

# FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



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

| Distributor ARN | Sub-Distributor ARN | Sol ID / Internal Sub-Broker | Employee Code | EUIN     | Serial No., Date & Time Stamp |
|-----------------|---------------------|------------------------------|---------------|----------|-------------------------------|
| ARN 70893       | ARN                 |                              |               | E 027379 |                               |

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 18) 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 EXISTING INVESTOR'S FOLIO NUMBER** (If you have an existing folio with KYC validated, please mention here and skip to section 5/6.) \_\_\_\_\_

**2 FIRST APPLICANT'S DETAILS** Title  Mr.  Ms.  M/s

Name (1<sup>st</sup>) \_\_\_\_\_

Date of birth 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

 PAN Refer 9 \_\_\_\_\_ Enclose  Attested PAN copy  KYC Acknowledgment / Letter

**For Investments "On behalf of Minor"** (Refer 10)  Birth Certificate  School Certificate  Passport  Other \_\_\_\_\_ Guardian named below is  Father  Mother  Court Appointed^

Name of the Guardian if minor attach proof of date of birth / Contact person for non individuals / PoA holder name \_\_\_\_\_ Guardian / PoA PAN \_\_\_\_\_

Correspondence / Overseas address (For FIIs/NRIs/PIOs) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Overseas address \_\_\_\_\_ Country \_\_\_\_\_

Email (Refer 15a) \_\_\_\_\_ Mobile \_\_\_\_\_ Tel. \_\_\_\_\_

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  Professional  Retired  Business  Agriculture  Student  Forex Dealer  Other \_\_\_\_\_ Specify \_\_\_\_\_

|   |  |             |   |                 |   |   |   |   |   |  |   |   |   |
|---|--|-------------|---|-----------------|---|---|---|---|---|--|---|---|---|
| Gross Annual Income OR Net-worth* in ₹<br>*Should not be older than one year<br>Any other information _____ | <input type="checkbox"/> < 1 L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> > 25 L | INDIVIDUALS | <input type="checkbox"/> < 1 L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> > 25 L <input type="checkbox"/> 25 L - 1 C <input type="checkbox"/> > 1 C | NON-INDIVIDUALS |   |   |   |   |   |  |   |   |   |
|   | as on Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>   |             | D   |                 | D | M | M | Y | Y | as on Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> | D | D | M |
| D   | D  | M           | M   | Y               | Y |   |   |   |   |  |   |   |   |
| D   | D  | M           | M   | Y               | Y |   |   |   |   |  |   |   |   |

Politically Exposed Person (PEP)  Related to a PEP  
 Is the entity involved in any of the following services: • Foreign Exchange/ Money Changer  Yes  No  
 • Gaming/ Gambling/ Lottery (casinos, betting syndicates)  Yes  No • Money Lending/ Pawning  Yes  No

**3 JOINT APPLICANT'S DETAILS** Mode of Holding  Joint (Default)  Anyone or Survivor

Name (2<sup>nd</sup>) \_\_\_\_\_

PAN \_\_\_\_\_ Enclose  Attested PAN card copy  KYC Acknowledgment (Refer 8) Mobile +91 \_\_\_\_\_

Name (3<sup>rd</sup>) \_\_\_\_\_

PAN \_\_\_\_\_ Enclose  Attested PAN card copy  KYC Acknowledgment (Refer 8) Mobile +91 \_\_\_\_\_

Email 2<sup>nd</sup> \_\_\_\_\_ Email 3<sup>rd</sup> \_\_\_\_\_

**4 BANK ACCOUNT DETAILS FOR PAY-OUT** (Mandatory. Refer 6 and avail of Multiple Bank Registration Facility.)

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

**5 DEBIT MANDATE** (For Axis Bank account holders only. Refer 5d.) To be processed in CMS software under client code "AXISMF" Application No. \_\_\_\_\_

Date 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

 TO BE DETACHED BY KARVY AND PRESENTED TO AXIS BANK CMS DEPARTMENT

I/ We \_\_\_\_\_ Name of the account holder(s)

authorise you to debit my/our account no. \_\_\_\_\_ to pay for the purchase of

- Axis Long Term Equity Fund  Axis Income Saver  Axis Triple Advantage Fund  Axis Midcap Fund  
 Axis Equity Fund  Axis Focused 25 Fund

Amount \_\_\_\_\_ (figures) \_\_\_\_\_ (words) \_\_\_\_\_ Signature of Account Holder

**ACKNOWLEDGMENT SLIP** (To be filled in by the investor) Application No. \_\_\_\_\_

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

**6 INVESTMENT & PAYMENT DETAILS** (Investors applying under Direct Plan must mention "Direct" against scheme name, refer 2)

Payment type  Non-Third Party Payment  Third Party Payment (Please attach "Third Party Payment Declaration Form")

Scheme  Plan  Option  Dividend Frequency (Quarterly/ Half Yearly/ Annual)\*

\*Applicable only for Axis Income Saver

LUMP SUM (Fill 6A only)  MICRO LUMP SUM (Fill 6A only)  SIP AXIS BANK DEBIT MANDATE (Fill 6B)  SIP ELECTRONIC AUTO DEBIT (Fill 6B)  MICRO SIP (Fill 6B)

**6A LUMPSUM** Do not submit SIP Auto Debit Form

Mode  Cheque  DD  Axis Bank Debit Mandate (Please fill section 5.) 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

**6B SIP** (For SIP through Electronic Auto Debit submit SIP Auto Debit (Form 2) with Form 1)

Monthly SIP Amount (figure)  (words)

Preferred date for monthly debit (Any date except 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup>)

SIP period  Till you instruct to discontinue or no. of installments  (Minimum 30 instalments) from  to\*  \*Fill only if no. of installments have been specified, else leave blank.

First SIP Installment details Drawn on bank / branch name

Mode  Cheque  DD  Axis Bank Debit Mandate (Please fill section 5.) Cheque / DD no.  Dated

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT (Name should be as available in demat account. Refer 17)  NSDL  CDSL

Depository Participant (DP) Name

DP ID  Beneficiary A/c No.

**7 NOMINATION DETAILS** (Refer 16)

| Name<br>(Date of Birth if nominee is minor)   | Address                              | Guardian Name<br>(in case Nominee is a Minor) | Signature<br>(Guardian in case<br>Nominee is a Minor) | Allocation<br>%          |
|---|--------------------------------------|---|---|--------------------------|
|   |                                      |   |   |                          |
|   |                                      |   |   |                          |
|   |                                      |   |   |                          |
| Unit Holder's Signature<br><small>If you do not wish to nominate sign here.</small> | First / Sole Applicant /<br>Guardian | Second Applicant                              | Third Applicant                                       | Power of Attorney Holder |
|   |                                      |   |   | 100%                     |

**8 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.

|                                      |                  |                 |                          |
|--------------------------------------|------------------|-----------------|--------------------------|
| First / Sole Applicant /<br>Guardian | Second Applicant | Third Applicant | Power of Attorney Holder |
|--------------------------------------|------------------|-----------------|--------------------------|

**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 name mentioned in addition to scheme name
- SIP Auto Debit Form 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.

AXIS MUTUAL FUND HELPS YOU RELAX WITH,

|  |  |   |  |   |
|--|--|---|--|---|
|  <p><b>EasyInvest</b><br/>https://online.axismf.com<br/>Invest online without any prior registration.</p> |  <p><b>EasyCall™</b><br/>1000 3000 3300<br/>Buy / Sell units without PINs or Passwords.</p> |  <p><b>EasySMS</b><br/>SMS HELP to 92120 10033<br/>Transact and get folio details on the go.</p> |  <p><b>EasyApp</b><br/>SMS EasyApp to 92120 10033<br/>to download. Invest with ease on your Android smartphone.</p> |  <p><b>Risk Managed Products</b></p> |
|--|--|---|--|---|

\*Buy\* means purchased and \*Sell\* means redemption of units of Axis Mutual Fund schemes.

# FORM 2 - SIP AUTO DEBIT FORM (SIP matlab Sleep In Peace™)



| Distributor ARN | Sub-Distributor ARN | Sol ID / Internal Sub-Broker | Employee Code | EUIN     | Serial No., Date & Time Stamp |
|-----------------|---------------------|------------------------------|---------------|----------|-------------------------------|
| ARN 70893       | ARN                 |                              |               | E 027379 |                               |

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 18 and any one)

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/ subscription 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  Change in Bank details by 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

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 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')

Date

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. 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.

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Sole/ 1st Unit Holder / POA | <input checked="" type="checkbox"/> 2nd Unit Holder | <input checked="" type="checkbox"/> 3rd Unit Holder |
|---|---|---|

### 3 AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS

The Manager

Name of Bank  Branch  City

I / We authorize Axis Mutual Fund, acting through its service providers, to debit my account through ECS (Debit) clearing / Direct debit (Standing Instruction) as per the details given here:

|  |   |
|--|---|
| A) Folio No. / Application No.<br><input type="text"/>   | Scheme<br><input type="text"/>  |
| B) Account Number<br><input type="text"/><br>A/c holder's name as in bank records<br><input type="text"/>                            | Plan*<br><input type="text"/>   |
| C) Account Type (Please ✓)<br><input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit | Option<br><input type="text"/>  |
| D) 9-Digit MICR Number of the Bank & Branch<br><input type="text"/>  | SIP Auto Debit Date<br>(29th, 30th & 31st not available) (DD)<br><input type="text"/>   |
|  | Frequency<br>Monthly  |
|  | SIP Auto Debit Period (minimum 30 months)<br>From <input type="text"/> To <input type="text"/>  |
|  | SIP Installment Amount<br>Please refer to KIM for min. installment amount   |
|  | <input type="checkbox"/> Till you instruct Axis Mutual Fund to discontinue.<br>Please fill in the 'To' date only if no. of installments have been specified in the Application Form.<br>*Investors applying under Direct Plan must mention "Direct" against scheme name |

I / We declare that the particulars furnished above are correct. 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.

#### NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

|              |                                    |                         |                         |
|--------------|------------------------------------|-------------------------|-------------------------|
| Name(s)      | Sole/1st Bank Account Holder / POA | 2nd Bank Account Holder | 3rd Bank Account Holder |
| Signature(s) | <input type="text"/>               | <input type="text"/>    | <input type="text"/>    |
| Date         | <input type="text"/>               | <input type="text"/>    | <input type="text"/>    |

Sole/1st Bank Account Holder / POA  2nd Bank Account Holder  3rd Bank Account Holder

(To be signed by all holders if mode of operation of Bank Account is 'Joint')

#### ATTESTED BY THE BANKER

(Mandatory, if your First SIP Installment is through a Demand Draft / Pay Order)

I / We certify that the signature of account holder(s) and the bank account details are correct as per our records.

Stamp & Signature

#### FOR OFFICE USE ONLY (not to be filled in by investor)

Recorded on

Recorded by

Credit A/c No.

We confirm that we have taken the above ECS / Auto Debit instructions on our records.

Stamp of Bank Branch Manager

Signature

Name