

Application No.

Form 1

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN-12417				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 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 Instruction 18 and please tick (✓) any one)

I confirm that I am a first time investor across Mutual Funds. I confirm that I am an existing investor in Mutual Funds.

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.

1. EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here and skip to section 5/6. Mode of holding will be as per existing folio number.)

2. FIRST APPLICANT'S DETAILS

Name of 1st Applicant (should match with PAN card) Title Mr. Ms. M/s

Date of Birth

D D M M Y Y

For Investments "On behalf of Minor" (Refer Instruction 10) (^Attach mandatory documents as per instructions.)

PAN* (1st Applicant/Guardian)

*Mandatory. Refer Instruction 9.

Proof of Date of Birth

 Birth Certificate School Certificate/Mark sheet

Attached^

 Passport Any other

Enclose (Please ✓)

 Attested PAN card copy KYC Acknowledgment*

Guardian named below is

 Father Mother Court Appointed^

Name of the Guardian if minor / Contact Person for non individuals / PoA Holder name

PoA PAN

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

City

State

Pin Code

Email ID (Refer instruction 15a)

Mobile +91

STD Code

Tel (Office)

Tel (Resi)

Status of Sole / 1st Applicant (Please ✓)

 Resident Individual Proprietor HUF Minor Society FII NRI PIO Partnership Firm Trust Company Other

Specify

Occupation (of 1st / Sole Applicant)

 Service Housewife Defence Professional Retired Business Agriculture Other

Specify

Micro Investments (Refer instruction 9)

 KYC acknowledgement letter**3. JOINT APPLICANT'S DETAILS**Mode Of Holding (Please ✓) Joint (Default) Anyone or Survivor Single

Name of 2nd Applicant (Should match with PAN card)

Title Mr. Ms. M/s

PAN

(2nd applicant)

Enclose

 Attested PAN card copy KYC Acknowledgment*

*Mandatory. Refer Instruction 8.

Email ID

Mobile +91

Name of 3rd Applicant (Should match with PAN Card)

Title Mr. Ms. M/s

PAN

(3rd applicant)

Enclose

 Attested PAN card copy KYC Acknowledgment*

*Mandatory. Refer Instruction 8.

Email ID

Mobile +91

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

Bank Name

Bank A/c No.

A/c Type

 Current Savings NRO NRE FCNR Others

Specify

Branch Address

City

Pin

IFSC Code (11 digit)*

MICR Code (9 digit)*

*Mentioned on your cheque leaf

5. DEBIT MANDATE (For Axis Bank account holders only. Refer instruction 5d.)

Application No.

TO BE DETACHED BY THE REGISTRAR (KARVY) AND PRESENTED TO AXIS BANK CMS DEPARTMENT

Date

D D M M Y Y

I/ We

Name of the account holder(s)

authorise you to

*To be processed in CMS software under client code "AXISM"

debit my/our account no.

to pay for the purchase of

 Axis Long Term Equity Fund Axis Income Saver Axis Triple Advantage Fund Axis Midcap Fund Axis Equity Fund Axis Focused 25 Fund

Please debit an amount of ₹ (in figures)

Signature of Account Holder

₹ (in words)

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No.

Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From

Cheque no.

Date

Amount

Scheme

Stamp & Signature

6. INVESTMENT & PAYMENT DETAILS (Investors applying under Direct Plan must mention "Direct" against scheme name, refer instruction 2)Payment type (Please ✓) Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Scheme

Option

Dividend Frequency (Quarterly/ Half Yearly/ Annual)*

 ONE TIME LUMP SUM INVESTMENT

(Do not submit SIP Auto Debit Form for lump sum investments)

 MICRO LUMP SUM INVESTMENT (Refer instruction 9)

*Applicable only for Axis Income Saver

Payment mode Cheque DD Debit Mandate^

(^Facility available for Axis Bank account holders only. Please fill in section 5.)

Investment amount (₹)	
Cheque / DD No.	
Cheque / DD date	DD/MM/YY
Drawn on bank / branch name	
Pay-in bank account no. (For cheques only)	
Account type (Please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others Specify

 DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT (Refer instruction 17. Not applicable for SIP investment). Name should be as available in demat account. NSDL CDSL

Depository Participant Name

Depository Participant (DP) ID

Beneficiary Account Number

 SIP INVESTMENT (normal SIP) **MICRO SIP INVESTMENT** (Refer instruction 9)

Monthly SIP amount ₹

(in figures)

₹

(in words)

First SIP Installment detailsMode of payment Cheque / DD Debit Mandate (Facility available for Axis Bank account holders only. Please fill in section 5.)

Cheque / DD no.

Cheque / DD date

D D M M Y Y

Drawn On

Second and subsequent SIP Installment detailsSIP period Till you instruct Axis Mutual Fund to discontinue or no. of installments from M M Y Y to* M M Y Y

Preferred date for monthly debit (Pick any date except 29th, 30th and 31st of the month.) D D

*Please fill only if no. of installments have been specified. Otherwise leave blank. Minimum 30 instalments

 SIP through post-dated cheques-Cheque Nos.

From

To

Date From D D M M Y Y To D D M M Y Y

 SIP through Electronic Auto Debit (Please fill and attach the SIP Auto Debit Form along with this form)**7. NOMINATION DETAILS** (Nomination is advisable. If you do not wish to nominate, tick here . Refer instructions 16.)

Name	Date of Birth	Address	Guardian Name (in case Nominee is a Minor)	Signature (Guardian in case Nominee is a Minor)	Allocation %
Nominee 1					
Nominee 2					
Nominee 3					
Unit Holder's Signature					Total = 100%

8. 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 AND ENCLOSURES

- KYC acknowledgement letter copy attached
- Self attested PAN card copy attached
- Email id provided for a greener planet
- Email id and mobile number provided for online transaction facility
- Plan / Option name mentioned in addition to scheme name
- SIP Auto Debit Form attached for SIP investments
- MICRO Investments - KYC acknowledgement letter enclosed
- Multiple Bank Accounts Registration form attached (if you want to register multiple bank accounts so that future payments can be made from any of the accounts)
- Nomination facility opted
- Form signed by all applicants
- 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,

