

COMMON APPLICATION FORM

APPLICATION NO.
FOR FIRST TIME INVESTORS FOR LUMP SUM INVESTMENTS / SIP INVESTMENTS.
(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLACK/BLUE COLOURED INK & IN BLOCK LETTERS)


Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE ^	PMR (Portfolio Manager's Registration) Number ^^	Serial No., Date & Time Stamp
ARN-171669			E-344021				

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, 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 Portfolio Manager.


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.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20) <input type="checkbox"/> I confirm that I am a first time investor across Mutual Funds. OR <input type="checkbox"/> I confirm that I am an existing investor across Mutual Funds. 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.		Unit Holding Option <input type="checkbox"/> Physical Mode <input type="checkbox"/> Demat Mode (in case of Demat, please fill sec 7)
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01  **MY DETAILS** (To be filled in Block Letters. Please provide the following details in full) (In case of investment "On behalf of minor", Please refer instruction No. 11)


Existing folio number <input style="width: 150px;" type="text"/>		<input type="checkbox"/> I/ We want to create new Folio (Instruction No. 26)	
My Name (Should match with PAN Card) <input style="width: 600px;" type="text"/>		PAN/PEKRN (1st Applicant) <input style="width: 100px;" type="text"/>	
My Guardian's Name (if minor)/POA/Contact Person (For Non-individuals) <input style="width: 600px;" type="text"/>		PAN/PEKRN (Guardian/POA) <input style="width: 100px;" type="text"/>	
On behalf of Minor (*Attach Mandatory Documents as per instructions)		Date of Birth Minor's <input style="width: 100px;" type="text"/>	
Guardian named is <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed		Date of Birth Proof attached* <input type="checkbox"/>	

02  **JOINT APPLICANTS (IF ANY) DETAILS**

Mode of Operation <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of minor investments).	
2nd Applicant Name (Should match with PAN Card) <input style="width: 600px;" type="text"/>	PAN/PEKRN (Second applicant) <input style="width: 100px;" type="text"/>
3rd Applicant Name (Should match with PAN Card) <input style="width: 600px;" type="text"/>	PAN/PEKRN (Third applicant) <input style="width: 100px;" type="text"/>

03  **MY CONTACT DETAILS** (As per KYC records. To be filled in Block Letters) (For electronic communication, Please refer instruction No. 17)

Address Type (Mandatory) <input type="checkbox"/> Residential & Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	
Address <input style="width: 900px;" type="text"/>	
City <input style="width: 250px;" type="text"/>	State <input style="width: 150px;" type="text"/>
Add overseas address (Mandatory for NRI / FII Applicants) <input style="width: 900px;" type="text"/>	
City <input style="width: 250px;" type="text"/>	Country <input style="width: 250px;" type="text"/>
Email ID and Mobile number should pertain to First Holder only.	
Mobile No. <input style="width: 150px;" type="text"/>	Tel. No. <input style="width: 150px;" type="text"/>
Email ID (CAPITAL letters only) <input style="width: 300px;" type="text"/>	
I declare that Email address provided in this form belongs to (tick any one): <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.	
I declare that Mobile Number provided in this form belongs to (tick any one): <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.	
If above any option is not ticked () or selected then (Self) option is considered as a default.	
I wish to receive Scheme Account Statement along with Annual Report & Abridged Summary: <input type="checkbox"/> Online (Preferred & Default) <input type="checkbox"/> Physical Copy (Choose online mode to help us save paper & contribute towards a greener & cleaner environment.)	

04  **BANK ACCOUNT DETAILS** (Avail Multiple Bank Registration Facility) (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

My Bank Name <input style="width: 800px;" type="text"/>	
Bank A/C No. <input style="width: 300px;" type="text"/>	A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others <input style="width: 100px;" type="text"/>
Branch Address <input style="width: 900px;" type="text"/>	
City <input style="width: 250px;" type="text"/>	State <input style="width: 150px;" type="text"/>
Pin Code <input style="width: 100px;" type="text"/>	
IFSC code: (11 digit) <input style="width: 200px;" type="text"/>	MICR code (9 digit) <input style="width: 150px;" type="text"/>
(This is a 9 digit number next to your cheque number)	
LEI Code <input style="width: 100px;" type="text"/>	Valid up to <input style="width: 150px;" type="text"/>
Note: LEI code mandatory to provide if transaction value is equal to or exceeds ` 50 crore limit, with LEI proof.	

05 | MY INVESTMENT DETAILS

(For investments, Please refer instruction No. 1 & 22)

(Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied in case of no information, ambiguity or discrepancy). If the investment is in multiple schemes, "The Cheque/ DD should be drawn favouring "Axis MF Multiple Schemes"

Full Scheme/Plan/Option	Amount/Each SIP Amount	SIP Date	Frequency	SIP Period	TOP-UP Facility (Optional) Only available for Monthly SIP
<input type="checkbox"/> LUMP SUM <input type="checkbox"/> SIP Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Scheme Name _____ Option _____	₹ _____ Less DD charges _____	DD _____ (If left blank 7 th will be considered as the default date) Any date between 1 st to 28 th	<input type="checkbox"/> Monthly (default) <input type="checkbox"/> Yearly	Start Date _____ End Date _____ OR <input type="checkbox"/> Continue Until Cancelled	Frequency _____ Amount _____ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> Dynamic TOP-UP
<input type="checkbox"/> LUMP SUM <input type="checkbox"/> SIP Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Scheme Name _____ Option _____	₹ _____ Less DD charges _____	DD _____ (If left blank 7 th will be considered as the default date) Any date between 1 st to 28 th	<input type="checkbox"/> Monthly (default) <input type="checkbox"/> Yearly	Start Date _____ End Date _____ OR <input type="checkbox"/> Continue Until Cancelled	Frequency _____ Amount _____ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> Dynamic TOP-UP
<input type="checkbox"/> LUMP SUM <input type="checkbox"/> SIP Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Scheme Name _____ Option _____	₹ _____ Less DD charges _____	DD _____ (If left blank 7 th will be considered as the default date) Any date between 1 st to 28 th	<input type="checkbox"/> Monthly (default) <input type="checkbox"/> Yearly	Start Date _____ End Date _____ OR <input type="checkbox"/> Continue Until Cancelled	Frequency _____ Amount _____ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> Dynamic TOP-UP

The minimum amount for Axis TOP-UP facility is ` 500/- and in multiples of ` 1/- for all schemes except Axis Long Term Equity Fund the minimum amount is ` 500/- and in multiples of ` 500/- thereafter.

Payment through NACH (Attach NACH form) OTM Reference No. _____ (if one time mandate are registered)

OR Documents attached to avoid Third Party Payment Rejection, if applicable: Bank Certificate, for DD Third Party Declarations

Payment Details

First Cheque Date DDMMYYYY Amount _____ Cheque No. _____

Bank Name _____ Account No. _____

IFSC Code _____ MICR Code _____

RTGS/ NEFT/ Funds Transfer

If source of payment bank is same as above bank details tick here.

06 | NOMINATION DETAILS

(For nomination, Please refer instruction No. 18)

Details	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee Name			
PAN			
Allocation (%)			
Relationship with Investor			
Nominee date of birth	DDMMYYYY	DDMMYYYY	DDMMYYYY
Guardian Name (in case of Minor)			
Nominee Address			
Nominee/Guardian Signature			

OR I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

07 | DEPOSITORY ACCOUNT DETAILS

(Optional. To be filled if investor wishes to hold the units in Demat mode).

(For DEMAT details Please refer instruction No. 19)

(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 _____	DP ID: I N _____
	Beneficiary Ac No. _____	
CDSL:	Depository Participant Name _____	
	Beneficiary Ac No. _____	
Enclosed	<input type="checkbox"/> Client Master <input type="checkbox"/> Transaction / Statement Copy / DIS Copy	

Tax Status details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian	Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO/OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor through Guardian	<input type="checkbox"/>	-	-	-	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Individual	<input type="checkbox"/> Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership		Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Trust	<input type="checkbox"/> Society	<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> AOP	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> FPI	Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)				Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Others (Please specify)					
Gross Annual Income Range (in `)					Politically Exposed Person (PEP) details				
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a PEP	Related to PEP	Not Applicable		
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 -5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 - 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OR Networth in ` (Mandatory for Non Individual) (not older than 1 year)	as on	as on	as on	as on	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DDMMYY	DDMMYY	DDMMYY	DDMMYY	Whole-time Directors/Turster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9 | **ADDITIONAL INFORMATION**

(For additional information Please refer instruction No. 8A)

Applicant	KIN No. (if KYC done via CKYC)	Date of Birth*	Gender
First Applicant		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
Second Applicant		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
Third Applicant		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
Guardian or POA^		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female

*Date of Birth - Mandatory if CKYC ID mentioned. ^G: Guardian; POA: Power Of Attorney

Details	Second Applicant	Third Applicant	G or POA
Mobile No.			
Email Id.			
Relationship with Investor			

I declare that **Email address** provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

I declare that **Mobile Number** provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

If above any option is not ticked () or selected then (Self) option is considered as a default.

10 | **DEBIT MANDATE**

(Only for Axis Bank Account holders: Now you don't have to issue a cheque if you hold an Axis Bank Account). To be processed in CMS software under client code "AXISMF"

(For Debit mandate Please refer instruction No. 5 & 22)

I/We Name of the account holder(s)

authorise you to debit my/our account no.

Account type Savings NRO NRE Current FCNR Others Specify

to pay for the purchase of Scheme Name **Axis** OR Axis MF Multiple Schemes

Amount (in Figures) (in words)

Signature of First Account Holder

Signature of Second Account Holder

Signature of Third Account Holder

Date* *Date is mandatory

AXIS MUTUAL FUND | **ACKNOWLEDGEMENT SLIP**

APPLICATION NO.

Received from

Scheme Name Plan Option

Amount Cheque/DD No. Date

Bank & Branch details

Stamp & Signature

Details	Sole/ 1st Applicant	2nd Applicant	3rd Applicant	Guardian/POA
Place & Country of Birth				
Nationality				
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Mandatory to enclose FATCA /CRS Annexure				

12 | **DECLARATION AND SIGNATURE** (For declaration and signature, please refer point number 4)

Having read and understood the content of the SID / KIM of the scheme and SAI of the Axis Mutual Fund (The Fund), 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 give my / our consent to collect personal data or information as prescribed in the privacy policy which is available on the website of the AMC / Fund. I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

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.

I/ We give my consent to Axis Asset Management Company Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

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) (if provided) 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.

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.

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
Date <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	Place <input style="width: 100%;" type="text"/>		

13 | **QUICK CHECKLIST**

- KYC acknowledgement letter (Compulsory for MICRO Investments) Self attested PAN card copy Plan / Option / Sub Option name mentioned in addition to scheme name
- 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)
- Email id and mobile number provided for online transaction facility SIP Registration Form for SIP investments Relationship proof between guardian and minor (if application is in the name of a minor)
- FATCA Declaration Additional documents attached for Third Party payments. Refer instruction No. 7.

 https://ifaconnect.axismf.com/#/home	  Scan the QR code to download the new AxisMF App 	 www.axismf.com https://www.axismf.com/corporate/Login.aspx	 To stay up to date with your mutual fund investments, connect with us on our WhatsApp number. Sent us a Hi! on 7506771113 from your registered mobile number to have your queries answered.	 <ul style="list-style-type: none">  Facebook.com/AxisMutualFund  Twitter.com/AxisMutualFund  LinkedIn.com/company/Axis-Mutual-Fund  YouTube.com/AxisMutualFund
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When payment is made through instruments issued from a bank account other than that of the investor, the same is referred to as a Third Party payment.