

(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			E		

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
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### 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="text"/>	<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 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.)

<b>FIRST / SOLE APPLICANT</b>	Mr. Ms. M/s.
PAN (Mandatory)	<input type="text"/>
Date of Birth	<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"/>
CKYC 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"/>
Aadhaar No.	<input type="text"/>
Mobile No.	<input type="text"/>
Address	<input type="text"/>
State	<input type="text"/>
City	<input type="text"/>
Pin Code	<input type="text"/>
Email ID	<input type="text"/>

<b>SECOND APPLICANT</b>	Mr. Ms. M/s.
PAN (Mandatory)	<input type="text"/>
Date of Birth	<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"/>
CKYC 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"/>
Aadhaar No.	<input type="text"/>

<b>THIRD APPLICANT</b>	Mr. Ms. M/s.
PAN (Mandatory)	<input type="text"/>
Date of Birth	<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"/>
CKYC 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"/>
Aadhaar No.	<input type="text"/>

<b>GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)</b>	
Mr. Ms. M/s.	
PAN (Mandatory)	<input type="text"/>
Date of Birth	<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"/>
CKYC 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"/>
Aadhaar No.	<input type="text"/>
Mobile No.	<input type="text"/>
Relationship Of Guardian (Refer Instruction No. 11)	<input type="text"/>
Email ID	<input type="text"/>

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

**TAX STATUS (Applicable for First / Sole Applicant)**  
 Resident Individual  FII  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

<b>6 DEBIT MANDATE (For Axis Bank A/c only.) To be processed in CMS software under client code "AXISMF" TO BE DETACHED BY KARVY &amp; PRESENTED TO AXIS BANK CMS</b>	Application No.
I/ We <input type="text"/>	Name of the account holder(s) <input type="text"/>
<input type="text"/>	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 <input type="text"/> Specify
<input type="text"/>	to pay for the purchase of
<input type="checkbox"/> Axis Bluechip Fund, <input type="checkbox"/> Axis Long Term Equity Fund, <input type="checkbox"/> Axis Regular Saver Fund, <input type="checkbox"/> Axis Triple Advantage Fund, <input type="checkbox"/> Axis Midcap Fund, <input type="checkbox"/> Axis Focused 25 Fund, <input type="checkbox"/> Axis Arbitrage Fund, <input type="checkbox"/> Axis Equity Saver Fund, <input type="checkbox"/> Axis Multicap Fund, <input type="checkbox"/> Axis Dynamic Equity Fund <b>OR</b> <input type="checkbox"/> Axis MF Multiple Schemes	
Amount <input type="text"/>	(figures) <input type="text"/>
<input type="text"/>	(words)
<input type="text"/>	Signature of First Account Holder
<input type="text"/>	Signature of Second Account Holder
<input type="text"/>	Signature of Third Account Holder

<b>ACKNOWLEDGMENT SLIP</b> Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.	Application No.
From <input type="text"/>	<input type="text"/>
Cheque no.	Date
Amount	Scheme
<input type="text"/>	<input type="text"/>
<input type="text"/>	Stamp & Signature



