

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN <b>58603</b>	ARN			E <b>026768</b>	

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
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**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Refer 20) 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 UNIT HOLDING OPTION** (To be filled in case of demat holding only) **2 EXISTING INVESTOR'S FOLIO NUMBER**

DEMAT MODE  PHYSICAL MODE

Demat Account Details of First / Sole Applicant (Name should be as per demat account)

Depository Participant Name

NSDL	DP ID	IN	CDSL	Beneficiary ID
	Beneficiary ID			

Note: Please attach copy of Client Master List.

(If you have an existing folio with KYC validated, please mention here and skip to section 6/8.)

Folio Number

**4 MODE OF HOLDING** (in case of Demat Purchase Mode of Holding should be same as in Demat Account)

**3 INVESTMENT TYPE** (Please tick any one)

LUMP SUM  LUMP SUM WITH SIP  LUMP SUM WITH STP

Single  Joint (Default)  Anyone or Survivor

**5 FIRST APPLICANT'S DETAILS** (Non-individual investors please fill in FATCA / CRS, UBO annexure and attach along with application form) Ref. 9 & 22. All fields are mandatory.

Gender  Male  Female

Name (1<sup>st</sup>) (As in PAN card/KYC records)

PAN (Minor / 1st Holder) Refer 10

Father's Name Date of birth (Minor / 1st Holder)

Name of the Guardian (in case of minor please attach proof of date of birth) / POA (Contact person for non individuals / PoA holder name) Guardian / PoA PAN

Country of Birth Place of Birth Nationality

**For Investments "On behalf of Minor"** (Refer 11)  Birth Certificate  School Certificate  Passport  Other  Specify Guardian named above is  Father  Mother  Court Appointed

Correspondence address (Please note: Address will be replace as per KYC records)

City State Country Pin Code

Overseas address (For FIIs/NRIs/PIOs)

City State Country Pin Code

Email Mobile Tel.

**Status**  Resident Individual  Proprietor  HUF  Minor  Society  FII  NRI  PIO  
 Partnership Firm  Trust  Company  NPO\*  Other  Specify \*Other than NPO

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

**Are you FATCA Compliant** (Please tick any one)  Yes  No (if no, please fill below details)

**Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes**

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others  specify

Gross Annual Income OR Net-worth* in ₹ *Not older than one year Any other information	INDIVIDUALS	<input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L	NON-INDIVIDUALS	<input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L <input type="checkbox"/> 25L-1C <input type="checkbox"/> > 1C	Is the entity involved in any of the following: Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
		as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

...Continued Overleaf

**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

Account type  Savings  NRO  NRE  Current  FCNR

Others  Specify to pay for the purchase of  Axis Dynamic Bond Fund  Axis Income Fund  Axis Fixed Income Opportunities Fund

Axis Constant Maturity 10 Year Fund  Axis Banking Debt Fund  Axis Short Term Fund  Axis Liquid Fund  Axis Treasury Advantage Fund

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

**Are you a tax resident of any country other than India?**  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country <sup>#</sup>	Tax identification number <sup>%</sup>	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

**SECOND APPLICANT'S DETAILS** (All fields are mandatory) Gender  Male  Female

Name (2<sup>nd</sup>) (As in PAN card/KYC records) \_\_\_\_\_  
 Father's Name \_\_\_\_\_

PAN \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Date of birth 

D	D	M	M	Y	Y
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 Enclose  Attested PAN card copy  KYC Acknowledgment (Refer 8)

Country of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

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  Retired  
 Professional  Business  Agriculture  Student  Forex Dealer  Other Specify \_\_\_\_\_

Gross Annual Income OR 

< 1L	1-5L	5-10L	10-25L	> 25L
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 as on 

D	D	M	M	Y	Y
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Net-worth\* in ₹  Politically Exposed Person (PEP)  Related to a PEP  Not Applicable  
 \*Should not be older than one year Any other information \_\_\_\_\_

**Are you FATCA Compliant** (Please tick any one)  Yes  No (if no, please fill below details)

**Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes**

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others \_\_\_\_\_ specify

**Are you a tax resident of any country other than India?**  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country <sup>#</sup>	Tax identification number <sup>%</sup>	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

**THIRD APPLICANT'S DETAILS** (All fields are mandatory) Gender  Male  Female

Name (2<sup>nd</sup>) (As in PAN card/KYC records) \_\_\_\_\_  
 Father's Name \_\_\_\_\_

PAN \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Date of birth 

D	D	M	M	Y	Y
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 Enclose  Attested PAN card copy  KYC Acknowledgment (Refer 8)

Country of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

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  Retired  
 Professional  Business  Agriculture  Student  Forex Dealer  Other Specify \_\_\_\_\_

Gross Annual Income OR 

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

 as on 

D	D	M	M	Y	Y
---	---	---	---	---	---

Net-worth\* in ₹  Politically Exposed Person (PEP)  Related to a PEP  Not Applicable  
 \*Should not be older than one year Any other information \_\_\_\_\_

**Are you FATCA Compliant** (Please tick any one)  Yes  No (if no, please fill below details)

**Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes**

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others \_\_\_\_\_ specify

**Are you a tax resident of any country other than India?**  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country <sup>#</sup>	Tax identification number <sup>%</sup>	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

**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 instructions.
- FATCA Declaration.

 <b>EasyInvest</b> <a href="https://online.axismf.com">https://online.axismf.com</a> <small>Invest online without any prior registration.</small>	 <b>EasyCall</b> <small>1800 221212 / 1800 2000 2300</small> <small>Buy / Sell units without PINs or Passwords.</small>	 <b>EasySMS</b> <small>SMS HELP No. 92120 10033</small> <small>Forecast and get fields details on the go.</small>	 <b>EasyApp</b> <small>SMS EasyApp No. 92120 10033</small> <small>to download. Invest with ease on your Android smartphone.</small>	 <b>Risk Managed Products</b>
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\*Buy\* means purchase and \*Sell\* means redemption of units of Axis Mutual Fund schemes.

**7 BANK ACCOUNT DETAILS FOR PAY-OUT** (Mandatory. Refer 6 and avail of Multiple Bank Registration Facility.) (Please attach cancelled cheque copy or latest bank account statement.) (All fields are mandatory)

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

**8 INVESTMENT & PAYMENT DETAILS** (Investors applying under Direct Plan must mention "Direct" against scheme name, refer 2) (All fields are mandatory)

Payment type  Non-Third Party Payment  Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Scheme  Plan  Option  Sub Option  Dividend Frequency

**8A LUMP SUM Do not submit SIP Registration Mandate - NACH (Form 2)**

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

Amount (figures)  (words)

Pay-in A/c no.

Account type  Savings  NRO  NRE  Current  FCNR  Others  Specify

Drawn on bank / branch name

**8B 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 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup>) (ref 13(b))  If no debit date is mentioned default date would be considered as 7th of every month.

SIP period Start Date  End Date  OR  End date (ref 13(i))  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

Drawn on bank / branch name  Cheque / DD no.

**9 NOMINATION DETAILS** (All fields are mandatory) (Refer 18)

	First Nominee	Second Nominee	Third Nominee
Name (as in PAN card/KYC records)			
PAN			
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship with Investor			
Address			
Guardian Name (in case Nominee is a Minor)			
Signature (Guardian in case Nominee is a Minor)			
Allocation % (Total to be 100%)			
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

**10 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.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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Date :  Place :

# FORM 2 - SIP REGISTRATION MANDATE - NACH

(Investor must read Key Scheme Features and Instructions before completing this form.)

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN <b>58603</b>	ARN			E <b>026768</b>	

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
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### TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY

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

Tick whichever is applicable :  New SIP registration by new investor  New SIP registration by existing investor

### 1 APPLICANT'S PERSONAL DETAILS (MANDATORY)

Application Form No. (For New Applicants) \_\_\_\_\_ OR Folio No. (For Existing Unit holders) \_\_\_\_\_

Sole / 1st Unitholder First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Guardian's Name (in case of minor) \_\_\_\_\_ Email ID \_\_\_\_\_ For receiving statements over email instead of post

PAN \_\_\_\_\_ 1st Applicant \_\_\_\_\_ 2nd Applicant \_\_\_\_\_ 3rd Applicant \_\_\_\_\_

Enclose  Attested PAN card  KYC Letter  Attested PAN card  KYC Letter  Attested PAN card  KYC Letter

### 2 SIP DETAILS

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

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

SIP period from M M Y Y to M M Y Y OR  End date (ref 13(ii)) 1 2 9 9 If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).

SIP Amount (figures) ₹ \_\_\_\_\_ (words) \_\_\_\_\_

First SIP Installment details Drawn on bank / branch name \_\_\_\_\_ Cheque / DD Amount \_\_\_\_\_

Mode  Cheque / DD  Axis Bank Debit Mandate Cheque / DD no. \_\_\_\_\_ MICR No. \_\_\_\_\_ Dated D D M M Y Y

### 3 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')

I/We declare that the particulars furnished here are correct. I/We authorize Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement / NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Axis Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in AXISMF by debit to my /our account directly or through ECS (Debit Clearing) / NACH (National Automated Clearing House). I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Axis Mutual Fund using this facility.

Sole/ 1st Unit Holder / POA / Guardian  2nd Unit Holder  3rd Unit Holder

AXIS MUTUAL FUND UMRN \_\_\_\_\_ Bank use \_\_\_\_\_ Date D D M M Y Y Y Y

Tick (✓)  
CREATE   
MODIFY   
CANCEL

Sponsor Bank Code \_\_\_\_\_ Bank use \_\_\_\_\_ Utility Code \_\_\_\_\_ Bank use \_\_\_\_\_

I/We hereby authorize **Axis Mutual Fund** to debit (tick ✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank a/c number \_\_\_\_\_

with Bank \_\_\_\_\_ Name of customers bank \_\_\_\_\_ IFSC \_\_\_\_\_ or MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_ ₹ \_\_\_\_\_

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 \_\_\_\_\_ Folio No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Reference 2 \_\_\_\_\_ Scheme Name \_\_\_\_\_ Email ID \_\_\_\_\_

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

**PERIOD**

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or  Until Cancelled

1. \_\_\_\_\_ Signature Primary Account holder  
Name as in bank records

2. \_\_\_\_\_ Signature of Account holder  
Name as in bank records

3. \_\_\_\_\_ Signature of Account holder  
Name as in bank records

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

**MANDATORY FIELDS :** • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount in words (maximum amount) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank record

### ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. \_\_\_\_\_ Investor Name \_\_\_\_\_

Scheme Name \_\_\_\_\_ (Scheme Name)

Plan \_\_\_\_\_ Option \_\_\_\_\_

SIP Period From D D M M Y Y to D D M M Y Y Amount ₹ \_\_\_\_\_

Stamp & Signature \_\_\_\_\_