

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 42964	ARN 33947			E 117141	

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

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)

 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.

2 EXISTING INVESTOR'S FOLIO NUMBER

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

Folio Number

3 INVESTMENT TYPE (Please tick any one)

 LUMP SUM LUMP SUM WITH SIP LUMP SUM WITH STP

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

 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 (1st) (As in PAN card/KYC records)

 PAN (Minor/1st Holder) Refer ID KIN (Refer 8A) CKYC FORM SUPPLEMENTARY CKYC FORM

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"/> <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"/> <input type="text"/> <input type="text"/>	Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable <input type="checkbox"/>

...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 Equity 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 [#]	Tax identification number [%]	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 (2nd) (As in PAN card/KYC records) _____
 Father's Name _____

PAN [][][][][][][][][] KIN (Refer 8A) [][][][][][][][][] CKYC FORM SUPPLEMENTARY CKYC FORM

Mobile [][][][][][][][][] Date of birth [D][D][M][M][Y][Y] 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 Net-worth* in ₹ < 1L 1-5L 5-10L 10-25L > 25L as on [D][D][M][M][Y][Y]

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 [#]	Tax identification number [%]	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 (3rd) (As in PAN card/KYC records) _____
 Father's Name _____

PAN [][][][][][][][][] KIN (Refer 8A) [][][][][][][][][] CKYC FORM SUPPLEMENTARY CKYC FORM

Mobile [][][][][][][][][] Date of birth [D][D][M][M][Y][Y] 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 Net-worth* in ₹ < 1L 1-5L 5-10L 10-25L > 25L as on [D][D][M][M][Y][Y]

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 [#]	Tax identification number [%]	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.



EasyInvest
<https://online.axismf.com>
Invest online without any prior registration.



EasyCall
 1800 221212 / 1800 2000 3300
Buy / Sell units without PINs or Passwords.



EasySMS
 SMS HELP to 91210 10033
Forecast and get field details on the go.



EasyApp
 SMS EasyApp to 91210 10033 to download. Invest with ease on your Android smartphone.



Risk Managed Products

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

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 29th, 30th and 31st) (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)) 1 2 9 9 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 3.) 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 <small>If you do not wish to nominate sign here.</small>	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 :