## FORM 1 - APPLICATION FORM FOR AXIS ENHANCED ARBITRAGE FUND



Application No.

NFO opens: 25th July, 2014 NFO closes: 08th August, 2014 This product is suitable for investors who are seeking\*: • Income over short to medium term • Investment in arbitrage opportunities in the cash & derivatives segment of the equity market • Medium risk (YELLOW) Investors should consult their financial advisers if in doubt about whether the product is suitable for them. Note: Risk is represented as: (BLUE) investors understand that their principal will be at low risk (YELLOW) investors understand that their principal will be at medium risk (BROWN) investors understand that their principal will be at high risk Serial No., Date & Time Stamp Employee Code EUIN Sol ID / Internal Sub-Broker E113814 ΔRN-97821 n 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. and in the paid unless by the investor to the only in that the EUIN box has been intentionally left blank any interaction or advice by the employee/relationship ma ker or notwithstanding the advice of in-appropriate hip manager/sales person of the distributor/sub broker. I/We hereby confirm that the Second Applicant TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer 16) In case the subscription amount is ₹ 10,000 Lonfirm that Lam a first time investor across Mutual Funds sel subscription amount and navable to the Distributor or more and your Distributor has opted to receive Transaction Charges, the same are ded Units will be issued against the balance amount invested. 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, pleasemention here and skip to section 3(5.) FIRST APPLICANT'S DETAILS (Non-individual invertors please fill in UBD annexure and attach along with application form) Ref. 8 Mr. Ms. M/s Name (1<sup>±</sup>) Attested PAN copy Date of birth KYC Acknowledgment / Letter PAN Refer 9 Enclose Guardian named below is Father Mother Court Appointed^ For Investments "On behalf of Minor" (Refer 10) Birth Certificate School Certificate Passport Other Name of the Guardian if minor attach proof of date of birth / Contact person for non individuals / PoA holder name Guardian / Po A PAN Correspondence / Overseas address (For Fils/NRIs/PIOs) State City Pin Code Overseas address Fmail (Refer 13a) Mohile Tel. Are you a tax resident of any country other than India. 🗌 No 🔝 Yes (if 'Yes' Please Ref 17 & submit FATCA form available at www.axismf.com) Status Resident Individual Proprietor HUF Minor Society FII NRI PIO Partnership Firm Trust Company Other Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Business Agriculture Student Forex Dealer Other Gross Annual Income < 1L 1.5L 5.10L 10.25L > 25L < 1L 1.5L 5.10L 10.25L > 25L 25L.1C > 1C Is the entity involved in any of the following: OR Foreign Exchange/ Money Changer /es No Net-worth\* in ₹ Gaming / Gambling / Lottery (casinos, botting syndicates) (88) No \*Not older than one year Politically Exposed Person (PEP) Related to a PEP Money Lending/Pawning No /es Any other information SECOND APPLICANT'S DETAILS Mode of Holding \_ Joint (Default) \_ Anyone or Survivor \_ Enclose \_ Attested PAN card copy \_ KYC Acknowledgment (Refer 8) \_ Mr. \_ Ms. \_ M/s Name (2<sup>nd</sup> PAN Mobile Are you a tax resident of any country other than India. 🗌 No 🔲 Yes (if 'Yes' Please Ref 17 & submit FATCA form available at www.axismf.com) Resident Individual Proprietor HUF Minor Society FII Gross Annual Income <1L 1.5L 5.10L 10.25L > 25L ΠR NRI ☐ PIO ☐ Partnership Firm ☐ Trust ☐ Company ☐ Other Spi as on D D M M Y Y Net-worth\* in ₹ Occupation 🗌 Pvt. Sector Service 🗌 Public Sector 🗌 Gov. Service 🗌 Housewife 🗌 Defence 🗌 Retired Politically Exposed Person (PEP) Related to a PEP ld not be older than one year Professional Business Agriculture Student Forex Dealer Other Specify Any other information Attested PAN card copy KYC Acknowledgment (Refer 8) THIRD APPLICANT'S DETAILS Mr. Ms. M/s Enclose Name (3") PANMohile Are you a tax resident of any country other than India. No Yes (if Yes' Please Ref 17 & submit FATCA form available at www.axismf.com) Resident Individual Proprietor HUF Minor Society FII Gross Annual Income <1L 1.5L 5.10L 10.25L > 25L ΠR NRI PIO Partnership Firm Trust Company Other as on D D M M Y Y Net-worth\* in ₹ Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Retired Politically Exposed Person (PEP) Related to a PEP uld not be older than one year Professional Business Agriculture Student Forex Dealer Other Specify Any other information 3 DEBIT MANDATE (For Axis Bank A/c only.) To be processed in CMS software under client code "AXISMF" TO BE DETACHED BY KARYY & PRESENTED TO AXIS BANK CMS Application No. I/ We Date authorise you to debit my/our account no. to pay for the purchase of Axis Enhanced Arbitrage Fund Amount ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application from No. Cheque no. Date Amount Scheme

BANK ACCOUNT DETAILS FOR PA	AY-OUT (Mandatory. Refer 6 and avail of Multiple Bank Registration Faci	ity.)			
nk A/c No.		Type Current Savings	□ NRO □ NRE □ FCN	IR Others Sp	ecify
nch Name	City			Pin	
Code (11 digit)*	MICR Code (9 digit)*		*Mentioned on	your cheque leaf	
INVESTMENT & PAYMENT DETA	ILS (Investors applying under Direct Plan must mention "Direct" against sch	eme name, refer 2)			
ment Type 🔲 Non-Third Party Payment	☐ Third Party Payment (Please attach 'Third Party Payment Decl	ration Form")			
Axis Erhanced Arbitrage Fund Regular	Plan Growth Direct	Plan Growth			
	☐ Dividend Payout ☐ Dividend Reinvestment	☐ Dividend Payout ☐ Dividend Reinvestme	ent		
ode 🗌 Cheque 🔲 DD 🔲 Axis Bank Deb	oit Mandate (Please fill section 3.) Cheque / DD no.		Da	ted D D M M	γ
no unt (figures)	(words)				
y-in A/c no.		Drawn on bank /			
count type 🔲 Savings 🗆 NRO 🗆 NRE	☐ Current ☐ FCNR ☐ Others ☐ Specify	branch name			
DEMAT ACCOUNT DETAILS OF F	IRST / SOLE APPLICANT (Refer 15). Name should be ava	lable in demat account.			
NSDL OR CDSL					
ository Participant Name					
ository Participant (DP) ID					
eficiary Account Number					
NOMINATION DETAILS (Refer 14)					
Name			Guardian Name	Signature	Allocati
(Date of Birth if nominee is minor)	Address	(	in case Nominee is a Minor)	(Guardian in case Nominee is a Minor)	%
	Applicant / Second Applicant	Third Applicant	Power	f Attorney Holder	100%
do not wish to nominate sign here. Gua	rdian			,	
eme. I/We hereby declare that the amount in ifications or Directives of the provisions of the I received nor have been induced by any rebate tomer" process is not completed by me/us to licable NAV prevailing on the date of such red imission or any othermode), payable to him for ting Micro SIP/Lumpsum investments which to se. For NRIs only - 1/We confirm that I am/we	D / SAI of the scheme, I/we hereby apply for units of the scherested in the scheme is through legitimate source only and ncome Tax Act, Anti Money Laundering Laws, Anti Corruptior or gifts, directly or indirectly in making this investment. I/V the satisfaction of the Mutual Fund, (I/we hereby authorize emption and undertake such other action with such funds the different competing Schemes of various Mutual Funds at opether with the current application will result in aggregate are Non Residents of Indian nationality/origin and that I/We count. I/We confirm that details provided by me/us are true a	does not involve designed for the Laws or any other applicable laws (e confirm that the funds invested the Mutual Fund, to redeem the fat may be required by the law.) Th nongst which the Scheme is being nvestments exceeding ₹ 50,000 have remitted funds from abroad it	purpose of the contraven enacted by the Governmen lin the Scheme, legally bel unds invested in the Schen he ARN holder has disclose recommended to me/ us. I/V in a year (Applicable for Mi	tion of any Act, Rules, I t of India from time to tim ongs to me/us. In event ' ne, in favour of the appli d to me/us all the commi Ve confirm that I/We do n cro investment only.) wit	Regulation e. I/we have the cant, at the cant, at the cant, at the cant have at the cant ha
First / Sole Applicant / Guardian	Second Applicant	Third Applicant	P	ower of Attorney Holder	
IICK CHECKLIST					
KYC acknowledgement letter(Compulsory for	MICRO Investments) Multiple Bank Accounts Reg from any of the accounts)	istration form (if you want to regis	ter multiple bank accounts	so that future payments o	can be ma
Self attested PAN card copy		Guardian and Minor (if application i	s in the name of a Minor) att	ached	
Email id and mobile number provided for online	transaction facility Additional documents attac	ned for Third Party payments. Ref	er instructions.		
Plan / Option name mentioned in addition to sch	eme name				
	AXIS MUTUAL FUND HELPS YOU I	ELAX WITH,			