

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.

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 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.

☐ 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 filled 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
	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

3 INVESTMENT TYPE (Please tick any one)☐ LUMP SUM ☐ LUMP SUM WITH SIP ☐ LUMP SUM WITH STP☐ Single ☐ Joint (Default) ☐ Anyone or Survivor**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 ☐ FemaleName (1st)
(As in PAN card/KYC records)

PAN (Minor / 1st Holder)

Refer 10

Father's Name

Date of birth
(Minor / 1st Holder)

D D M M Y Y

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 FIIs/NRIs/PIOs)

City State Country Pin Code

Email Mobile Tel.

Status ☐ Resident Individual ☐ Proprietor ☐ HUF ☐ Minor ☐ Society ☐ FII ☐ NRI ☐ PIO
☐ Partnership Firm ☐ Trust ☐ Company ☐ NPO* ☐ Other ☐ Specify ☐ Other than NPO**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 OfficePermissible documents are ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others ☐ 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 as on D D M M Y Y <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable	<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 as on D D M M Y Y	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
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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 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 ☐ Axis Equity Saver 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

Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female
Name (2 nd) (As in PAN card/KYC records) <input type="text"/>		
Father's Name <input type="text"/>		
PAN <input type="text"/>	Mobile <input type="text"/>	Email <input type="text"/>
Date of birth <input type="text"/>	Enclose <input type="checkbox"/> Attested PAN card copy <input type="checkbox"/> KYC Acknowledgment (Refer 8)	
Country of Birth <input type="text"/>	Place of Birth <input type="text"/>	Nationality <input type="text"/>
Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Proprietor <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Society <input type="checkbox"/> FII <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Other <u>Specify</u>		Gross Annual Income OR Net-worth* in ₹ <input type="text"/> as on <input type="text"/> *Should not be older than one year Any other information <input type="text"/>
Occupation <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Retired <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other <u>Specify</u>		
Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable <input type="checkbox"/>		

Are you FATCA Compliant (Please tick any one) <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	
Permissible documents are <input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others <input type="text"/>	specify

Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female
Name (2 nd) (As in PAN card/KYC records) <input type="text"/>		
Father's Name <input type="text"/>		
PAN <input type="text"/>	Mobile <input type="text"/>	Email <input type="text"/>
Date of birth <input type="text"/>	Enclose <input type="checkbox"/> Attested PAN card copy <input type="checkbox"/> KYC Acknowledgment (Refer 8)	
Country of Birth <input type="text"/>	Place of Birth <input type="text"/>	Nationality <input type="text"/>
Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Proprietor <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Society <input type="checkbox"/> FII <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Other <u>Specify</u>		Gross Annual Income OR Net-worth* in ₹ <input type="text"/> as on <input type="text"/> *Should not be older than one year Any other information <input type="text"/>
Occupation <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Retired <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other <u>Specify</u>		
Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable <input type="checkbox"/>		


Are you FATCA Compliant (Please tick any one) <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	
Permissible documents are <input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others <input type="text"/>	specify

Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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

- | | |
|---|---|
| <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 instructions. |
| | <input type="checkbox"/> FATCA Declaration. |

 EasyInvest https://online.amfi.com Invest online without any prior registration.	 EasyCall 1800 221322 / 1800 2000 2200 Buy / Sell units without PINs or Passwords.	 EasySMS SMS HELP No. 91210 10033 Transact and get folio details on the go.	 EasyApp SMS EasyApp No. 91210 10033 to download, invest with ease on your Android smartphone.	 Risk Managed Products
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Buy means purchase and *Sell* means redemption of units of Axis Mutual Fund schemes.

Bank Name									
Bank A/c No.									
Type									
<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others <input type="button" value="Specify"/>									
Branch Name									
City									
Pin									
IFSC Code (11 digit)*									
MICR Code (9 digit)*									
*Mentioned on your cheque leaf									

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

Mode <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Axis Bank Debit Mandate (Please fill section 6.)															Cheque / DD no. <div style="border: 1px solid black; width: 150px; height: 20px;"></div>															Dated <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> </div>														
Amount (figures) <div style="border: 1px solid black; width: 150px; height: 20px;"></div>															(words) <div style="border: 1px solid black; width: 250px; height: 20px;"></div>																													
Pay-in A/c no. <div style="display: flex; gap: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>																																												
Account type <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others															<div style="border: 1px solid black; padding: 2px;">Specify</div>															<div style="border: 1px solid black; padding: 2px;">Drawn on bank / branch name</div>														

Monthly SIP Amount (figure)	<input type="text"/>	(words)	<input type="text"/>	
SIP frequency (tick <input checked="" type="checkbox"/> any one)	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly (Default Frequency Monthly)	Preferred Debit Date (Any date except 29 th , 30 th and 31 st) (ref 13(b))	<input type="text"/> <input type="text"/>	If no debit date is mentioned default date would be considered as 7th of every month.
SIP period	Start Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	End Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OR <input type="checkbox"/> End date (ref 13(i))	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).
First SIP Installment details	Mode <input type="checkbox"/> Cheque / DD <input type="checkbox"/> Axis Bank Debit Mandate (Please fill section 3.)	Dated	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Drawn on bank / branch name	<input type="text"/>			Cheque / DD no. <input type="text"/>

	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			

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.

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.

X	First / Sole Applicant / Guardian	X	Second Applicant		Third Applicant		Power of Attorney Holder
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Date :

D	D	M	M	Y	Y
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 Place :

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