

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.)

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
<b>ARN-106907</b>				<b>E143763</b>		

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

^I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser:

"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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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**TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY** (Refer Instruction No. 20)

I confirm that I am a first time investor across Mutual Funds. **OR**  I confirm that I am an existing investor in Mutual Funds.

In case the subscription (lumpsum) 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 the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

EXISTING INVESTOR'S FOLIO NUMBER <small>(If you have an existing folio with KYC validated, please mention here and skip to section 6/7.)</small>	INVESTMENT TYPE <small>(Please tick any one)</small>	MODE OF HOLDING <small>(in case of Demat Purchase Mode of Holding should be same as in Demat Account)</small>
<input type="text"/>	<input type="checkbox"/> LUMP SUM <input type="checkbox"/> LUMP SUM WITH SIP <input type="checkbox"/> LUMP SUM WITH STP <input type="checkbox"/> SINGLE CHEQUE MULTIPLE SCHEMES	<input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor

**1 APPLICANT INFORMATION (MANDATORY)** (In case of investment "On behalf of Minor", Please Refer Instruction no. 11.)

<b>FIRST / SOLE APPLICANT</b>	Mr. Ms. M/s.
PAN (Mandatory) <input type="text"/>	Date of Birth <input type="text"/>
Aadhaar No. <input type="text"/>	Mobile No. <input type="text"/>
Address <input type="text"/>	
State <input type="text"/>	
City <input type="text"/>	
Pin Code <input type="text"/>	
Email ID <input type="text"/>	

<b>SECOND APPLICANT</b>	Mr. Ms. M/s.
PAN (Mandatory) <input type="text"/>	Date of Birth <input type="text"/>
Aadhaar No. <input type="text"/>	Mobile No. <input type="text"/>

<b>THIRD APPLICANT</b>	Mr. Ms. M/s.
PAN (Mandatory) <input type="text"/>	Date of Birth <input type="text"/>
Aadhaar No. <input type="text"/>	Mobile No. <input type="text"/>

<b>GUARDIAN DETAILS</b> (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)	
Mr. Ms. M/s.	
PAN (Mandatory) <input type="text"/>	Date of Birth <input type="text"/>
Aadhaar No. <input type="text"/>	Mobile No. <input type="text"/>
Relationship Of Guardian (Refer Instruction No. 11) <input type="text"/>	Email ID <input type="text"/>

**Proof of the Relationship with Minor**  Birth Certificate  School Certificate  Passport  Other  Specify

**TAX STATUS (Applicable for First / Sole Applicant)**

Resident Individual  
  FII's  
  NRI - NRO  
  HUF  
  Club / Society  
  PIO  
  Body Corporate  
  Minor  
  Government Body  
  Trust  
  NRI - NRE  
  Bank & FI  
 Sole Proprietor  
  Partnership Firm  
  QFI  
  Provident Fund  
  Others  Specify

**6 DEBIT MANDATE** (For Axis Bank A/c only.) To be processed in CMS software under client code "AXISMF" **Application No.** \_\_\_\_\_

I/ We  Name of the account holder(s) authorise you to debit my/our account no.  Date

Account type  Savings  NRO  NRE  Current  FCNR  Others  Specify to pay for the purchase of

Axis Bluechip Fund,  Axis Long Term Equity Fund,  Axis Regular Saver Fund,  Axis Triple Advantage Fund,  Axis Midcap Fund,  Axis Focused 25 Fund,  Axis Arbitrage Fund,  
 Axis Equity Saver Fund,  Axis Multicap Fund,  Axis Dynamic Equity Fund **OR**  Axis MF Multiple Schemes

Amount	(figures)	(words)
Signature of First Account Holder		Signature of Second Account Holder
		Signature of Third Account Holder

**ACKNOWLEDGMENT SLIP** Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. **Application No.** \_\_\_\_\_

From <input type="text"/>				Stamp & Signature
Cheque no.	Date	Amount	Scheme	



**5 NOMINATION DETAILS** (Mandatory) (Refer Instruction No. 18)

Sr. No.	Nominee Name	PAN	Allocation (%)	Relationship with Investor	Guardian Name (in case of Minor)	Guardian Signature
1						
2						
3						

I/We DO NOT wish to nominate and sign here

First / Sole Applicant	Second Applicant	Third Applicant
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**7 INVESTMENT & PAYMENT DETAILS**

Payment type  Non-Third Party Payment  Third Party Payment (Refer instruction no. 7 and attach 'Third Party Payment Declaration Form')

Scheme  Plan  Option  Sub Option<sup>#</sup>  Dividend Frequency (Quarterly/ Half Yearly/ Annual)\*

# Dividend Re-Investment is not available for Axis Long Term Equity Fund \*Applicable as per the scheme. Please refer SID of the respective scheme.

**7A Multiple Investments** (Refer Instruction No. 22)

Sr. No.	Scheme	Plan	Option	Amount
1.				
2.				
3.				
<b>Total</b>				In words
				In figures

**7B LUMP SUM**

Mode  Cheque  DD  Axis Bank Debit Mandate (Please fill section 6.) Cheque / DD no.  Dated

Amount (figures)  (words)

Pay-in A/c no.

Account type  Savings  NRO  NRE  Current  FCNR  Others  Specify

IFSC Code (11 Digit)  MICR Code (9 Digit)

Drawn on bank / branch name & address

**7C SIP (SIP Registration details (Form 2) with Form 1**

Monthly SIP Amount (figure)  (words)

SIP frequency (tick  any one)  Monthly  Yearly (Default Frequency Monthly) Preferred Debit Date (Any date except 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup>) (ref 13(b))     If no debit date is mentioned default date would be considered as 7th of every month.

SIP period Start Date     End Date     **OR**  End date (ref 13(i))     If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).

First SIP Installment details Mode  Cheque / DD  Axis Bank Debit Mandate (Please fill section 6.) Dated

Drawn on bank / branch name  Cheque / DD no.

**8 BANK ACCOUNT DETAILS FOR PAYOUT** (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

Tick here and don't fill the section below, if the Bank account details for Pay-Out should be same as the bank account details mentioned in section 7B.

Name of the Bank

Branch Address

City  Pin Code

Account No.  Account Type  Savings  Current  NRE  NRO  FCNR  Others

IFSC Code (11 Digit)  MICR Code (9 Digit)

**9 DECLARATION AND SIGNATURE**

Having read and understood the content of the SID / SAI of the scheme, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us. I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro investment only.) with your fund house. For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External / Non Resident Ordinary / FCNR account. I/We confirm that details provided by me/us are true and correct.

**CERTIFICATION**

I / We have understood the information requirements of this Form (read along with the FATCA & 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 & CRS Terms and Conditions below and hereby accept the same.

**AADHAAR DECLARATION**

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/ our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund (s)and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

<b>X</b> First / Sole Applicant / Guardian	<b>X</b> Second Applicant	<b>X</b> Third Applicant	Power of Attorney Holder
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Date :  Place :