FORM 1 - FOR LUMP SUM / SIP INVESTMENTS

AXIS MUTUAL FUND

Application No.

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTER ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN 95070	ARN			E 101834	

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 filed 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	Beneficiery ID
	Beneficiery 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 invertors 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 10

Father's Name

Date of birth (Minor / 1st Holder) D D M M Y Y

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	☐ < 1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ > 25L	☐ < 1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ > 25L ☐ 25L-1C ☐ > 1C
	as on D D M M Y Y	as on D D M M Y Y
	☐ Politically Exposed Person (PEP) ☐ Related to a PEP ☐ Not Applicable	
Any other information		

INDIVIDUALS | NON-INDIVIDUALS

Is the entity involved in any of the following:
Foreign Exchange/ Money Changer ☐ Yes ☐ No
Gaming/ Gambling/ Lottery (casinos, betting syndicates) ☐ Yes ☐ No
Money Lending/ Pawning ☐ Yes ☐ No

...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 D D M M Y Y

Account type ☐ Savings ☐ NRO ☐ NRE ☐ Current ☐ FCNR ☐ Others Specify to pay for the purchase of

☐ Axis Income Saver ☐ Axis Midcap Fund ☐ Axis Triple Advantage Fund ☐ Axis Equity Fund ☐ Axis Focused 25 Fund ☐ Axis Long Term Equity Fund ☐ Axis Enhanced Arbitrage Fund ☐ Axis Equity Saver 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 | Mobile | Email

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

INDIVIDUALS

Gross Annual Income OR Net-worth* in ₹ *Should not be older than one year Any other information

☐ < 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

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 (2nd) (As in PAN card/KYC records)

Father's Name

PAN | Mobile | Email

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

INDIVIDUALS

Gross Annual Income OR Net-worth* in ₹ *Should not be older than one year Any other information

☐ < 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

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.

'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 (Quarterly/ Half Yearly/ Annual)*

Dividend Re-Investment is not available for Axis Long Term Equity Fund *Applicable only for Axis Income Saver

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 D D M M Y Y

Amount (figures) (words)

Pay-in A/c no. Drawn on bank / branch name

Account type ☐ Savings ☐ NRO ☐ NRE ☐ Current ☐ FCNR ☐ Others Specify

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)) D D If no debit date is mentioned default date would be considered as 7th of every month.

SIP period Start Date M M Y Y End Date M M Y Y **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 D D M M Y Y

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	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
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

Date : D D M M Y Y Place :

FORM 2 - SIP REGISTRATION MANDATE - NACH

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

AXIS MUTUAL FUND

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTER ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN 95070	ARN			E 101834	

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

☐ 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/ subcription 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 29th, 30th and 31st) (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(i)) 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 authorise 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.

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

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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

Signature Primary Account holder | Signature of Account holder | Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. 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