

<b>Distributor ARN</b>	<b>Sub-Distributor ARN</b>	<b>Sol ID / Internal Sub-Broker</b>	<b>Employee Code</b>	<b>EUIN</b>	<b>Serial No., Date &amp; Time Stamp</b>
ARN 85155	ARN			E 070576	

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 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."

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Refer 18) In case the 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.

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

**1 EXISTING INVESTOR'S FOLIO NUMBER** (If you have an existing folio with KYC validated, please mention here and skip to section 3/5.)

**2 FIRST APPLICANT'S DETAILS** (Non-individual investors please fill in UBD annexure and attach along with application form) Ref. 8

Name (1<sup>st</sup>)

Date of birth 

D	D	M	M	Y	Y
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 PAN Refer 9 

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 Nationality Country of Birth

For Investments "On behalf of Minor" (Refer 10)  Birth Certificate  School Certificate  Passport  Other Guardian named below is  Father  Mother  Court Appointed

Name of the Guardian if minor attach proof of date of birth / Contact person for non individuals / PoA holder name Guardian / PoA PAN

Correspondence / Overseas address (For FIIs/NRIs/PIOs)

City State Pin Code

Overseas address Country

Email (Refer 15a) Mobile Tel.

Are you a tax resident of any country other than India?  No  Yes

Status  Resident Individual  Proprietor  HUF  Minor  Society  FII  NRI  PIO  Partnership Firm  Trust  Company  Other Specify

Occupation  Pvt. Sector Service  Public Sector  Gov. Service  Housewife  Defence  Professional  Retired  Business  Agriculture  Student  Forex Dealer  Other Specify

Gross Annual Income OR Net-worth* in ₹ *Not older than one year Any other information	<input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L	<input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L <input type="checkbox"/> 25L-1C <input type="checkbox"/> > 1C	Is the entity involved in any of the following: Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No												
	as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D		D	M	M	Y	Y	as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
	D	D		M	M	Y	Y								
	D	D		M	M	Y	Y								
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP														
INDIVIDUALS	NON-INDIVIDUALS														

**SECOND APPLICANT'S DETAILS** Mode of Holding  Joint (Default)  Anyone or Survivor Nationality Country of Birth  Mr.  Ms.  M/s

Name (2<sup>nd</sup>)

PAN Mobile Email

Are you a tax resident of any country other than India?  No  Yes

Status  Resident Individual  Proprietor  HUF  Minor  Society  FII  NRI  PIO  Partnership Firm  Trust  Company  Other Specify

Occupation  Pvt. Sector Service  Public Sector  Gov. Service  Housewife  Defence  Retired  Professional  Business  Agriculture  Student  Forex Dealer  Other Specify

Gross Annual Income OR Net-worth* in ₹ *Should not be older than one year Any other information	<input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L	INDIVIDUALS						
	as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y
	D		D	M	M	Y	Y	
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP								

**THIRD APPLICANT'S DETAILS** Nationality Country of Birth  Mr.  Ms.  M/s

Name (3<sup>rd</sup>)

PAN Mobile Email ID

Are you a tax resident of any country other than India?  No  Yes

Status  Resident Individual  Proprietor  HUF  Minor  Society  FII  NRI  PIO  Partnership Firm  Trust  Company  Other Specify

Occupation  Pvt. Sector Service  Public Sector  Gov. Service  Housewife  Defence  Retired  Professional  Business  Agriculture  Student  Forex Dealer  Other Specify

Gross Annual Income OR Net-worth* in ₹ *Should not be older than one year Any other information	<input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L	INDIVIDUALS						
	as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y
	D		D	M	M	Y	Y	
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP								

**3 DEBIT MANDATE** (For Axis Bank A/c only.) To be processed in CMS software under client code "AXISMF" TO BE DETACHED BY KARVY & PRESENTED TO AXIS BANK CMS Application No.

I/ We Name of the account holder(s) Date

authorise you to debit my/our account no. to pay for the purchase of  Axis Income Saver  Axis Midcap Fund  Axis Triple Advantage Fund  Axis Equity Fund  Axis Focused 25 Fund  Axis Long Term Equity Fund  Axis Enhanced Arbitrage Fund

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

Cheque no.	Date	Amount	Scheme

Stamp & Signature

**4 BANK ACCOUNT DETAILS FOR PAY-OUT** (Mandatory. Refer 6 and avail of Multiple Bank Registration Facility.)

Bank Name

Bank A/c No.  Type  Current  Savings  NRO  NRE  FCNR  Others  Specify

Branch Name  City  Pin

IFSC Code (11 digit)\*  MICR Code (9 digit)\*  \*Mentioned on your cheque leaf

**5 INVESTMENT & PAYMENT DETAILS** (Investors applying under Direct Plan must mention "Direct" against scheme name, refer 2)

Payment type  Non-Third Party Payment  Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Scheme  Plan  Option  Dividend Frequency (Quarterly/ Half Yearly/ Annual)\*

LUMP SUM (Fill 5A only)  MICRO LUMP SUM (Fill 5A only)  SIP AXIS BANK DEBIT MANDATE (Fill 5B)  SIP ELECTRONIC AUTO DEBIT (Fill 5B)  MICRO SIP (Fill 5B)

\*Applicable only for Axis Income Saver

**5A LUMPSUM** Do not submit SIP Auto Debit Form

Mode  Cheque  DD  Axis Bank Debit Mandate (Please fill section 3.) Cheque / DD no.  Dated

Amount (figures)  (words)

Pay-in A/c no.

Account type  Savings  NRO  NRE  Current  FCNR  Others  Specify

Drawn on bank / branch name

**5B SIP** (For SIP through Electronic Auto Debit submit SIP Auto Debit (Form 2) with Form 1)

Monthly SIP Amount (figure)  (words)

SIP frequency (tick  any one)  Monthly  Yearly Preferred Debit Date (Any date except 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup>)

SIP period  Till you instruct to discontinue or no. of installments  (ref 12(h))\* from  to\*  \*Fill only if no. of installments have been specified, else leave blank.

First SIP Installment details Drawn on bank / branch name

Mode  Cheque / DD  Axis Bank Debit Mandate (Please fill section 3.) Cheque / DD no.  Dated

SIP facility is not available for Axis Enhanced Arbitrage Fund

 **DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT** (Name should be as per the demat account. Refer 17)  NSDL  CDSL

Depository Participant (DP) Name

DP ID  Beneficiary A/c No.

**6 NOMINATION DETAILS** (Refer 16)

Name (Date of Birth if nominee is minor)	Address	Guardian Name (in case Nominee is a Minor)	Signature (Guardian in case Nominee is a Minor)	Allocation %

Unit Holder's Signature <small>If you do not wish to nominate sign here.</small>	First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder	0
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**7 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, rules 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.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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**QUICK CHECKLIST**

- KYC acknowledgement letter (Compulsory for MICRO Investments)
- Self attested PAN card copy
- Email id and mobile number provided for online transaction facility
- Plan / Option name mentioned in addition to scheme name
- SIP Auto Debit Form for SIP investments
- Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that future payments can be made from any of the accounts)
- Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached
- Additional documents attached for Third Party payments. Refer instructions.

AXIS MUTUAL FUND HELPS YOU RELAX WITH,

<p><b>EasyInvest</b> https://online.axismf.com Invest online without any prior registration.</p>	<p><b>EasyCall</b> 1800 2000 2300 Buy / Sell units without PINs or Passwords.</p>	<p><b>EasySMS</b> SMS HELP to 91210 10033 Transact and get folio details on the go.</p>	<p><b>EasyApp</b> SMS HELP to 91210 10033 to download. Invest with ease on your Android smartphones.</p>	<p><b>Risk Managed Products</b></p>
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\*Buy\* means purchase and \*Sell\* means redemption of units of Axis Mutual Fund schemes.

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN 85155	ARN			E 070576	

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 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."

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Refer 18 and any one)

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

In case the 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.

Tick whichever is applicable :  New SIP registration by new investor  New SIP registration by existing investor  Change in Bank details by investor

**1 APPLICANT'S PERSONAL DETAILS (MANDATORY)**

Application Form No. (For New Applicants) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] **OR** Folio No. (For Existing Unit holders) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Sole / 1st Unitholder: First Name [ ] [ ] [ ] [ ] [ ] [ ] Middle Name [ ] [ ] [ ] [ ] Last Name [ ] [ ] [ ] [ ] [ ] [ ]

Email ID [ ] For receiving statements over email instead of post

PAN: [ ] [ ] [ ] [ ] [ ] [ ] 1st Applicant [ ] [ ] [ ] [ ] 2nd Applicant [ ] [ ] [ ] [ ] 3rd Applicant [ ] [ ] [ ] [ ]

Enclose:  Attested PAN card  KYC Letter  Attested PAN card  KYC Letter  Attested PAN card  KYC Letter

**2 DECLARATION AND SIGNATURE** (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint') Date [ ] [ ] [ ] [ ] [ ] [ ]

I / We declare that the particulars furnished here are correct. I / We authorise Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Axis Mutual Fund about any changes in my bank account.

<input checked="checked" type="checkbox"/> Sole/ 1st Unit Holder / POA	<input checked="checked" type="checkbox"/> 2nd Unit Holder	<input checked="checked" type="checkbox"/> 3rd Unit Holder
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**3 AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS**

The Manager  
Name of Bank [ ] [ ] [ ] [ ] [ ] Branch [ ] [ ] [ ] [ ] [ ] City [ ] [ ] [ ] [ ] [ ]

I / We authorize Axis Mutual Fund, acting through its service providers, to debit my account through ECS (Debit) clearing / Direct debit (Standing Instruction) as per the details given here:

A) Folio No. / Application No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Scheme Plan* Option
B) Account Number [ ] A/c holder's name as in bank records [ ]	SIP Auto Debit Date (29th, 30th & 31st not available) (DD) Frequency (ref 12 (h)) <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly SIP Installment Amount Please refer to KIM for min. installment amount
C) Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit	SIP Auto Debit Period (ref 12 (h)) From [ ] [ ] [ ] [ ] [ ] To [ ] [ ] [ ] [ ] [ ]
D) 9-Digit MICR Number of the Bank & Branch [ ]	<input type="checkbox"/> Till you instruct Axis Mutual Fund to discontinue. Please fill in the ' To ' date only if no. of installments have been specified in the Application Form. *Investors applying under Direct Plan must mention "Direct" against scheme name. *For Long Term Equity minimum SIP instalment is 6 months.

I / We declare that the particulars furnished above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / we would not hold the user institution responsible. I / We will also inform Axis Mutual Fund about any changes in my bank account.

**NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS**

Name(s)	Sole/1st Bank Account Holder / POA	2nd Bank Account Holder	3rd Bank Account Holder
Signature(s)	<input checked="checked" type="checkbox"/> Sole/1st Bank Account Holder / POA	<input checked="checked" type="checkbox"/> 2nd Bank Account Holder	<input checked="checked" type="checkbox"/> 3rd Bank Account Holder
Date	[ ] [ ] [ ] [ ] [ ] [ ] (To be signed by all holders if mode of operation of Bank Account is 'Joint')		

**ATTESTED BY THE BANKER**  
(Mandatory, if your First SIP Installment is through a Demand Draft / Pay Order)  
I / We certify that the signature of account holder(s) and the bank account details are correct as per our records. Stamp & Signature

<b>FOR OFFICE USE ONLY</b> (not to be filled in by investor)	We confirm that we have taken the above ECS / Auto Debit instructions on our records.
Recorded on [ ] [ ] [ ] [ ] [ ] [ ]	Stamp of Bank Branch Manager
Recorded by	Signature
Credit A/c No.	Name