## FORM 1 - FOR LUMPSUM / SIP INVESTMENTS



Application No.

Distributor ARN	Sub-Distributor Al	RN Sol ID / Int	ernal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp				
ARN-97821					E113814					
		-	ed on the investor's assess	ment of various factors including the se	rvice rendered by the d	stributor.				
"I/We hereby confirm that the EUII executed without any interaction or a distributor/sub. broker or notwithsta employee/relationship manager/sales pe	I box has been intentionally left blan dvice by the employee/relationship manding the advice of in-appropriate rson of the distributor/sub broker.	k by me/us as this transaction is anager/sales person of the above ness, if any, provided by the	First / Sole Applicar Guardian	nt / Second Applicant	Third Ap	Power of Attorney Holder				
TRANSACTION CHARGES or more and your Distributor has opted Units will be issued against the balance	to receive Transaction Charges, the					n a first time investor across Mutual Funds. n an existing investor in Mutual Funds.				
1 EXISTING INVEST	TOR'S FOLIO NUMBER	(If you have an existing folio wi	th KYC validated, pleasemention	n here and skip to section 5/6.)						
2 FIRST APPLICAN	T'S DETAILS (Non-individual	ual invertors please fill in UBO anne	xure and attach along with appli	ication form) Ref. 8		☐ Mr. ☐ Ms. ☐ M/s				
Name (1 <sup>±</sup> )										
Date of birth	M Y Y PAN Refe	er 9		Enclose Attest	ed PAN copy	KYC Acknowledgment / Letter				
For Investments "On behalf	f <b>of Minor"</b> (Refer 10) 🔲 Bi	rth Certificate School	Certificate Passport	Other Guard	an named below is [	Father Mother Court Appointed^				
Name of the Guardian if min	or attach proof of date of bi	rth / Contact person for no	n individuals / PoA holde	er name Guardian /	Po A PAN					
Correspondence / Overseas a	address (For Flls/NRIs/PIOs)	, ,								
City			State			Pin Code				
Overseas address						Country				
Email (Refer 15a)	Description C	IIII Dan Da		Mobile		Tel.				
Status Resident Indi				P10		017				
	<1L 1-5L 5-10L 1			1-5L		Is the entity involved in any of the following:				
UB 🗠	CIE	as on D D M M	N   Y   N   N   N   N   N   N   N   N	as on []	D M M V V	Foreign Exchange/ Money Changer Yes No				
Net-worth*in₹ *Not older than one year	Politically Exposed Pers	on (PEP) Related to a		85011	D WI WI I I	Gaming / Gambling / Lottery (casinos, botting syndicates)  Money Lending / Pawning / res No				
Any other information		,,	NON			, c				
SECOND APPLICANT'S	S DETAILS Mode of Ho	olding  Joint (Default)	Anyone or Survivor I	Enclose Attested PAN card co	py KYC Acknow	ledgment (Refer 8)				
PAN		Mobile				Email				
Status Resident Indi		HUF Minor Soci		Gross Annual Income OR	_<1L1-5L	5-10L 10-25L > 25L				
Occupation Pvt. Sector S				Net-worth* in ₹	Politically Evr	as on D D M M Y Y osed Person (PEP) Related to a PEP				
	☐ Business ☐ Agriculture			*Should not be older than one year Any other information	- I officially Exp	useu i eisuii (i Ei / 🗀 iieiateu tu a i Ei				
THIRD APPLICANT'S	DETAILS		Enclos	e Attested PAN card copy	KYC Acknowledgn	ent (Refer 8)				
Name (3"5)										
PAN		Mobile			E	mail ID				
	vidual Proprietor			Gross Annual Income OR	_<1L1-5L!	5-10L 10-25L > 25L				
Occupation Pvt. Sector S	Partnership Firm  Service Public Sector			Net-worth* in ₹	Politically Evr	as on   D   D   M   M   Y   Y				
	Business Agriculture			*Should not be older than one year Any other information	_ I officially Exp	oscu i cisciii (i Ery - i riciatea to a i Er				
3 DEBIT MANDATE	For Axis Bank A/c only.) To be proces	sed in CMS software under dient o	ode "AXISMF" TO BE D	ETACHED BY KARVY & PRESENTED TO AXIS BANK	cms Application	No.				
I/ We		Name of the acc	ount holder(s)			Date D D M M Y Y				
authorise you to debit my/our					ne purchase of					
		ınd 🔃 Axis Midcap Fund	Axis Equity Fund	Axis Focused 25 Fund	Axis Long Term Equ	ity Fund				
Amount	(figures)	<u> </u>		(words)						
	of First Account Holder		Signature of Second A							
ACKNOWLEDGMEN	T SLIP Received subject to rea	alisation, verification and conditi	ons, an application for purcha	se of Units as mentioned in the application	7821 Application	No.				
From										
Cheque no.	Date	Amount		Scheme						
						Stamp & Signature				

4 BANK ACCOUNT	DETAILS F	OR PAY	/-OUT (Ma	andatory. R	lefer 6 and a	wail of Mul	tiple Bank F	Registration	Facility.)										
Bank Name																			
Bank A/c No.									Type	□ Cı	ırrent	Saving	s NRC	O 🗌 NF	RE 🗌 FC	NR 🗌	Others	Spe	cify
Branch Name								City								Pin			
FSC Code (11 digit)*						M	IICR Code	e (9 digit) '						*Me	entioned or	your che	que leaf		
INVESTMENT & F			S (Investors	applying ur	nder Direct P	lan must n	mention "Dir	ect" against	scheme nar	ne, refer 2)									
_	rd Party Payme	ent	Third Pa	arty Payn	ment (Plea	sse attach	'Third Party	Payment D											
Scheme										Plan				Option	Dividend Fr		(Quarterly) Applicable or		
LUMP SUM (Fill 5A only)  LUMPSUM Do not submi			IP SUM (Fil	I 5A only)		SIP A	XIS BAN	IK DEBIT	MAND!	ATE (Fill S	5B)	SIP	ELECTRO	NIC AUT	TO DEBI	(Fill 5B)		MICRO	SIP (Fill 5
Mode Cheque				le (Please fi	ill section 3.)	)	Chequ	e / DD no							1	Dated	D D	мм	Y Y
Amount (figures)					(words)										l .				
Pay-in A/c no.	$\overline{1}$	$\overline{\Box}$	$\overline{}$	$\overline{}$		$\top$				D	- bask t								
Account type Savir	ngs NRO	NRE	Curren	t C FC	NR 🗆 n	there		Specify		Drawn o branch n									
B SIP (For SIP through Bectro								- Chooni											
Monthly SIP Amount (fig	ure)						(words)												
Preferred date for Month		it (Ameda	te excent 20	1 <sup>th</sup> 30 <sup>th</sup> an	d 31th	T <sub>D</sub>													
			-		_			1	))* from		T T .			T T	*Fill o	nly if no.	of installme	nts have	
SIP period  Till you								(rer 12(r	i)) - irom	M M	Y	Y to*	M M	Y	been	pe cified,	else leave b	lank.	
First SIP Installment d			n on bank /												1				
Mode Cheque								e / DD no		7						Dated	D D	M M	YY
DEMAT ACCOUNT DET		1 / SULI	E APPLIGA	AINI (Nam	ne should be	as per the	demat acco	ount. Refer 1	7)	NSDL	CD	SL							
epository Participant (DP) I	rame							Done	Seiory A	la Na									
PID	TA II O							Delli	eficiary A	C NU.									
6 NOMINATION DE	IAILS (Refer 1	.6)														1	0.		
Name (Date of Birth if nominee	is minor)						Address							ardian Na Vominee is			Signature uardian in c	ase	Allocation %
													1			Non	ninee is a M	linor)	
Unit Holder's Signature		First / Sole Applicant /			Second Applicant						Third A	pplicant			Power	of Attor	ney Holder		100%
you do not wish to nominate sign here.	au don ot wish to nominate sign here. Guardi			Nam .															
DECLARATION A			. Unusbeech		in after - *					Estan- d -		dan metari		theart	INIC COL	dealer d	at the comme	inum e d'	the set '
aving read and unders tood the content trough legitimate source only and doe nacted by the Government of India fro	s not involve design m time to time. I/w	ed for the put have not re	urpose of the c aceived nor hav	apply for uni contraventio ve been indur	on of any Act ced by any re	t, Rules, Re bate or gift	e read and d gulations, N ts, directly d	nderstood tr lotifications or indirectly i	or Directives or making this	of the prov	ans, rules ar isions of the t. I/We confi	Income Ta rm that the	ns governing x Act, Anti N funds investo	Money Laund ed in the Sci	dering Laws, heme, legally	Anti Corrup belongs to	ntion Laws or me/us. In eve	any other ap nt "Know Yo	pplicable law our Customer
rocess is not completed by me/us to th ith such funds that may be required by	e satisfaction of the v the law.) The ARN	e Mutual Fun I holder has d	nd, (I/we hereby disclosed to me	y authorize t alus all the co	the Mutual Formmissions (	und, torede trail comm	eem the fund ission or am	ds invested it v other mode	the Scheme ), payable to	, in favour o him for the	of the applica different co	int, at the a moeting Sc	pplicable NA\ names of vari	/ prevailing ous Mutual	on the date o Funds amono	fsuch rede ist which th	mption and ur ne Scheme is t	ndertake suc neino recomm	h other action mended to me
s. I/We confirm that I/We do not have onfirm that I am/ we are Non Residents re true and correct.	of Indian nationalit	y/origin and	that I/We have	remitted fu	unds from abr	road throug	ph approved	banking cha	nnels or from	fundsin my	our Non Re	sident Exte	rnal / Non Res	sident Ordin	ary / FCNR a	ccount. I/W	e confirm tha	details prov	rided by me/u
First / Sole Applicant / Guardian			Second Applicant						Third Applicant					Power of Attorney Holder					
UICK CHECKLIST																			
KYC ack nowledgement le	etter (Compulso	ory for Mi	ICRO Inves	tments)		SIPAu	rto Debit I	Form for S	SIPinvest	ments									
Self attested PAN card co	ору							accounts		on form	if you wa	int to reg	jister mul t	iple b ank	accounts	so that	future pay	ments ca	n be made
Email id and mobile numb	erprovided for	online tra	nsaction fr	acility						an and M	linor/if o	nlicatio	n is in the	name of	Minorla	Hackad			
				,,,,,									n is in the r efer instru		a (viiiiur ) a	ua crieti			
Plan / Option name mention	med in addition	to schen	ne name			Addicio	onar uucu	ments dt	aciidu i0	TIMIU P	orty payl	nen is. N	sier ilistitu	ictivits.					
				AXI	s MUT	UAL F	UND H	ELPS 1	OU RE	LAX W	ITH,								









