

FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



Application No. _____

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
ARN-36863	ARN			E025451		

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 (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

Note: Please attach copy of Client Master List.

2 EXISTING INVESTOR'S FOLIO NUMBER

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

Folio Number

3 INVESTMENT TYPE (Please tick any one)

LUMP SUM LUMP SUM WITH SIP LUMP SUM WITH STP

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

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 Female

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

PAN (Minor/1st Holder) Ref. 10

KIN (Refer 8A)

CKYC FORM SUPPLEMENTARY CKYC FORM

Aadhaar No. (Ref. 23)

Father's Name

Date of birth (Minor / 1st Holder) (as per Aadhaar records)

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

Guardian Aadhaar No.

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 replaced 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 Partnership Firm Proprietor Trust HUF Company Minor NPO* Society Other FII NRI PIO Other than NPO

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

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

INDIVIDUALS	NON-INDIVIDUALS	Is the entity involved in any of the following:
Gross Annual Income OR Net-worth* in ₹ <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	Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No
*Not older than one year		Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable		Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other information		

...Continued Overleaf

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 _____

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
ARN-36863		E025451	

Stamp & Signature

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/ Aadhaar records) Email

Father's Name

PAN (Ref. 10) KIN (Refer 8A) CKYC FORM SUPPLEMENTARY CKYC FORM

Aadhaar No. (Ref. 23)

Mobile Date of birth (as per Aadhaar records) 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

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 ₹ as on Politically Exposed Person (PEP) 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 (3rd) (As in PAN card/ KYC/ Aadhaar records) Email

Father's Name

PAN (Ref. 10) KIN (Refer 8A) CKYC FORM SUPPLEMENTARY CKYC FORM

Aadhaar No. (Ref. 23)

Mobile Date of birth (as per Aadhaar records) 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

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 ₹ as on Politically Exposed Person (PEP) 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.



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Risk Managed Products

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

