify)							
Branch    Pin   Pi	Bank Name											
Branch    Pin   Pi												
IFSC Code*	Account No											
MICR Code*	Branch		City	y		Pin						
Direct credit facility is available for redemption/dividend proceeds for investors having HDFC Bank Account.  IN CASE MUSTOR WISH TO RECEIVE A CHEQUE please inclicate the predemption below:	IFSC Code* (mandatory for credit via NEFT/RTGS) (11 Character code appearing on your cheque leaf.)											
Direct credit facility is available for redemption/dividend proceeds for investors having HDFC Bank Account.  IN CASE MUSTOR WISH TO RECEIVE A CHEQUE please inclicate the predemption below:	MICR Code*	(9 Digit No. ne	ext to vour Cheque Numbe	r) (Please attach blan	k cancelled cheque/Copy of chequ	ıe)						
Case INVESTOR WISH TO RECEIVE A COLORDY		mption/dividend p	proceeds for investo	rs having HDFC Ban	k Account.	•						
Please   registration from   Please   Please   registration from   Please   Please   Please   registration from   Please   P	IN CASE INVESTOR WISH TO RECEIVE A CH	EQUE		J								
In case of Dividend Option	(instead of a direct credit into their bank accord/We want to receive the redemption and divi	ount), please indicate idend proceeds (if any	the preference below: y) by way of a cheque.	: Please (		use multiple bank account						
Investment In Plan Option Dividend Sub-Option    Lumpsum   (glease fill the SiF Form)	7. SCHEME DETAILS (Refer Instruction	n No. 7)										
Investment In Plan Option Dividend Sub-Option    Lumpsum   (glease fill the SiF Form)	Scheme Name :											
Lumpsum	Conomic Name:				In case of Dividend Option	1						
S. INVESTMENT & PAYMENT DETAILS (Refer Instruction No. 8)   Investment Amount	Investment In	Pla	an	Optio	on Divid	dend Sub-Option						
S. INVESTMENT & PAYMENT DETAILS (Refer Instruction No. 8)   Investment Amount						-						
8. INVESTMENT & PAYMENT DETAILS (Refer Instruction No 8)  Investment Amount												
Cheque/DD No												
Cheque/DD No	O INVESTMENT O DAVMENT DETAILS	Cofor Instruction	No 9)									
Cheque/DD No Cheque/DD Date			· · · · · · · · · · · · · · · · · · ·									
Branch Name	Investment Amount		DD Charges		Net Amount							
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. 8  S. NOMINATION DETAILS (Refer Instruction No. 9)    Very well of with the continuent of the scheme and address of the Guardian   Signature of Guardian   Proportion (%) by which the unit will be shared by each Nominee (should aggregate to 100%)    1.	Cheque/DD No	Cheque/DD Da	ate	Draw	n on Bank							
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9. NOMINATION DETAILS (Refer Instruction No. 9)    I / we do wish to nominate as under:	Branch Name			A/c Type [ple	ease ]Saving Current	」NRO □NRE □FCNR						
Section   Sect					d draft is required for investment in e	ach plan of a scheme.						
I/ we do wish to nominate as under:   I/ we do not wish to nominate.			be provided as mention	ned in instruction no. 8								
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 is a Minor)  1.	`		wish to nominate									
(To be furnished in case the Nominee is a Minor)    1.   2.   3.   10.   BENEFICIAL OWNER (Refer Instruction No. 12 b)   1.   2.   3.   3.   3.   3.   3.   3.   3				of the Guardian	Signature of Guardian	Proportion (%) by which						
1. 2. 3. 10. BENEFICIAL OWNER (Refer Instruction No. 12 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)  (If No, indicate name of Beneficial Owner (Note: If the response is not completed, it is assumed that you are the Beneficial Owner)  11. DECLARATION AND SIGNATURE(S) (Refer Instruction No. 10)  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. Whe have read and understood the contents of the Scheme 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. Whe have read and understood the contents of the Scheme and agree to abide by the terms and conditions applicable thereto. Whe have 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 of Pro India Origin and India Marka Mutual Fund of Pro India Origin and India Marka Mutual Fund of Proving Scheme of Version of Proving India Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NREF/INRO/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 N	rtame a radioss of rtomines(e)	Date of Birth										
2. 3.  10. BENEFICIAL OWNER (Refer Instruction No. 12 b)  "I am / we are the Beneficial Owners of the Units that will be allotted pursuant to this Application -			aggregate to 100%)									
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SIGNATURE(S)	the different competing Schemes of various Mu					AIE DD NI NI Y Y						
	SIGNATURE(S)											
		gnatory/POA 2 <sup>nd</sup> s	applicant/Guardian/	Authorised Signatory/	POA 3 <sup>rd</sup> annlicant/Guardian/	Authorised Signatory/POA						
	I Sole /1 <sup>st</sup> applicant /Guardian /Δuthorised Si	gnatory/POA   2 <sup>nd</sup> a	applicant/Guardian/	Authorised Signatory/	'POA   3 <sup>rd</sup> applicant/Guardian/	Authorised Signatory/POA						

CHECKLIST (Please submit the following documents with your application (where applicable). All documents should be artificial fitting conies Cartified 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)							

For more information visit us at www.bhartiaxa-im.com

Email us at service@bhartiaxa-im.com

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

**Alternate Number**