FORM 1 - FOR LUMPSUM / SIP INVESTMENTS

AXIS MUTUAL FUND relax. it's axis.

Application No.

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN-97821				E113814	

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 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 5/6.)

2 FIRST APPLICANT'S DETAILS

Title ☐ Mr. ☐ Ms. ☐ M/s

Name (1st)

Date of birth (D D M M Y Y) PAN Refer 9 Enclose ☐ Attested PAN copy ☐ KYC Acknowledgment / Letter

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 ☐ Society ☐ FII ☐ NRI ☐ PIO ☐ Partnership Firm ☐ Trust ☐ Company ☐ Other Specify

Occupation ☐ Pvt. Sector Service ☐ Public Sector ☐ Gov. Service ☐ Housewife ☐ Defence ☐ Professional ☐ Retired ☐ Business ☐ Agriculture ☐ Student ☐ Forex Dealer ☐ Other Specify

INDIVIDUALS

Gross Annual Income OR Net-worth* in ₹ (*Should not be older than one year)

☐ <1 L ☐ 1-5 L ☐ 5-10 L ☐ 10-25 L ☐ >25 L as on Date (D D M M Y Y)

☐ Politically Exposed Person (PEP) ☐ Related to a PEP

Any other information

NON-INDIVIDUALS

☐ <1 L ☐ 1-5 L ☐ 5-10 L ☐ 10-25 L ☐ >25 L ☐ 25 L - 1 C ☐ >1 C

as on Date (D D M M Y Y)

Is the entity involved in any of the following services: • Foreign Exchange/ Money Changer ☐ Yes ☐ No • Gaming/ Gambling/ Lottery (casinos, betting syndicates) ☐ Yes ☐ No • Money Lending/ Pawning ☐ Yes ☐ No

3 JOINT APPLICANT'S DETAILS

Mode of Holding ☐ Joint (Default) ☐ Anyone or Survivor

Name (2nd)

PAN Enclose ☐ Attested PAN card copy ☐ KYC Acknowledgment (Refer 8) Mobile +91

Name (3rd)

PAN Enclose ☐ Attested PAN card copy ☐ KYC Acknowledgment (Refer 8) Mobile +91

Email 2nd Email 3rd

4 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

5 DEBIT MANDATE (For Axis Bank account holders only. Refer 5d.) To be processed in CMS software under client code "AXISMF"

Application No.

Date (D D M M Y Y) TO BE DETACHED BY KARVY AND PRESENTED TO AXIS BANK CMS DEPARTMENT

I/ We Name of the account holder(s)

authorise you to 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

Amount	(figures)	(words)

Signature of Account Holder

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. ARN-97821

From

Cheque no.	Date	Amount	Scheme

Stamp & Signature

ARN-97821 EUIN- E113814

6 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)*)

*Applicable only for Axis Income Saver

☐ LUMP SUM (Fill 6A only) ☐ MICRO LUMP SUM (Fill 6A only) ☐ SIP AXIS BANK DEBIT MANDATE (Fill 6B) ☐ SIP ELECTRONIC AUTO DEBIT (Fill 6B) ☐ MICRO SIP (Fill 6B)

6A LUMPSUM Do not submit SIP Auto Debit Form

Mode ☐ Cheque ☐ DD ☐ Axis Bank Debit Mandate (Please fill section 5.) Cheque / DD no. Dated (D D M M Y Y)

Amount (figures) (words)

Pay-in A/c no. Drawn on bank / branch name

Account type ☐ Savings ☐ NRO ☐ NRE ☐ Current ☐ FCNR ☐ Others Specify

6B SIP (For SIP through Electronic Auto Debit submit SIP Auto Debit (Form 2) with Form 1

Monthly SIP Amount (figure) (words)

Preferred date for monthly debit (Any date except 29th, 30th and 31st) (D D)

SIP period ☐ Till you instruct to discontinue or no. of installments (Minimum 30 instalments) from (M M Y Y) to* (M M Y Y) *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 5.) Cheque / DD no. Dated (D D M M Y Y)

☐ **DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT** (Name should be as available in demat account. Refer 17) ☐ NSDL ☐ CDSL

Depository Participant (DP) Name

DP ID Beneficiary A/c No.

7 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%

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

- ☐ 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.