FORM 1 - FOR LUMP SUM / SIP INVESTMENTS

AXIS MUTUAL FUND

Application No.

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.)

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
ARN ARN-14541	ARN			E E251404		

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, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser:

☐ "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 ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. 20)

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

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio with KYC validated, please mention here and skip to section 6/7.)

INVESTMENT TYPE (Please tick any one)

☐ LUMP SUM ☐ LUMP SUM WITH SIP
☐ LUMP SUM WITH STP ☐ SINGLE CHEQUE MULTIPLE SCHEMES

MODE OF HOLDING

(in case of Demat Purchase Mode of Holding should be same as in Demat Account)

☐ Single ☐ Joint (Default) ☐ Anyone or Survivor

1 APPLICANT INFORMATION (MANDATORY) (In case of investment "On behalf of Minor", Please Refer Instruction no. 11.)

FIRST / SOLE APPLICANT Mr. Ms. M/s.

PAN (Mandatory) Date of Birth D D M M Y Y Y Y CKYC No. 14 digit CKYC Number

Aadhaar No. Mobile No.

Address

State City Pin Code

Email ID

SECOND APPLICANT Mr. Ms. M/s.

PAN (Mandatory) Date of Birth D D M M Y Y Y Y CKYC No. 14 digit CKYC Number

Aadhaar No.

THIRD APPLICANT Mr. Ms. M/s.

PAN (Mandatory) Date of Birth D D M M Y Y Y Y CKYC No. 14 digit CKYC Number

Aadhaar No.

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.

PAN (Mandatory) Date of Birth D D M M Y Y Y Y CKYC No. 14 digit CKYC Number

Aadhaar No. Mobile No.

Relationship Of Guardian (Refer Instruction No. 11) Email ID

Proof of the Relationship with Minor ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Other Specify

TAX STATUS (Applicable for First / Sole Applicant)

☐ Resident Individual ☐ FIIs ☐ NRI - NRO ☐ HUF ☐ Club / Society ☐ PIO ☐ Body Corporate ☐ Minor ☐ Government Body ☐ Trust ☐ NRI - NRE ☐ Bank & FI
☐ Sole Proprietor ☐ Partnership Firm ☐ QFI ☐ Provident Fund ☐ Others Specify

6 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 Bluechip Fund, ☐ Axis Long Term Equity Fund, ☐ Axis Regular Saver Fund, ☐ Axis Triple Advantage Fund, ☐ Axis Midcap Fund, ☐ Axis Focused 25 Fund, ☐ Axis Arbitrage Fund, ☐ Axis Equity Saver Fund, ☐ Axis Multicap Fund, ☐ Axis Dynamic Equity Fund **OR** ☐ Axis MF Multiple Schemes

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

2 KYC DETAILS (Refer Instruction No. 8. In case of investment "On behalf of Minor", Please Refer Instruction No. 11)

OCCUPATION [Please tick (✓)]

FIRST APPLICANT	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others
SECOND APPLICANT	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others
THIRD APPLICANT	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others

GROSS ANNUAL INCOME [Please tick (✓)]

FIRST APPLICANT	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore Net worth (Mandatory for Non - Individuals Rs. ____ as on D D M M Y Y Y Y [Not older than 1 year]
SECOND APPLICANT	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore **OR** Net Worth ____
THIRD APPLICANT	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore **OR** Net Worth ____

For Individuals	For Non-Individual Investors (Companies, Trust, Partnership etc.)	
☐ I am Politically Exposed Person	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration)	☐ Yes ☐ No
☐ I am Related to Politically Exposed Person	Foreign Exchange / Money Charger Services	☐ Yes ☐ No
☐ I am not related to Politically Exposed Person	Gaming / Gambling / Lottery / Casino Services	☐ Yes ☐ No
	Money Lending / Pawning	☐ Yes ☐ No

3 FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor. Refer Instruction No. 23)

The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			☐ Indian ☐ U.S. ☐ Others ____
Second applicant			☐ Indian ☐ U.S. ☐ Others ____
Third applicant			☐ Indian ☐ U.S. ☐ Others ____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No [Please tick]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Address Type
First Applicant / Guardian				☐ Residential ☐ Registered Office ☐ Business
Second applicant				☐ Residential ☐ Registered Office ☐ Business
Third applicant				☐ Residential ☐ Registered Office ☐ Business

'FATCA and CRS Self Certification form' is available on the website of AMC i.e. www.axismf.com or at the Investor Service Centres (ISCs) of Axis Mutual Fund

4 DEMAT ACCOUNT DETAILS (OPTIONAL) (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. 19

NSDL: Depository Participant Name ____ DPID No. I N ____ Beneficiary A/c No. ____

CDSL: Depository Participant Name ____ Beneficiary A/c No. ____

Enclosed ☐ Client Master ☐ Transaction/ Statement Copy/ DIS Copy

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 / Sub Option name mentioned in addition to scheme name
- ☐ SIP Registration Mandate - NACH 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 instruction No. 7.
- ☐ FATCA Declaration.

5 NOMINATION DETAILS (Mandatory) (Refer Instruction No. 18)

Sr. No.	Nominee Name	PAN	Allocation (%)	Relationship with Investor	Guardian Name (in case of Minor)	Guardian Signature
1						
2						
3						

☐ I/We DO NOT wish to nominate and sign here

First / Sole Applicant | Second Applicant | Third Applicant

7 INVESTMENT & PAYMENT DETAILS

Payment type ☐ Non-Third Party Payment ☐ Third Party Payment (Refer instruction no. 7 and attach 'Third Party Payment Declaration Form')

Scheme | Plan | Option | Sub Option# Dividend Frequency (Quarterly/ Half Yearly/ Annual)*

Dividend Re-Investment is not available for Axis Long Term Equity Fund *Applicable as per the scheme. Please refer SID of the respective scheme.

7A Multiple Investments (Refer Instruction No. 22)

Sr. No.	Scheme	Plan	Option	Amount
1.				
2.				
3.				
Total	In words			In figures

7B LUMP SUM

Mode ☐ Cheque ☐ DD ☐ Axis Bank Debit Mandate (Please fill section 6.) Cheque / DD no. Dated D D M M Y Y

Amount (figures) (words)

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

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

IFSC Code (11 Digit) MICR Code (9 Digit)

7C SIP (SIP Registration details (Form 2) with Form 1

Monthly SIP Amount (figure) (words)

SIP frequency (tick ✓ any one) ☐ Monthly ☐ Yearly (Default Frequency Monthly) Preferred Debit Date (Any date except 29th, 30th and 31st) (ref 13(b)) D D If no debit date is mentioned default date would be considered as 7th of every month.

SIP period Start Date M M Y Y End Date M M Y Y **OR** ☐ End date (ref 13(i)) 1 2 9 9 If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).

First SIP Installment details Mode ☐ Cheque / DD ☐ Axis Bank Debit Mandate (Please fill section 6.) Dated D D M M Y Y

Drawn on bank / branch name Cheque / DD no.

8 BANK ACCOUNT DETAILS FOR PAYOUT (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

☐ **Tick here and don't fill the section below, if the Bank account details for Pay-Out should be same as the bank account details mentioned in section 7B.**

Name of the Bank

Branch Address

City Pin Code

Account No. Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others ______

IFSC Code (11 Digit) MICR Code (9 Digit)

9 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.

CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

AADHAAR DECLARATION

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/ our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund (s)and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

First / Sole Applicant / Guardian | Second Applicant | Third Applicant | Power of Attorney Holder

Date : D D M M Y Y Place :