FORM 1 - FOR LUMP SUM / SIP INVESTMENTS

AXIS MUTUAL FUND

Application No.

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY. RIA CODE Serial No., Date & Time Stamp Distributor ARN Internal Sub-Broker / Sol ID **Employee Code** FIIIN Sub-Distributor ARN ARN-36863 E025451

. Upfront commission shall be paid directly by the investor to the AMF1 registered distributor based on the investor's assessment of various factors including the service rendered by the distributor 1/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 nt Advisor "I'Me 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/relationshipmanager/sales person of the distributor/sub broker." employee/relationship manager/sales person or the distributor/stw druker.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer 20) In case the subscription amount is ₹ 10,000 or more and your Distributor has outed to receive Transaction Charges, the same are deductible as applicable from the purchasel subscription amount and payable to the Distributor. I confirm that I am a first time investor across Mutual Funds. or more and your Distributor has opted to receive Transaction Charges, the same are de Units will be issued against the balance amount invested. I confirm that I am an existing investor in Mutual Funds. 2 EXISTING INVESTOR'S FOLIO NUMBER 1 UNIT HOLDING OPTION (To be filed in case of demat holding only) (If you have an existing folio with KYC validated, please mention here and skip to section 6/8.) ■ DEMAT MODE
■ PHYSICAL MODE Demat Account Details of First / Sole Applicant Folio Number (Name should be as per demat account) Depository Participant Name 3 INVESTMENT TYPE (Please tick any one) DP ID CDSL Beneficiery ID LUMP SUM WITH SIP LUMP SUM WITH STP NSDL Reneficiery 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) Single .Inint (Default) Anvone or Survivor 5 FIRST APPLICANT'S DETAILS (Non-individual invertors 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) PAN (Minor/1st Holder) KIN (Refer 8A) CKYC FORM SUPPLEMENTARY CKYC FORM Ref. 10 Aadhaar No. (Ref. 23) Date of birth (Minor / 1st Holder) Father's Name 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 / PnA PAN Guardian Aadhar No. Country of Birth Nationality Place of Birth For Investments "On behalf of Minor" (Refer 11) 🔲 Birth Certificate 🔲 School Certificate 🔲 Passport 🔲 Other Guardian named above is Father Mother Court Appointed Correspondence address (Please note: Address will be replace as per KYC records) City Country State Pin Code Overseas address (For FIIs/NRIs/PIOs) City State Country Pin Code **Fmail** Mohile Tel Status Proprietor HUE Minor Resident Individual FII __NRI PIO Society Societ
Other er than NPO Partnership Firm Trust NPO* Company Occupation Pvt. Sector Service Business Public Sector Gov. Service Housewife Defence Professional Retired Agriculture Student Other Forex Dealer 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 Gross Annual Income < 1L 1-5L 5-10L 10-25L > 25L < 1L 1.5L 5.10L 10.25L > 25L 25L-1C > 1C Is the entity involved in any of the following: ΠR Foreign Exchange/ Money Changer Yes No Net-worth* in ₹ Gaming/ Gambling/ Lottery Yes No *Not older than one year Politically Exposed Person (PEP) Related to Not (casinos, betting syndicates)
Money Lending/Pawning Applicable Yes No a PEP Any other information Continued Overleat 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 authorise you to debit my/our account no. Account type Savings NRO NRE Current FCNR Others to pay for the purchase of Axis Equity Fund. Amount

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 Scheme Amount

Country Tax identification number Identification type (TIN or Other, please specify) To do lockeds UEA, where the hold-dual is often / year card holder of the UEA Sha case Tax Identification Number is not evaluable, hindly provide its functional equivalent 9 Gender Male Female Gender		-36863 E025451 as N_0 (If yes, please indicate all countries in which you are resident for tax pu	urnness and the associated Tax ID Numbers below.)
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KYC acknowledgement letter (Compulsory for MICRO Investments)	$KYC\ acknowledgement\ letter\ (Compulsory\ for\ MICRO\ Investments)$	☐ SIP Registration Mandate - NACH for SIP investments	
Self attested PAN card copy Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that future payments can b from any of the accounts)	Self attested PAN card copy		o register multiple bank accounts so that future payments can be n
Email id and mobile number provided for online transaction facility Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached	Email id and mobile number provided for online transaction facility		ation is in the name of a Minor) attached
Plan / Option / Sub Option name mentioned in addition to scheme name Additional documents attached for Third Party payments. Refer instructions. FATCA Declaration.		Additional documents attached for Third Party payment	



ARN-36	6863			E025451	L							
7 BANK ACCOUNT DETAILS F	OR PA	Y-OUT (Manda	atory. Refer 6 and a	vail of Multiple Bank	Registration I	Facility.) (Ple	ase attach cancelle	d cheque copy or latest	bank acco	ount statement.)	(All fields are mar	ndatory)
Bank Name												
Bank A/c No.						Туре	Current	Savings I	NRO	NRE FO	NR Othe	rs Specify
Branch Name					City						Pin	
IFSC Code (11 digit)*				MICR Cod	le (9 digit)*					*Mentioned o	n your cheque l	eaf
8 INVESTMENT & PAYMENT DETAILS (Investors applying under Direct Plan must mention "Direct" against scheme name, refer 2) (All fields are mandatory) Payment type Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')												
Scheme	nent	Tilliu Faity		lan	y rayment De	Option	mi)	St	ub Optio	on		
8A LUMP SUM Do not submit SIP Registration Mandate - NACH (Form 2)												
Mode Cheque DD Axis B	ank Debi	it Mandate (Plea	ase fill section 6.)		Cheque /	DD no.					Dated	D M M Y Y
Amount (figures)			(words)									
Pay-in A/c no.							Drawn on bank	:1				
Account type Savings NRO SB SIP (SIP Registration details (Form 2) with		Current	FCNR 0	thers	Specify		branch name					
Monthly SIP Amount (figure)	T FUIII I			(words)								
	nthh	Vacdu in i	de Engress		d Dekis D	to /4	to average nothing	inh and nather each	(61)	If no	debit date is m	entioned default date would
SIP frequency (tick ✓ any one) ☐ Mo			ilt Frequency Mon	0.0				10 th and 31 st) (ref 13)		be co	onsidered as 7tl	n of every month.
SIP period Start Date M M Y	ΥE	nd Date M	M Y Y	OR _ End	date (ref	13(i)) 1		9 will be consider				
First SIP Installment details M	lode	Cheque / DD	Axis Banl	k Debit Mandate	e (Please fill s	section 3.)	Dated	D M M	Y			
Drawn on bank / branch name										Cheque / [D no.	
9 NOMINATION DETAILS (All fie	elds are man	ndatory) (Refer 18)										
		Firs	t Nominee			5	Second Nomine	90			Third Nom	inee
Name (as in PAN card/KYC records)												
PAN												
Date of Birth	D	D M N	И У У	Y Y	D 0	M	M Y	Y Y Y	' D	D I	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	t / Sole Applican	nt / Guardian	S	econd Appl	licant		Third Applic	ant		Power o	f Attorney Holder
Having read and understood the content of scheme. I/We hereby declare that the am Notifications or Directives of the provisions not received nor have been induced by any Customer" process is not completed by mapplicable NAV prevailing on the date of strommission or any other mode), payable to existing Micro SIP/Lumpsum investments: house. For NRIs only -1 / We confirm that I Resident External / Non Resident Ordinary /	f the SID ount inverse of the Inc. y rebate of the Inc. y rebate of the Inc. y reden him for the Inc. y which tog am/ we a	ested in the scl acome Tax Act, , or gifts, directly he satisfaction mption and und the different con gether with the are Non Resider	heme is through Anti Money Lau y or indirectly in of the Mutual l lertake such oth mpeting Schem e current applica nts of Indian nat	n legitimate sou ndering Laws, A n making this in Fund, (I/we here ner action with s es of various Mu ation will result tionality/origin a	rce only a nti Corrupt vestment. by author such funds utual Funds in aggrega nd that I/V	nd does r tion Laws I/We con ize the M s that may s amongst ate investr Ve have re	not involve des or any other ap firm that the fu utual Fund, to y be required by t which the Sch ments exceedin emitted funds f	igned for the purplicable laws enactionally and sinvested in the redeem the funds by the law.) The Allieme is being record if ₹ 50,000 in a y	oose of ted by t he Scher investe RN holde mmende rear (App	the contrave he Governme me, legally b d in the Scho er has disclosed to me/ us. I plicable for N	ention of any ent of India fro elongs to me/ eme, in favou sed to me/us a l/We confirm to Micro investm	Act, Rules, Regulations, m time to time. I/we have us. In event "Know Your r of the applicant, at the all the commissions (trail that I/We do not have any ent only.) with your fund
CERTIFICATION		to of this F	leand also the	h 4ho [ATO 4 C	CDC I- ·		ad barrier - 1	inn that the 1.5	mat!-	ا الحاضية	h1' '	
I / We have understood the information req complete. I / We also confirm that I / We hav									nation p	orovided by n	ne/us on this l	-orm is true, correct, and
AADHAAR DECLARATION I/ We hereby provide my/our consent in ac number(s) in accordance with the Aadhaar information with the asset management co	Act, 201	16 (and regulati	ions made there	under) and PML	A. I/ We h	ereby pro	vide my/our cor	nsent for sharing/	disclosin	ng of the Aad	lhaar number(s) including demographic
First / Sole Applicant / Guardian		X	Second Appl	icant	Х		Third App	olicant		Х	Power of Att	orney Holder

Date: D D M

Place :