LEI Code

## COMMON APPLICATION FORM





Distributor Sub-Distributor Internal Sub-Broker/ Application No. **ARN ARN** Sol ID **Employee** RIA CODE^ **EUIN** Code PMR (Portfolio Manager's Registration) Number ^ ^ Serial No., Date & Time Stamp 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. ^ 1/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 in the scheme (SEBI Registered Particle Managers). 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 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS 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 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. **EXISTING INVESTOR'S FOLIO NUMBER** (If you have an existing folio with KYC validated, please mention here and skip to section 4) MODE OF HOLDING (in case of Demat Purchase **Unit Holding Option** Mode of Holding should be same as in Demat Account) Demat Mode Physical Mode Single Joint (Default) (in case of Demat, please fill sec 6) Anyone or Survivor I/ We want to create new Folio (Instruction No. 26) 1. YOUR PERSONAL DETAILS (MANDATORY) (In case of investment "On behalf of minor", Please refer instruction No. 11) First Applicant Mr. Ms. M/s. FIRST APPLICANT Gender CKYC No. DOB D Μ Address City State Pincode Mobile Email ID\* Pvt. Sector Service **Public Sector Service** Govt. Service Agriculturist Occupation **Details** Others Specify Retired Housewife Forex Dealer Student 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Crore > 1 Crore Below 1 Lac 1-5 Lacs Gross Annual Income (₹) Net worth (Mandatory for Non - Individuals) ₹ D D Μ M (Note: If Email pertains to Family Email ID provided pertains to Family Member Spouse **Dependent Parents** Dependent Children (Refer Instruction No. 25) I / we hereby prefer to 'OPT-IN' to receive physical copies of scheme Annual Report or Abridged summary 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) Name of the bank **Branch Address** City State Pincode Account No. Savings NRE NRO FCNR Account type Current Others Specify IFSC code (11 digit) MICR Code (9 digit) Note: Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors. refer Instruction No. 27.

Valid up to

Second Applicant	Mr. Ms. M/s.	SECOND APPLICANT	Gender M F O							
PAN (Mandatory)										
DOB D	D M M Y Y Y	CKYC No. (Optional) 1 4 d g i t C K Y C N u m b e r								
Address										
City		State Pin	code							
O	Pvt. Sector Service	Public Sector Service Govt. Service Business Professiona	I Agriculturist							
Occupation Details	Retired	Housewife Forex Dealer Student Others	Specify							
Gross Annual     Below 1 Lac   1-5 Lacs   5-10 Lacs   10-25 Lacs   25 Lacs - 1 Crore   > 1 Crore										
Third Applicant	Mr. Ms. M/s.	THIRD APPLICANT	Gender M F O							
PAN (Mandatory)										
DOB D	D M M Y Y Y	CKYC No. (Optional) 1 4 d g i t C K Y C N u m b e r								
Address										
City		State Pin	code							
	Pvt. Sector Service	Public Sector Service Govt. Service Business Professiona	l Agriculturist							
Occupation Details	Retired	Housewife Forex Dealer Student Others	Specify							
Gross Annual Income (₹)	Below 1 Lac	1-5 Lacs	> 1 Crore							
GUARDIAN DETA	ILS (In case First / Sole Appli	cant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case o	f Non-individual Investors)							
Mr. Ms. M/s.		GUARDIAN	Gender M F O							
PAN (Mandatory)										
DOB D	D M M Y Y Y	CKYC No. (Optional) 1 4 d g i f C K Y C N u m b e r								
Address										
City		State Pin	code							
Occupation Details	Pvt. Sector Service	Public Sector Govt. Service Business Profession	al Agriculture							
Occopation Delatis	Retired	Housewife Forex Dealer Student Others	Specify							
Gross Annual Income (₹)	Below 1 Lac	1-5 Lacs	> 1 Crore							
Relationship Of Gu	ardian (Refer Instruction No.	Mother Father Court Appointed Guardian								
Email ID										
Proof of the Relation	Proof of the Relationship with Minor Birth Certificate School Certificate Passport Others Specify									
TAX STATUS (Appli	cable for First / Sole Applicant)	Resident Individual FIIs NRI-NRO HUF Club / Socie	ty PIO Body Corporate							
Minor Gov	rernment Body Trust	NRI - NRE Bank & FI Sole Proprietor Partnership Firm QFI	Provident Fund							
Others	Specify									
For	Individuals	For Non-Individual Investors (Companies, Trust, Part	nership etc.)							
I am a Political	ly Exposed Person	Is the company a Listed Company or Subsidiary of Listed Company or Contro Listed Company: (If No, please attach mandatory UBO Declaration)	olled by a Yes No							
I am related to	a Politically Exposed Person	Foreign Exchange / Money Charger Services	Yes No							
		Gaming / Gambling / Lottery / Casino Services	Yes No							
I am not relate	d to Politically Exposed Person	Money Lending / Pawning	Yes No							

		Place	Place / City of Birth			Country of Birth			ntry of	Citizen	ship /	Nat	ionalit	/
First Ap	oplicant / Guardia	n					Ir	ndian	U.S.	Oth	ners _			
econo	l Applicant						Ir	ndian 📗	U.S.	Oth	ners _			
hird A	pplicant						Ir	ndian	U.S.	Oth	ners _			
INS	Are you a tax re If 'YES' please fill i.e. where you are	for ALL countries	(other than Indi	ia) in whic	ch you ar	e a Resident	for tax purpos	e		Yes	No	1		
		Country of Tax Residence		ification ional Eq			entification Ty other please			A	ddres	s <b>Т</b> ур	е	
rst Apı	olicant / Guardian								Res	i 1	Regd.	Office	e 🗌	Busin
econd	Applicant								Res	i	Regd.	Office	e 🗌	Busin
nird A	oplicant								Res	i	Regd.	Office	e 🗌	Busin
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entres	(ISCs) of Axis Mu	utual Fund	fer Instruction No. 1	e II are a	location R	elationship with	Nominee of bir	date th		Guard Nan	lian ne		G	Ja

Sr. No.	Scheme Name	Plan	Option [Growth/*IDCW (Dividend) Option]	Amount
1		Regular Direct		
2		Regular Direct		
3		Regular Direct		

<sup>\*</sup>The dividend amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains.

5. PAY	MENT DETAILS															2	
Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')																	
Mode Cheque DD Axis Bank Debit Mandate Date D D M M Y Y Y Y Cheque / DD No.																	
Amount (in figures	s)	(in words)															
Pay-in A/	Pay-in A/c No.																
Account t	Account type Savings Current NRE NRO FCNR Others Specify																
IFSC code	IFSC code (11 digit) MICR Code (9 digit)																
Drawn or	n bank / branch name & addre	ss															
6. DEM	AT ACCOUNT DETAILS (OPT	IONAL)															
(Please	ensure that the sequence of name	es as mentioned	in the applicat	ion form m	atches wit	that of	f the A/c	held v	with th	e depo	ository	partic	ipant)	Refer	Instruc	tion l	No. 19.
NSDL:	Depository Participant Name									DP IE	): I	N					
N3DL.	Beneficiary A/c No.																
CDSL	Depository Participant Name																
CDSL:	Beneficiary A/c No.																
Enclose	ed Client Master	Transaction	/ Statement	Copy / DI	6 Сору												
7. DEC	LARATION AND SIGNATURE																
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 dfilliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information colle																	
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.																	
provided b	ATION: I / We have understood to by me/us on this Form is true, corept the same.																
You/	' Sole Applicant /Guardian	Secr	ond Applicant			Thi	ird Appli	icant				Pow	ver of	Attorn	ey Hol	lder	

Date D D M M

Place

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 Middeap Fund Axis Special Situations Fund Axis Growth Opportunities Fund Axis Small Cap Fund Axis Special Situations Fund Axis Global Equity Alpha Fund Of Fund OR Axis MM Hultiple Schemes  Name of First Account Holder Signature of First Account Holder Signature of First Account Holder Received subject to realisation, werification and conditions, an application for purchase of Units as mentioned in the application form.	8. QUICK CHECKI	IST					
Plan / Option / Sub Option name manifoned in addition to scheme name    Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that   Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that   Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that   Multiple Bank Accounts Registration form any of the accounts	KYC acknowle	edgement letter (Compulsory	for MICRO Investments	;)			
Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that further payments can be made from enry 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.  **Totativiptor date with uson our multiple instruction No. 7.**  **Totativiptor date with uson our multiple instruction No. 7.**  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruction No. 7.*  **Totativiptor date with uson our multiple instruct				•			
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