



BOB MUTUAL FUND

105, Maker Chambers III, 10th Floor,
Nariman Point, Mumbai - 400 021.
Tel. : 022-2285 3323 - 26, 2285 2161 • Fax : 2288 0009
E-mail : bobamc@bobmf.com • Website : www.bobmf.com

APPLICATION NO. :

APPLICATION FORM

ARN and Name of BOBMF Agent / Broker	Sub-Broker/ Sub-Agent Code	BOBMF ISCs / ISDs Registrar/ BOB Designated Branches	Reference No. (To be filled by Registrar)	Received	
				Date	Time

PARTICULARS OF APPLICANT

Existing A/c No.

Name of 1st Applicant (Mr./Ms./M/s.)

Name of 2nd Applicant (Mr./Ms./M/s.)

Name of 3rd Applicant (Mr./Ms./M/s.)

Local Address

PIN

Name of Guardian *

Tel. No. Fax No.:

Email

Foreign Address (if applicable)

Date of Birth * * Compulsory field incase of Minors

BANK PARTICULARS (Compulsory)

Bank Name	<input type="text"/>											
Address	<input type="text"/>											
	<input type="text"/>											
Account Type (Please ✓)	Current	<input type="checkbox"/>	Saving	<input type="checkbox"/>	NRO	<input type="checkbox"/>	FCNR	<input type="checkbox"/>	NRE	<input type="checkbox"/>	Account No.	<input type="text"/>
Nomination : I wish to nominate the following person / body to receive the amount to my/our credit in the event of my/our death.												
Name of the Nominee	<input type="text"/>										<input type="text"/>	
Relationship / Body	<input type="text"/>	Date of Birth (For individuals only)	<input type="text"/>									
Address of Nominee	<input type="text"/>											



TEAR HERE

ACKNOWLEDGEMENT SLIP



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APPLICATION NO. :

Scheme Name	Plan / Option	Amount (Rs.)	Bank and Branch	<input type="checkbox"/> D.D./ <input type="checkbox"/> Cheque No. & Date
Amount Paid (Rs. in Figures)			Amount Paid (Rs. in Words)	

INVESTMENT DETAILS

I/We would like to invest in the following Scheme of BOB Mutual Fund (Cheque / Demand Draft to be in favour of "BOB ELSS '96")

Scheme Name	Amount (Rs.)	Bank and Branch	D.D./Cheque No. & Date
"BOB ELSS '96"			

Options :
Dividend ☐

Payout ☐

FOR ELECTRONIC CLEARING SERVICE (Only for select centres having ECS)

9 digit MICR Code

Account No.

Ledger No. / Ledger Folio No.

Account type (S.B. Account/Current Account or Cash Credit) with code 10/11/13 (photocopy of cheque to be enclosed)

GENERAL INFORMATION - Please (✓) wherever applicable

Status	Individual <input type="checkbox"/>	Minor through guardian <input type="checkbox"/>	HUF <input type="checkbox"/>
	Partnership <input type="checkbox"/>	Trust/Society <input type="checkbox"/>	Company/Body Corporate /PSU <input type="checkbox"/>
	NRI on Repatriable basis <input type="checkbox"/>	NRI on Non Repatriable basis <input type="checkbox"/>	Others <input type="checkbox"/>
Mode of Holding	Single <input type="checkbox"/>	Joint <input type="checkbox"/>	Either or Survivor <input type="checkbox"/>
Occupation	Self Employed <input type="checkbox"/>	Professional <input type="checkbox"/>	Former or Survivor(s) <input type="checkbox"/>
	Retired <input type="checkbox"/>	Housewife <input type="checkbox"/>	Others <input type="checkbox"/>
Correspondence to	Local Address <input type="checkbox"/>	Service <input type="checkbox"/>	Others <input type="checkbox"/>
		Foreign Address <input type="checkbox"/>	Correspondence (including Statement of Account) Through email only <input type="checkbox"/>

SIGNATURE AND PAN INFORMATION

DECLARATION : I/We have understood the details of the scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment".

Name of 1st Applicant

Mr./Ms./M/s.

PAN (If Investment amount is for Rs. 50,000 or more)	Signature 1st Applicant	
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Name of 2nd Applicant

Mr./Ms./M/s.

PAN (If Investment amount is for Rs. 50,000 or more)	Signature 2nd Applicant	
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Name of 3rd Applicant

Mr./Ms./M/s.

PAN (If Investment amount is for Rs. 50,000 or more)	Signature 3rd Applicant	
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----- ✂ ----- TEAR HERE -----

(To be filled in by the First Applicant / Authorised Signatory) :

Received from Name :

Address :

Stamp
Signature & Date