

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN 106754	ARN			E- 143402	

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
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**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Refer 18) 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 EXISTING INVESTOR'S FOLIO NUMBER** (If you have an existing folio with KYC validated, please mention here and skip to section 3/4.)

**2 FIRST APPLICANT'S DETAILS** (Non-individual investors please fill in UBO annexure and attach along with application form)  Mr.  Ms.  M/s

Name (1<sup>st</sup>)

Date of birth 

D	D	M	M	Y	Y
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 PAN Refer 9 

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 Nationality Country of Birth

**For Investments "On behalf of Minor"** (Refer 10)  Birth Certificate  School Certificate  Passport  Other Guardian named below is  Father  Mother  Court Appointed

Name of the Guardian if minor attach proof of date of birth / Contact person for non individuals / PoA holder name Guardian / PoA PAN

Correspondence / Overseas address (For FIIs/NRIs/PIOs)

City State Pin Code

Overseas address Country

Email (Refer 15a) Mobile Tel.

Status  Resident Individual  Proprietor  HUF  Minor  FII  NRI  PIO  Partnership Firm  Society\*  Trust\*  Company\*  Non-Profit Organization (NPO) (Ref 20)  Other Specify

Occupation  Pvt. Sector Service  Public Sector  Gov. Service  Housewife  Defence  Professional  Retired  Business  Agriculture  Student  Forex Dealer  Other 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	INDIVIDUALS as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	<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	NON-INDIVIDUALS as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	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
	D		D	M	M	Y	Y										
D	D	M	M	Y	Y												
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP																

**SECOND APPLICANT'S DETAILS** Mode of Holding  Joint (Default)  Anyone or Survivor Nationality Country of Birth  Mr.  Ms.  M/s

Name (2<sup>nd</sup>)

PAN Mobile Email

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 Specify	Gross Annual Income OR Net-worth* in ₹ *Should not be older than one year Any other information	INDIVIDUALS as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	<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"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP
D	D	M	M	Y	Y				

**THIRD APPLICANT'S DETAILS** Nationality Country of Birth  Mr.  Ms.  M/s

Name (3<sup>rd</sup>)

PAN Mobile Email ID

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 Specify	Gross Annual Income OR Net-worth* in ₹ *Should not be older than one year Any other information	INDIVIDUALS as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	<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"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP
D	D	M	M	Y	Y				

**3 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 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

**4 INVESTMENT & PAYMENT DETAILS** (Investors applying under Direct Plan must mention "Direct" against scheme name, refer 2)

Payment type  Non-Third Party Payment  Third Party Payment (Please attach 'Third Party Payment Declaration Form')

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

LUMP SUM (Fill 4A only)  MICRO LUMP SUM (Fill 4A only)  SIP AXIS BANK DEBIT MANDATE (Fill 4B)  SIP ELECTRONIC AUTO DEBIT (Fill 4B)  MICRO SIP (Fill 4B)

**4A LUMPSUM Do not submit SIP Auto Debit Form**

Mode  Cheque  DD  Axis Bank Debit Mandate (Please fill section 3.) Cheque / DD no.  Dated

Amount (figures)  (words)

Pay-in A/c no.

Account type  Savings  NRO  NRE  Current  FCNR  Others  Specify  Drawn on bank / branch name

**4B SIP (For SIP through Electronic Auto Debit submit SIP Auto Debit (Form 2) with Form 1**

Monthly SIP Amount (figure)  (words)

SIP frequency (tick  any one)  Monthly  Yearly Preferred Debit Date (Any date except 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup>)

SIP period  Till you instruct to discontinue OR no. of installments  (ref 12(h))\* from  to\*  \*Fill only if no. of installments have been specified, else leave blank.

First SIP Installment details Drawn on bank / branch name

Mode  Cheque / DD  Axis Bank Debit Mandate (Please fill section 3.) Cheque / DD no.  Dated

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT (Name should be as per the demat account. Refer 17)  NSDL  CDSL

Depository Participant (DP) Name

DP ID  Beneficiary A/c No.

**5 BANK ACCOUNT DETAILS FOR PAY-OUT** (Mandatory. Refer 6 and avail of Multiple Bank Registration Facility.)

Bank Name

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

Branch Name  City  Pin

IFSC Code (11 digit)\*  MICR Code (9 digit)\*  \*Mentioned on your cheque leaf

**6 NOMINATION DETAILS** (Refer 16)

Name (Date of Birth if nominee is minor)	Address	Guardian Name (in case Nominee is a Minor)	Signature (Guardian in case Nominee is a Minor)	Allocation %
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
				0

**7 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 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.

First / Sole Applicant / Guardian  Second Applicant  Third Applicant  Power of Attorney Holder

**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 name mentioned in addition to scheme name
- SIP Auto Debit Form 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.

AXIS MUTUAL FUND HELPS YOU RELAX WITH.



**EasyInvest**  
https://online.axismf.com  
Invest online without any prior registration.



**EasyCall**  
1800 221232 / 1800 3000 3300  
Buy / Sell units without PINs or Passwords.



**EasySMS**  
SMS HELP @ 91220 10033  
Transact and get help details on the go.



**EasyApp**  
SMS EasyApp @ 91220 10033  
to download, invest with ease on your Android smartphone.



**Risk Managed Products**

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

