

# COMMON APPLICATION FORM

(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                      Application No.

EUIN                      Employee Code                      RIA CODE ^

PMR (Portfolio Manager's Registration) Number ^ ^                      Serial No., Date & Time Stamp

Upront 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)

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.

<b>EXISTING INVESTOR'S FOLIO NUMBER</b> (If you have an existing folio with KYC validated, please mention here and skip to section 4)	<b>MODE OF HOLDING</b> (in case of Demat Purchase Mode of Holding should be same as in Demat Account)	<b>Unit Holding Option</b>
Folio number <input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode (in case of Demat, please fill sec 6)
<input type="checkbox"/> 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	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O
PAN (Mandatory)	<input type="text"/>			
DOB	D D M M Y Y Y Y	CKYC No. (Optional)	1 4 d i g i t CKYC Number <input type="text"/>	
Address <input type="text"/>				
City <input type="text"/> State <input type="text"/> Pincode <input type="text"/>				
Mobile <input type="text"/> Email ID* <input type="text"/>				
Occupation Details	<input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student <input type="checkbox"/> Others <input type="text"/> Specify			
Gross Annual Income (₹)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore Net worth (Mandatory for Non - Individuals) ₹ <input type="text"/> as on D D M M Y Y Y Y			

Email ID provided pertains to  Self     Family Member (Note: If Email pertains to Family Member please select any one)     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.

Account type  Savings     Current     NRE     NRO     FCNR     Others  Specify

IFSC code (11 digit)  MICR Code (9 digit)

LEI Code  Valid up to D D M M Y Y Y Y Note: Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors. refer Instruction No. 27.



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

FOR RESIDENT  
INDIANS

The below information is required for all applicants/guardian.

	Place / City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____

FOR NON-RESIDENT  
INDIANS

**Are you a tax resident (i.e., are you assessed for tax) in any other country outside India?**

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.

Yes  No

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Address Type
First Applicant / Guardian				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business
Second Applicant				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business
Third Applicant				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business

### Overseas Address

		City		
State		Country		Zipcode

For Non Individual investors Annexure I and Annexure II are available on the website of AMC i.e. [www.axismf.com](http://www.axismf.com) or at the Investor Service Centres (ISCs) of Axis Mutual Fund



## 3. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 18)

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

I/We DO NOT wish to nominate and sign here

You/ Sole Applicant

Second Applicant

Third Applicant

## 4. INVESTMENT DETAILS (For multiple schemes ref instruction no. 22) (Investors applying under Direct Plan must select "DIRECT" against scheme name, Refer Instruction No. 2.)



Sr. No.	Scheme Name	Plan	Option [Growth/*IDCW (Dividend) Option]	Amount
1		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		
2		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		
3		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		

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



## 8. 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.

 <p><a href="https://ifaconnect.axismf.com/#/home">https://ifaconnect.axismf.com/#/home</a></p>	 <p>Scan the QR code to download the new AxisMF App</p>  <p>GET IT ON Google Play   Download on the App Store</p>	 <p><a href="http://www.axismf.com">www.axismf.com</a>  <a href="https://www.axismf.com/corporate/Login.aspx">https://www.axismf.com/corporate/Login.aspx</a></p>	 <p>To stay up to date with your mutual fund investments, connect with us on our WhatsApp number. Sent us a 'Hi' on <b>7506771113</b> from your registered mobile number to have your queries answered.</p>	<p>Follow Us on</p>  Facebook.com/AxisMutualFund  Twitter.com/AxisMutualFund  LinkedIn.com/company/Axis-Mutual-Fund  YouTube.com/AxisMutualFund
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## 9. 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 "AXISMP"

I/ We  **Application No.** \_\_\_\_\_

authorise you to debit my/our account no.

Account type  Savings  NRO  NRE  Current  FCNR  Others  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 Flexi Cap Fund  Axis Dynamic Equity Fund  
 Axis Equity Hybrid Fund  Axis Growth Opportunities Fund  Axis Small Cap Fund  Axis ESG Equity Fund  Axis Nifty 100 Index Fund  
 Axis Special Situations Fund  Axis Global Equity Alpha Fund Of Fund **OR**  Axis MF Multiple Schemes

Amount (in words)  (in Figures)

Signature of First Account Holder	Signature of Second Account Holder	Signature of Third Holder
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Date

## WE ACKNOWLEDGE YOUR APPLICATION Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From

Cheque No.	Date	Amount	Scheme	Stamp & Signature

Application No. \_\_\_\_\_