

# Bank of India Business Cycle Fund

(An open ended equity scheme investing in sector based on its business cycle)

## APPLICATION FORM

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

- Long term capital appreciation.
- Investment in equity and equity related instruments with a focus on navigating business cycles through dynamic allocation between various sectors and stocks at different stages of business cycles in the economy.

### 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 500 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**

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

**Application No:**

1 DISTRIBUTOR INFORMATION (Refer Instruction No. 1)				FOR OFFICE USE ONLY	
Distributor ARN/ RIA	Sub Agent ARN Code	EUIN No.	Bank Branch Code/ Sub Broker 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 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. 1(a))	
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.	<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. <input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds.

3 EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number and proceed to Scheme and Payment Details] (Refer Instruction No. 2(a))	
Folio No.	

4 MODE OF HOLDING & KIN/ KYC DETAILS (Refer Instruction No. 9(a & b))	
<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default)	
Permanent Account Number (PAN)	KYC Identification Number (KIN)
First Applicant	<input type="checkbox"/> PAN/ KYC Proof Enclosed
Second Applicant	<input type="checkbox"/> PAN/ KYC Proof Enclosed
Third Applicant	<input type="checkbox"/> PAN/ KYC Proof Enclosed
Guardian (in case Minor)	<input type="checkbox"/> PAN/ KYC Proof Enclosed

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

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

Name (1<sup>st</sup>) (Name should be as per PAN) \_\_\_\_\_

Date of Birth\* 

D	D	M	M	Y	Y
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 Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_

Status of First/ Sole Applicant [Please tick (✓)]  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) \_\_\_\_\_

LEI No. \_\_\_\_\_ (Refer Instruction No. 17) Expiry Date: 

DD	MM	YYYY
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(Mandatory for Non - Individuals transacting / proposing to transact for an amount of Rs. 50 crores or more)

#### \* Trust/Societies/Section 8 companies to give below declaration

We are a "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).  YES  NO

If yes, please quote Registration No. of Darpan portal of Niti Aayog. (If not registered already, please register immediately and confirm with the above information)

For Investments "On behalf of Minor"  Birth Certificate  School Certificate  Passport  Other | Relationship with minor  Father  Mother  Legal Guardian

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 \_\_\_\_\_  
Designation \_\_\_\_\_ Mobile +91 \_\_\_\_\_

Please note that your address and contact details will be updated as per your KYC/ CKYC records.

Mailing address \_\_\_\_\_  
Landmark \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Email ID\* \_\_\_\_\_ Mobile\* +91 \_\_\_\_\_ Tel. \_\_\_\_\_

\*I/We hereby declare that the email address and the mobile number provided on the application form belongs to (Please tick (✓) any one from the below options)

Self  Spouse  My Dependents  My Childrens

Please note: In the event that the mobile number or the email id provided herein above does not appear to be the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.

#### Overseas address (for FPIs/ NRIs/ PIOs)

Mailing address \_\_\_\_\_  
Landmark \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**Application No:**

Received from Mr. Ms. M/s. \_\_\_\_\_

An application for purchase under **Bank of India Business Cycle Fund**.

Cheques / Drafts are subject to realisation.

Investment Amount (₹) \_\_\_\_\_

Plan  Regular  Direct

Stamp, Signature & Date

NFO Opens : August 09, 2024 | NFO Closes : August 23, 2024

**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

