AXIS MUTUAL FUND

COMMON TRANSACTION SLIP (for existing investors only)

Folio No. Date D D M M Y Y

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
ARN-95070				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, 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 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 / POA | Second Applicant | Third Applicant

First / Sole Applicant

Aadhaar No. First Applicant | Second Applicant | Third Applicant

I/We would like to apply for ☐ **ADDITIONAL PURCHASE** (fill section-A) ☐ **REDEMPTION** (fill section-B) ☐ **SWITCH** (fill section-C)

A ADDITIONAL PURCHASE

Scheme	Plan	Option	Amount
Total	In words		In figures

Payment Options ☐ Cheque / DD ☐ RTGS / NEFT ☐ Transfer ☐ Debit Mandate (Fill section E) ☐ One Time Mandate

Bank Name Instrument No. UTR No (in case of RTGS / NEFT) / OTM ref no. in case of One time Mandate

₹ (in figures) ₹ (in words)

- In case of Multiple Investments, cheque / DD drawn should be favouring "Axis MF Multiple Schemes".
- RTGS/ NEFT/ Transfer not acceptable in case of Multiple Investment.

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT ☐ NSDL ☐ CDSL

Depository Participant Name Depository Participant (DP) ID

Beneficiary Account Number

Note: In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency.

B REDEMPTION

☐ All units **OR** ☐ No. of Units

Scheme Plan Option

OR ₹ (in figures) ₹ (in words)

Please Note: if the balance in your folio is less than this redemption request, all units or entire balance shall be redeemed.

*Bank account No.: Bank Name:

(***Please specify the bank details in which you wish to receive the redemption proceeds.** Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this can not be treated as change of bank mandate.)

C SWITCH

☐ All units **OR** ☐ No. of Units

From Scheme Plan Option

OR ₹ (in figures) ₹ (in words)

To Scheme Plan Option

D SIGNATURE

I/ We have read and understood the contents of the SID / SAI of the Scheme(s). I/ We have not received nor have been induced by any rebate or gifts, directly of indirectly in making this investment. The money invested in the schemes is through legitimate sources and is not in contravention of any prevailing laws. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.

First / Sole Applicant / Guardian / POA | Second Applicant | Third Applicant

E DEBIT MANDATE (For Axis Bank A/c only.) To be detached by Karvy & Presented to Axis Bank Branch

Date D D M M Y Y Y Y

I/ We Name of the account holder(s)

authorise you to debit my/our account no.

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

to pay for the purchase of Scheme Name

₹ (in figures)

₹ (in words)

Signature of First Account Holder

Signature of Second Account Holder

Signature of Third Account Holder

In case of multiple investments, please mention scheme name as "Axis MF Multiple Schemes".

AXIS MUTUAL FUND

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Date D D M M Y Y

Folio No. Received a request for ☐ **Additional Purchase** ☐ **Redemption** ☐ **Switch** from

Name

Stamp & Signature