## FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



(PLEASE READ THE INST	RUCTIONS BEFORE FILLIN	IG UP THE FORM. All sec	tions to be com	pleted in ENGLISH in I	BLACK / BLU	E COLOURED IN	Cand in Bl	OCK LETT	ERS.)		
Distributor ARN	Sub-Distributor ARN	Internal Sub-Br	oker / Sol ID	Employee Code	EUII	N RIA	CODE^	Serial N	lo., Date	& Time	Stamp
ARN-106907					E1437	763					
^I/We, have invested in the sche schemes of Axis Mutual Fund, to	I directly by the investor to the AN me(s) of Axis Mutual Fund under the above mentioned SEBI Regist the EUIN box has been intention	Direct Plan. I/We hereby give m ered Investment Adviser:	y/our consent to sh					of my/our inv	estments ı	under Dire	ect Plan of a
transaction is executed without manager/sales person of the ab	out any interaction or advice love distributor/sub broker or no ed by the employee/relationship	by the employee/relationship twithstanding the advice of in-	First / Sole	Applicant / So	econd Applican	t T	hird Applica	nt	Power o	f Attorne	ey Holder
TRANSACTION CHA	RGES FOR APPLICAT	ONS ROUTED THRO	UGH DISTRIE	BUTORS/AGENTS O	NLY (Refer In	struction No. 20)					
In case the subscription (lum	st time investor across Muto apsum) amount is ₹ 10,000/- ill be deducted from the subso	or more and your Distributor	r has opted to rec		s, ₹ 150/- (for	first time mutual f	und investo	r) or ₹ 100/	- (for inve	stor oth	er than fir
	OR'S FOLIO NUMBER	I	NVESTMENT	TYPE (Please tick any on	e)		MODE	OF HOL	DING		
(If you have an existin please mention here	ng folio with KYC validated, and skip to section 6/7.)	LUMP SUM		MP SUM WITH SIP	COLLEMES	(in case of Demat P		-	_		
		LUMP SUM WIT		NGLE CHEQUE MULTIPLE	SCHEMES	Sillyle	☐ Joint	(Default)	AII	yone or	Survivor
1 APPLICANT INF	ORMATION (MANDAT	ORY) (In case of investment "O	n behalf of Minor", Ple	ease Refer Instruction no. 11.)							
FIRST / SOLE APPLICAN	IT Mr. Ms. M/s.										
PAN (Mandatory)		Date of Birth			CKYC No.		14 digit	CKYC Num	iber		
Aadhaar No.			Mobile No.								
Address											
State			City				P	in Code			
Email ID											
SECOND APPLICANT	Mr. Ms. M/s.										
PAN (Mandatory)		Date of Birth			CKYC No.		14 digit	CKYC Num	ıber		
Aadhaar No.											
THIRD APPLICANT	Mr. Ms. M/s.										
PAN (Mandatory)		Date of Birth			CKYC No.		14 digit	CKYC Num	ıber	$\overline{}$	
Aadhaar No.											
GUARDIAN DETAILS (In	case First / Sole Applicant is	minor) / CONTACT PERSO	N - DESIGNATIO	N / PoA HOLDER (In case	of Non-indivi	dual Investors)					
Mr. Ms. M/s.											
PAN (Mandatory)		Date of Birth			CKYC No.		14 digit	CKYC Num	ıber	$\overline{}$	
Aadhaar No.			lobile No.								
Relationship Of Guardian (Re	efer Instruction No. 11)	E	mail ID								
·							On a cife.				
Proof of the Relationship	e for First / Sole Applicant	rtificate 🗌 School Certific	ate 🗀 Passpor	t 🔝 utner 🔃			Specify				
		, □ HUF □ Club / Societ	y 🗌 PIO	☐ Body Corporate	Minor	Government Bo	ody 🗌 T	rust	NRI - NE	RE 🗌	Bank & F
Sole Proprietor	Partnership Firm 🔲 QFI	Provident Fund	Others		9	Specify					
6 DEBIT MANDATE	(For Axis Bank A/c only.) To be proce	sed in CMS software under client c	ode "AXISMF"	TO BE DETACHED BY KARVY & F	PRESENTED TO AXIS	BANK CMS Applic	ation No.				
I/ We	Name	of the account holder(s)			authorise you	to debit my/our ac	count no.	Date	D D	M	1 Y Y
			Account type	Savings NRO 1	NRE 🗌 Currer	nt 🗆 FCNR 🗆 Ot	ners S	Specify	to pay	for the	purchase
	Axis Long Term Equity F					Vlidcap Fund, 🗌	Axis Focus	sed 25 Fur	d, 🗌 Ax	is Arbit	trage Fun
	<b>id,                                    </b>	AXIS DYNAMIC EQUITY	runu VK 🗀	AXIS IVIT IVIUITIPIE SCI	(words)						
	e of First Account Holder		Signature of S	Second Account Holder			Signature	of Third Acco	ount Holde	r	
								Noot			
	NT SLIP Received subject to r	ealisation, verification and conditi	ons, an application f	or purchase of Units as mention	oned in the applic	ation form. Applic	ation No.				
From Charmana	D /			0.1			]				
Cheque no.	Date	Amount		Scheme							
								Otaill	. a orgino		

FIRST APPLICANT	☐ Private Sector Serv☐ Student ☐ Fore			ent Service	Business Profes	ssional Agricult	curist Retire	ed 🗌 Hous						
SECOND APPLICANT	☐ Private Sector Serv☐ Student☐ Fore	ice Public Se	ctor Service Governm	ent Service	Business Profes	ssional Agricult	urist Retire	ed 🗌 Hous						
THIRD APPLICANT	☐ Private Sector Serv☐ Student ☐ Forex			ent Service	Business Profes	ssional Agricult	urist 🗌 Retire	ed 🗌 Hous						
GROSS ANNUAL INCOME [Plea	nse tick (🗸)]													
		1-5 Lacs	0 Lacs	□ > 25 Lacs	- 1 Crore	rore								
FIRST APPLICANT	Net worth (Mandatory	for Non - Individuals												
SECOND APPLICANT	Below 1 Lac	1-5 Lacs	0 Lacs	> 25 Lacs	- 1 Crore	ore <b>OR</b> Net Worth								
THIRD APPLICANT	Below 1 Lac	1-5 Lacs	O Lacs 10-25 Lacs	> 25 Lacs	- 1 Crore	ore <b>OR</b> Net Worth								
For Individuals		For Non-Individu	ıal Investors (Companies,	Trust, Partners	ship etc.)									
☐ I am Politically Exposed Pers	on	Is the company a L	isted Company or Subsidiar	y of Listed Comp	any or Controlled by a	Listed Company:		Yes						
			ch mandatory UBO Declarat	ion)										
I am Related to Politically Ex	posed Person		Money Charger Services					Yes						
☐ I am not related to Politicall	y Exposed Person		/ Lottery / Casino Services					Yes						
		Money Lending / P	awiiiiy				l	Yes						
3 FATCA AND CRS DET	TAILS FOR INDIVIDU	ALS (Including Sole P	roprietor. Refer Instruction No. 23)											
he below information is required	for all applicants/guardian													
	Place/City o	f Birth	Country of B	irth	Country of Citizenship / Nationality									
First Applicant / Guardian					☐ Indian ☐ U.S	S. Others								
						o. Utilets								
Second applicant					☐ Indian ☐ U.S									
Second applicant Third applicant						S. Others								
Third applicant re you a tax resident (i.e., are you		,			☐ Indian ☐ U.S☐ Undian ☐ U.S☐ U.S☐ ☐ Indian ☐ Indian ☐ U.S☐ ☐ Indian ☐ Indian ☐ U.S☐ ☐ Indian ☐	6.								
Third applicant		,			☐ Indian ☐ U.S☐ Undian ☐ U.S☐ U.S☐ ☐ Indian ☐ Indian ☐ U.S☐ ☐ Indian ☐ Indian ☐ U.S☐ ☐ Indian ☐	6.								
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Third applicant re you a tax resident (i.e., are you 'YES' please fill for ALL countrie	es (other than India) in whi	ch you are a Reside	nt for tax purpose i.e. where	you are a Citize	☐ Indian ☐ U.S.	6. Others  Holder / Tax Residen  Residential	nt in the respectiv	e countries.						
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5 NOMINATI	ON DETAILS	(Mandatory) (Refer Ins	struction	No. 18)																					
Sr. No.	Nominee Name	PAN										Allocation Relationship with					Guardian Name (in case of Minor)				Guardian Signature				
1								T	T				1												
2								Ī	Ī																
3					i	T		Ť	T																
☐ I/We DO NOT w	sh to nominate ar	nd sign here																							
	First / Sole Ap	plicant								Se	econd	Appl	licant							Third	Applic	ant			
7 INVESTME	NT & PAYME	NT DETAILS																							
Payment type	Non-Third Party I	Payment	Third	Party	Payn	nent (i	Refer ins	tructi	ion no.	7 and	d attach	h 'Thir	rd Party Payment	Declaration	on Form')										
Scheme							Plan						Option											Yearly/ Annua	
7A Multiple Invest	nents (Refer Instructi	on No. 22)											# Dividend R	e-Investmen	t is not ava	ilable for Axis	Long Term	Equity Fur	d *Applic	able as per t	the scher	me. Please i	efer SID of	the respective sch	
Sr. No.		Sc	heme											Plan	1			<b>O</b> p	tion				Amou	ınt	
1.																									
2.																									
3.									1.	2 1810	rdo												In figu	roe	
Total   7B LUMP SUM									11	n Wo	1US												In figu	163	
	e 🗌 DD 🔲 A	xis Bank Debit M	landat	t <b>e</b> (Pleas	e fill s	ection 6	.)				Cheg	ue /	DD no.							Da	ted				
Amount (figures)						(wor																			
Pay-in A/c no.													Dr	awn on I	hank /										
Account type	Savings 1	NRO NRE	Curr	ent	FC	NR	Othe	re			Specif	fv	bra	nch nan Iress											
IFSC Code (11 Dig			Jun				_	L	Code																
		0) 1d F 4									3 ,														
7C SIP (SIP Regist  Monthly SIP Am	1	ii 2) Witti Füllii I							(woi	rds)															
•	ck ✓ any one)	Monthly Y	oorly /	(Dofoult	Eron	onov I	Monthly	.1			l Dobi	t Do	ite (Any date		o <sup>th</sup> ao <sup>th</sup>	J 01 <sup>st</sup> \ /-	1 10/L			If no de	bit dat	e is men	tioned d	efault date w	
SIP period Star	, ,	Y Y End I		Derauit	Пец	v l	_ :	) DR			date					If end da	ite is no	t mentio		the SIP		as 7th o	f every r	nonth.	
			l	/ DD	IVI	Auia D								2 9 Dated	B	will be c	onsidere	ed for pe	rpetuity	(Dec 20)	99).				
First SIP Insta		Mode L C	heque	עט ו		AXIS B	запк D	ebit	ıvıan	uate	Pleas	e fill s	section 6.)	Dateu	П	D IVI	IVI			/ DD					
Drawn on bank /	branch name																		Cheq	ue / DD	no.				
8 BANK ACC	OUNT DETAIL	LS FOR PAYO	UT	(Please r	ote th	at as pe	r SEBI R	legula	ations i	t is m	andato	ry for i	investors to pro	ide their b	bank acco	unt details.	Refer Ins	truction I	Vo. 6)						
☐ Tick here an	d don't fill the	section below	v, if t	he Ba	nk a	accou	ınt de	etai	ils fo	or P	ay-O	ut s	should be	same a	as the	bank a	ccoun	t deta	ils me	ention	ed in	secti	on 7B.		
Name of the Bank																									
Branch Address																									
	City																			Pin C	ode				
Account No.								Ì					Acco	unt Typ	ne 🗆 S	Savings [	Cur	rent [	NRE	NR(	0 [	FCNR	_ Ot	ners	
IFSC Code (11 Digit)							MICR	Co	de (9	Digit)															
9 DECLARAT	ION AND SIG	NATIIDE																							
			he sch	eme, I/v	ve he	reby ap	oply for	unit	ts of t	he sc	heme	. I hav	ve read and ur	derstoo	d the ter	ms, condi	itions, d	letails, r	ules and	l regulati	ions go	overning	the sch	eme. I/We her	
Having read and unde declare that the amou the Income Tax Act, / directly or indirectly i Fund, (I/we hereby au funds that may be ret which the Scheme is 50,000 in a year (Ap) approved banking cha	nt invested in the s nti Money Launder i making this invest thorize the Mutual uired by the law.) T ieing recommended licable for Micro in nnels or from funds	cheme is through Ic ing Laws, Anti Cor tment. I/We confirr Fund, to redeem th The ARN holder ha: I to me/ us. I/We co vestment only.) wi in my/ our Non Res	egitima ruption n that ne fund s disclo nfirm t ith you sident E	ate sour n Laws the funds is invest osed to that I/W ir fund h Externa	rce or or an ds inv ted in me/u /e do i nouse I / No	nly and y other vested the Science of the science o	does n r applic in the S cheme, le comr re any e IRIs on lent Ord	ot in able Sche in fa nissi exist ly · I dinai	ovolve e laws eme, le avour ions ( ing M / We ry / FC	designation design	gned to cted by below e apple commediate SIP/Luite account the country accountry the country	for the sy the ngs to licant ission at I a nt. I/V	ne purpose of a Government of me/us. In ever, at the appling or any othe um investmer of the confirm the confirmation confirmati	the control of India ent "Kno cable NA mode), ts which n Reside at detail	ravention from tirom tirom Your AV preval payable togeth ents of less provides	n of any A ne to time Customer iling on th to him fo er with th ndian nati ed by me/u	Act, Rul e. I/we h r" proce he date h or the di ne curre ionality us are ti	es, Regu nave not ess is no of such fferent nt applio /origin a rue and o	receive receive t compli redempt competi cation w and that correct.	Notifica d nor ha eted by r ion and ng Sche rill result I/We ha	ations ve bee ne/us undert mes o in agg ve rem	or Direcent induction the sate such take such take such take such take such take in the sate in the sa	tives of ed by an atisfacti h other s Mutua nvestmends fron	the provision y rebate or gi on of the Mu action with s I Funds amor ents exceedir a abroad thro	
I / We have understoo confirm that I / We har AADHAAR DECLAR	I the information re e read and understo ATION	quirements of this ood the FATCA & C	Form ( RS Ter	read ald ms and	ong w Cond	ith the	FATCA below a	A & C and h	CRS Ir nereby	nstru / acc	ctions ept th	s) and e san	d hereby confi ne.	rm that t	the infor	mation pr	rovided	by me/u	s on this	s Form is	true, o	correct,	and con	plete. I / We a	
I/ We hereby provide accordance with the management compan	ny/our consent in a Aadhaar Act, 2016 es of SEBI register	accordance with A (and regulations ned mutual fund (s)a	nade tl	r ACT, 2 hereund ir Regis	der) a trar a	and reg nd PM and Trai	yulatio LA. I/ V nsfer A	ve h	ereby t (RTA	prov ) for	under, ride m the pu	, tor ( y/our irposi	collecting, consent for e of updating	storing sharing/o the same	and usa disclosir e in my/c	ye (II) vali ng of the <i>I</i> our folios (	uating/ Aadhaa with my	autnent r numbe PAN.	r(s) incl	and (II) u uding de	ipdatir imogra	aphic inf	ur Aadh ormatio	aar number(s n with the as	
X First	Sole Applicant / Guardian		(		Se	cond A	Applica	nt				X		Third	d Applica	ant				Po	ower o	of Attorn	ney Hold	er	
Date :		Place :																							