

FORM 1 - FOR LUMPSUM / SIP INVESTMENTS



Application No.

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTER ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN 18053	ARN			E 040403	

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.

"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."

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer 20) 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.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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I confirm that I am a first time investor across Mutual Funds.
 I confirm that I am an existing investor in Mutual Funds.

1 UNIT HOLDING OPTION (To be filed in case of demat holding only)

DEMAT MODE PHYSICAL MODE

Demat Account Details of First / Sole Applicant
(Name should be as per demat account)

Depository Participant Name

NSDL	DP ID	IN	CDSL	Beneficiary ID

Note: Please attach copy of Client Master List.

4 MODE OF HOLDING (in case of Demat Purchase Mode of Holding should be same as in Demat Account)

2 EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio with KYC validated, please mention here and skip to section 6/8.)

Folio Number

5 FIRST APPLICANT'S DETAILS

(Non-individual investors please fill in FATCA / CRS, UBO annexure and attach along with application form) Ref. 9 & 22. All fields are mandatory.

Gender Male Female

Name (1st)
(As in PAN card/KYC records)

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PAN (Minor / 1st Holder)
Refer 10

Father's Name

Date of birth
(Minor / 1st Holder)

D	D	M	M	Y	Y
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Name of the Guardian (in case of minor please attach proof of date of birth) / POA (Contact person for non individuals / PoA holder name) Guardian / PoA PAN

Country of Birth

Place of Birth

Nationality

For Investments "On behalf of Minor" (Refer 11) Birth Certificate School Certificate Passport Other Specify Guardian named above is Father Mother Court Appointed

Correspondence address (Please note: Address will be replace as per KYC records)

City

State

Country

Pin Code

Overseas address (For FII/NRIs/PIOs)

City

State

Country

Pin Code

Email

Mobile

Pin Code

Tel.

Status Resident Individual Proprietor HUF Minor Society FII NRI PIO

Partnership Firm Trust Company NPO* Other Specify

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business

Agriculture Student Forex Dealer Other Specify

Are you FATCA Compliant (Please tick any one) Yes No (if no, please fill below details)

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA Residential or Business Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others Specify

Gross Annual Income < 1L 1-5L 5-10L 10-25L > 25L

OR

Net-worth* in ₹

*Not older than one year

as on D D M M Y Y

Are you a tax resident of any country other than India? Yes No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country[#]

Tax identification number [%]

Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

SECOND APPLICANT'S DETAILS (All fields are mandatory)

Gender Male Female

Name (2nd)
(As in PAN card/KYC records)

Father's Name

PAN Mobile Email

Date of birth D D M M Y Y

Enclose Attested PAN card copy KYC Acknowledgment (Refer 8)

Country of Birth

Place of Birth

Nationality

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

INDIVIDUALS

Gross Annual Income
OR

Net-worth* in ₹

*Should not be older than one year
Any other information

< 1L 1-5L 5-10L 10-25L > 25L

as on D D M M Y Y

Politically Exposed Related to a PEP Not Applicable

Are you FATCA Compliant (Please tick any one) Yes No (if no, please fill below details)

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA Residential or Business Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others

specify

Are you a tax resident of any country other than India? Yes No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country[#]

Tax identification number [%]

Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

THIRD APPLICANT'S DETAILS (All fields are mandatory)

Gender Male Female

Name (2nd)
(As in PAN card/KYC records)

Father's Name

PAN Mobile Email

Date of birth D D M M Y Y

Enclose Attested PAN card copy KYC Acknowledgment (Refer 8)

Country of Birth

Place of Birth

Nationality

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

INDIVIDUALS

Gross Annual Income
OR

Net-worth* in ₹

*Should not be older than one year
Any other information

< 1L 1-5L 5-10L 10-25L > 25L

as on D D M M Y Y

Politically Exposed Related to a PEP Not Applicable

Are you FATCA Compliant (Please tick any one) Yes No (if no, please fill below details)

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA Residential or Business Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others

specify

Are you a tax resident of any country other than India? Yes No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country[#]

Tax identification number [%]

Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

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 / Sub Option name mentioned in addition to scheme name
- SIP Registration Mandate - NACH 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.
- FATCA Declaration.



Buy means purchase and *Sell* means redemption of units of Axis Mutual Fund schemes.

7 BANK ACCOUNT DETAILS FOR PAY-OUT (Mandatory. Refer 6 and avail of Multiple Bank Registration Facility.) (Please attach cancelled cheque copy or latest bank account statement.) (All fields are mandatory)

Bank Name _____

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

Branch Name _____ City _____ Pin _____

*Mentioned on your cheque leaf

5. INVESTMENT & PAYMENT DETAILS

8. INVESTMENT & PAYMENT DETAILS
Payment type: Non-Third Party Payment Third Party Payment (Please attach "Third Party Payment Declaration Form")

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

Dividend Re-Investment is not available for Axis Long Term Equity Fund *Applicable only for Axis Income Saver

8A LUMP SUM Do not submit SIP Registration Mandate - NACH (Form 2)

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

Amount (figures) _____ (words) _____

Pay-in A/c no. _____ Drawn on bank / _____

Account type Savings NBO NRE Current FCNB Others Specify branch name

8B 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 20th, 20th and 21st) (12/12) If no debit date is mentioned default date would

If end date is not mentioned then the SIP be considered as 7th of every month.

Off period Start Date End Date End date (ref 15/11/2009) will be considered for perpetuity (Dec 2009).

First SIP Installment details Mode Cheque / DD Axis Bank Debit Mandate (Please fill section 3.) Dated D D M M Y Y

Drawn on bank / branch name _____ Cheque / DD no. _____

9 NOMINATION DETAILS (All fields are mandatory) (Refer 18)

	First Nominee							Second Nominee							Third Nominee													
Name (as in PAN card/KYC records)																												
PAN																												
Date of Birth	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y				
Relationship with Investor																												
Address																												
Guardian Name (in case Nominee is a Minor)																												
Signature (Guardian in case Nominee is a Minor)																												
Allocation % (Total to be 100%)																												
Unit Holder's Signature If you do not wish to nominate sign here.	First / Sole Applicant / Guardian							Second Applicant							Third Applicant							Power of Attorney Holder						

10 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 model), 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.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input type="checkbox"/> Third Applicant	<input type="checkbox"/> Power of Attorney Holder
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Date : Place :