

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN 83671	ARN			E100500	

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
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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 (1st) _____
 Date of birth (D D M M Y Y) PAN Refer 9 _____ 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. _____

Are you a tax resident of any country other than India? No Yes (Please attach / complete the Ultimate Beneficial Ownership (UBO) Declaration Form & FATCA Declaration Form). (Refer 8.8 & 19)

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 _____

Gross Annual Income OR Net-worth* in ₹ *Not older than one year Any other information	INDIVIDUALS <input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L as on (D D M M Y Y) <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP	NON-INDIVIDUALS <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 as on (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
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SECOND APPLICANT'S DETAILS Mode of Holding Joint (Default) Anyone or Survivor Nationality _____ Country of Birth _____ Mr. Ms. M/s

Name (2nd) _____
 PAN _____ Mobile _____ Email _____

Are you a tax resident of any country other than India? No Yes

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 <input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L as on (D D M M Y Y) <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP
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THIRD APPLICANT'S DETAILS Nationality _____ Country of Birth _____ Mr. Ms. M/s

Name (3rd) _____
 PAN _____ Mobile _____ Email ID _____

Are you a tax resident of any country other than India? No Yes

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 <input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L as on (D D M M Y Y) <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP
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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 (D D M M Y Y) _____

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)*

Dividend Re-Investment Option is not available for Axis Long Term Equity Fund *Applicable only for Axis Income Saver

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 29th, 30th and 31st)

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
				100%

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 212122 / 1800 3000 3300
Buy / Sell units without PINs or Passwords.



EasySMS
SMS HELP @ 12128 10033
Transact and get help details on the go.



EasyApp
SMS EasyApp @ 12128 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.