

(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
ARN ARN-77875	ARN			E E027739		

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
-----------------------------------	------------------	-----------------	--------------------------

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	INVESTMENT TYPE (Please tick any one)	MODE OF HOLDING
(If you have an existing folio with KYC validated, please mention here and skip to section 6/7.)	<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	(in case of Demat Purchase Mode of Holding should be same as in Demat Account)
<input style="width: 100%;" type="text"/>		<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.)

FIRST / SOLE APPLICANT Mr. Ms. M/s.

PAN (Mandatory) Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 CKYC No. 14 digit CKYC Number

Address

State City Pin No.

Aadhaar No.

SECOND APPLICANT Mr. Ms. M/s.

PAN (Mandatory) Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 CKYC No. 14 digit CKYC Number

Aadhaar No.

THIRD APPLICANT Mr. Ms. M/s.

PAN (Mandatory) Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 CKYC No. 14 digit CKYC Number

Aadhaar No.

NAME OF THE GUARDIAN (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.

PAN (Mandatory) Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 CKYC No. 14 digit CKYC Number

Aadhaar No.

RELATIONSHIP OF GUARDIAN (Refer Instruction No. 11)

Tel. Office

S	T	D
---	---	---

 Tel. Resi

S	T	D
---	---	---

 ISD CODE

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

TAX STATUS (Applicable for First / Sole Applicant)

Resident Individual FIs 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" TO BE DETACHED BY KARVY & PRESENTED TO AXIS BANK CMS Application No.

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

D	D	M	M	Y	Y
---	---	---	---	---	---

Account type Savings NRO NRE Current FCNR Others Specify

to pay for the purchase of **Axis Equity 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

2 KYC DETAILS (Refer Instruction No. 8. In case of investment "On behalf of Minor", Please Refer Instruction No. 11)**OCCUPATION [Please tick ()]**

FIRST APPLICANT	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others
SECOND APPLICANT	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others
THIRD APPLICANT	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others

GROSS ANNUAL INCOME [Please tick ()]

FIRST APPLICANT	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore Net worth (Mandatory for Non - Individuals Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> as on <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y [Not older than 1 year]
SECOND APPLICANT	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
THIRD APPLICANT	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

For Individuals	For Non-Individual Investors (Companies, Trust, Partnership etc.)
<input type="checkbox"/> I am Politically Exposed Person	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please attach mandatory UBO Declaration)
<input type="checkbox"/> I am Related to Politically Exposed Person	Foreign Exchange / Money Charger Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

3 FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor. Refer Instruction No. 23)**Non-Individual investors should mandatorily**

The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Second applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Third applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No [Please tick]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Address Type
First Applicant / Guardian				<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Second applicant				<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Third applicant				<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.axismf.com or at the Investor Service Centres (ISCs) of Axis Mutual Fund**4 DEMAT ACCOUNT DETAILS (OPTIONAL)** (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. 19

NSDL: Depository Participant Name <input type="text"/>	DPID No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Beneficiary A/c No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CDSL: Depository Participant Name <input type="text"/>		Beneficiary A/c No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Enclosed Client Master Transaction/ Statement Copy/ DIS Copy**QUICK CHECKLIST**

- | | |
|---|---|
| <input type="checkbox"/> KYC acknowledgement letter (Compulsory for MICRO Investments) | <input type="checkbox"/> SIP Registration Mandate - NACH for SIP investments |
| <input type="checkbox"/> Self attested PAN card copy | <input type="checkbox"/> 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) |
| <input type="checkbox"/> Email id and mobile number provided for online transaction facility | <input type="checkbox"/> Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached |
| <input type="checkbox"/> Plan / Option / Sub Option name mentioned in addition to scheme name | <input type="checkbox"/> Additional documents attached for Third Party payments. Refer instruction No. 7. |
| | <input type="checkbox"/> FATCA Declaration. |



FORM 2 - MULTIPLE SIP WITH TOP-UP FORM



Application No.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
ARN ARN-77875	ARN			E E027739		

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 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
-----------------------------------	------------------	-----------------	--------------------------

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY

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.

1 Applicant Details

Folio No.

Sole / 1st Unitholder (as in PAN Card / KYC records)

Guardian's Name (as case of minor) First Name Middle Name Last Name

1st Holder PAN 1st Applicant 2nd Holder PAN 2nd Applicant 3rd Holder PAN 3rd Applicant

2 SIP DETAILS

Scheme / Plan / Option	Frequency	SIP Date (DD)	Enrollment Period (MMYY)	SIP Amount	TOP-UP Facility (Optional) Only available for Monthly SIP*	
					Frequency	Amount
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	<input type="text"/> Default SIP Date 7th	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> As & when
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	<input type="text"/> Default SIP Date 7th	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> As & when
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	<input type="text"/> Default SIP Date 7th	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> As & when

3 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')

I/We declare that the particulars furnished here are correct. I/We authorize Axis Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP instalments through an Electronic Debit arrangement / NACH (National Automated Clearing House). 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.

This is to inform you that I/We have registered for making payment towards my investments in Axis Mutual Fund by debit to my/our account directly or through ECS (Debit Clearing) / NACH (National Automated Clearing House). I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

I hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Axis Mutual Fund using this facility.

X Sole/ 1st Unit Holder / POA X 2nd Unit Holder X 3rd Unit Holder

X Sole/ 1st Unit Holder / POA X 2nd Unit Holder X 3rd Unit Holder

AXIS MUTUAL FUND UMRN Bank use Date

Tick (✓) CREATE MODIFY CANCEL

Sponsor Bank Code Bank use Utility Code Bank use

I/We hereby authorize **Axis Mutual Fund** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No. Phone No.

Reference 2 All Schemes of Axis Mutual Fund Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From
To
Or Until Cancelled

1. Signature Primary Account holder
Name as in bank records

2. Signature of Account holder
Name as in bank records

3. Signature of Account holder
Name as in bank records

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

MANDATORY FIELDS: • Instrument Date • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank records

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. Investor Name Stamp & Signature