AXIS MUTUAL FUND

APPLICATION NO.

COMMON APPLICATION FORM

FOR FIRST TIME INVESTORS FOR LUMPSUM 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
67723							

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/ourconsentto share/provide the transactions data feed/portfolio holdings/ NAV etc. in respectofmy/ourinvestments under Direct Plan ofallschemes 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

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.

Unit Holding Option

☐ Physical Mode ☐ Demat Mode (in case of Demat, please fill sec 7)

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 ☐ **I/ We want to create new Folio** (Instruction No. 26)

My Name (Should match with PAN Card) | **PAN/PEKRN** (1st Applicant) | **KYC**

My Guardian's Name (if minor)/**POA/Contact Person** (For Non-individuals) | **PAN/PEKRN** (Guardian/POA) ☐ **KYC**

On behalf of Minor (*Attach Mandatory Documents as per instructions) Date of Birth **Minor's** D D M M Y Y Y Y ☐ **Date of Birth** Proof attached*

Guardian named is ☐ Father ☐ Mother ☐ Court Appointed Guardian named is

02 JOINT APPLICANTS (IF ANY) DETAILS

Mode of Operation ☐ Single ☐ Joint ☐ 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) | **PAN/PEKRN** (Second applicant) ☐ **KYC**

3rd Applicant Name (Should match with PAN Card) | **PAN/PEKRN** (Third applicant) ☐ **KYC**

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) ☐ Residential & Business ☐ Residential ☐ Business ☐ Registered Office

Address

City | State | Pin Code

Add overseas address (Mandatory for NRI / FII Applicants)

City | State | Pin Code

Email ID and Mobile number should pertain to First Holder only.

Mobile No. | Tel No. | Email ID (CAPITAL letters only)

Mobile No. / Email ID* provided pertains to (Please tick(☐)) ** if above any option is not ticked (☐) or selected then (Self) option is considered as a default.*

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS

I wish to receive Scheme **Account Statement along with Annual Report & Abridged Summary:** ☐ **Online** (Preferred & Default) ☐ **Physical Copy** (Choose online mode to help us save paper & contribute towards a greener & cleaner environment.)

I declare that **Email address and Mobile Number** provided in this form belongs to (☐ any one): ☐ Self **OR** ☐ Family Member, and approve for usage of these contact details for any communication with Axis Mutual Fund.

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

Bank A/C No. | A/C Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others _____

Branch Address

City | State | Pin Code

IFSC code: (11 digit) | MICR code (9 digit) (This is a 9 digit number next to your cheque number)

LEI Code | Valid up to D D M M Y Y Y Y

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 incase 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	
					Frequency	Amount
☐ LUMPSUM ☐ SIP Plan ☐ Regular ☐ Direct Scheme Name Option	` Less DD charges	D D (If left blank 7th will be considered as the default date) Any date between 1st to 28th	☐ Monthly (default) ☐ Yearly	Start Date M M Y Y Y Y End Date M M Y Y Y Y OR ☐ Continue Until Cancelled	☐ Half Yearly ☐ Yearly ☐ Dynamic TOP-UP	` in figures in words
☐ LUMPSUM ☐ SIP Plan ☐ Regular ☐ Direct Scheme Name Option	` Less DD charges	D D (If left blank 7th will be considered as the default date) Any date between 1st to 28th	☐ Monthly (default) ☐ Yearly	Start Date M M Y Y Y Y End Date M M Y Y Y Y OR ☐ Continue Until Cancelled	☐ Half Yearly ☐ Yearly ☐ Dynamic TOP-UP	` in figures in words
☐ LUMPSUM ☐ SIP Plan ☐ Regular ☐ Direct Scheme Name Option	` Less DD charges	D D (If left blank 7th will be considered as the default date) Any date between 1st to 28th	☐ Monthly (default) ☐ Yearly	Start Date M M Y Y Y Y End Date M M Y Y Y Y OR ☐ Continue Until Cancelled	☐ Half Yearly ☐ Yearly ☐ Dynamic TOP-UP	` in figures in words

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 Multiple 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 SIP Cheque Date D D M M Y Y Y Y SIP Amount ______ SIP Cheque No. ______

Bank Name ______ Account No. ______

IFSC Code ______ MICR Code ______

Cheque/ DD No. ______ 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	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
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 ☐ Client Master ☐ Transaction / Statement Copy / DIS Copy

08 KNOW YOUR CUSTOMER (KYC) DETAILS

(Mandatory. Please Tick/ Specify. The application is liable to get rejected if details not filled.) (For KYC details. Refer Instruction No. 8)

Tax Status details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Resident Individual	☐	☐	☐	☐
NRI/PIO/OCI	☐	☐	☐	☐
Sole Proprietorship	☐	-	-	-
Minor through Guardian	☐	-	-	-
Non Individual	☐ Company ☐ Body Corporate ☐ Partnership ☐ Trust ☐ Society ☐ HUF ☐ Bank ☐ AOP ☐ FI ☐ FII ☐ FPI			
Others (Please specify)				

Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Private Sector	☐	☐	☐	☐
Public Sector	☐	☐	☐	☐
Government Service	☐	☐	☐	☐
Business	☐	☐	☐	☐
Professional	☐	☐	☐	☐
Agriculturist	☐	☐	☐	☐
Retired	☐	☐	☐	☐
Housewife	☐	☐	☐	☐
Student	☐	☐	☐	☐
Others (Please specify)				

Gross Annual Income Range (in `)				
Below 1 lac	☐	☐	☐	☐
1-5 lac	☐	☐	☐	☐
5-10 lac	☐	☐	☐	☐
10-25 lac	☐	☐	☐	☐
25 lac- 1 cr	☐	☐	☐	☐
1 -5 cr	☐	☐	☐	☐
5 - 10 cr	☐	☐	☐	☐
> 10 cr	☐	☐	☐	☐
OR Networth in ` (Mandatory for Non Individual) (not older than 1 year)	as on D D M M Y Y	as on D D M M Y Y	as on D D M M Y Y	as on D D M M Y Y

Politically Exposed Person (PEP) details	Is a PEP	Related to PEP	Not Applicable
1st Applicant	☐	☐	☐
2nd Applicant	☐	☐	☐
3rd Applicant	☐	☐	☐
Guardian	☐	☐	☐
Authorised Signatories	☐	☐	☐
Promoters	☐	☐	☐
Partners	☐	☐	☐
Karta	☐	☐	☐
Whole-time Directors/Turstee	☐	☐	☐

09 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	☐ Male ☐ Female
Second Applicant		D D M M Y Y Y Y	☐ Male ☐ Female
Third Applicant		D D M M Y Y Y Y	☐ Male ☐ Female
G or POA^		D D M M Y Y Y Y	☐ Male ☐ 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			

Mobile No. / Email ID* provided pertains to (Please tick(☐)) ** if above any option is not ticked (☐) or selected then (Self) option is considered as a default.*

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS

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)

APPLICATION NO.

authorise you to debit my/our account no.

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 Flexi Cap Fund ☐ Axis Balanced Advantage Fund ☐ Axis Equity Hybrid Fund ☐ Axis Small Cap Fund
☐ Axis Growth Opportunities Fund ☐ Axis ESG Equity Fund ☐ Axis Nifty 100 Index Fund ☐ Axis Special Situations Fund ☐ Axis Global Equity Alpha Fund Of Fund
☐ Axis Quant Fund ☐ Axis Value Fund ☐ Axis Equity ETFs FOF ☐ Axis Greater China Equity Fund Of Fund ☐ Axis Global Innovation Fund of Fund
☐ Axis Multicap Fund ☐ Axis Nifty 50 Index Fund ☐ Axis Nifty Next 50 Index Fund ☐ Axis Nifty Smallcap 50 Index Fund ☐ Axis Nifty Midcap 50 Index Fund

OR ☐ Axis MF Multiple Schemes

Amount (in Figures) (in words)

Signature of First Account Holder | Signature of Second Account Holder | Signature of Third Holder | Date D D M M Y Y Y Y

AXIS MUTUAL FUND

ACKNOWLEDGEMENT SLIP

APPLICATION NO.

Received from

Scheme Name **Plan** **Option**

Amount **Cheque/DD No.** **Date** D D M M Y Y Y Y

Bank & Branch details

Stamp & Signature

11 FATCA AND CRS DETAILS

For Individuals (Mandatory). Non Individual investors including HUF should mandatorily fill separate FATCA/CRS/UBO details form (Including Sole Proprietor. Refer Instruction No. 23)

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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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 D D M M Y Y Y Y Place

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.