FORM 1 - FOR LUMPSUM / SIP INVESTMENTS AXIS MUTUAL FUND Application No.



Distributor ARN	Sub-Distributor	ARN Sol	Sol ID / Internal Sub-Broker			ee Code	EUIN	Serial No., Date & Time Stamp					
ARN 102683	ARN						E 024075						
Upfront commission shall be paid				e investor's assessm	ent of various fact	ors including the s	ervice rendered by the	listributor.					
"I/We hereby confirm that the EUIN executed without any interaction or ac distributor/sub broker or notwithsta employee/relationship manager/sales pe	l dox has been intentionally left of vice by the employee/relationship nding the advice of in-appropria rson of the distributor/sub broker."	ank by mejus as this trans manager/sales person of tl ateness, if any, provided	he above by the	irst / Sole Applican Guardian	t Se	cond Applicant	Third A	pplicant	Power of Atto	rney Holder			
TRANSACTION CHARGES I or more and your Distributor has opted Units will be issued against the balance	to receive Transaction Charges, the						☐ I confirm that I ☐ I confirm that I						
1 EXISTING INVEST	TOR'S FOLIO NUMBI	ER (If you have an existi	ing folio with KYC va	lidated, please mention	here and skip to section	n 3/4.)							
2 FIRST APPLICAN	T'S DETAILS (Non-indiv	idual invertors please fill in	UBO annexure and a	attach along with applic	ation form)				☐ Mr. ☐	Ms. M/s			
Name (1 st)													
Date of birth D M	M Y Y PAN Re	efer 9			Nationali	ty	Cou	ıntry of Birth					
For Investments "On behalf	of Minor" (Refer 10)	Birth Certificate 🗌	School Certific	ate 🗌 Passport	Other	Guar	dian named below is	☐ Father ☐ N	Nother Cour	t Appointed			
Name of the Guardian if mind	or attach proof of date of	birth / Contact perso	on for non indivi	duals / PoA holder	name	Guardian	PoA PAN						
Correspondence / Overseas a	ddress (For FIIs/NRIs/PIOs)												
City			State					Pin Code					
Overseas address									Country				
Email (Refer 15a)					Mobile			Tel.					
Are you a tax resident of a							claration Form & FATC)			
Status 🗌 Resident Individua	al 🗌 Proprietor 🗌 HUF[Minor FII	NRI 🗌 PIO 🗌	Partnership Firm	\square Society* \square	Trust* 🗌 Comp	any* Non-Profit	Organization (NF	PO) (Ref 20) 0	ther Specify			
Occupation Pvt. Sector S	ervice Public Sector	Gov. Service 🗌 H	lousewife 🗌 Do	efence Profess	ional Retired	Business	Agriculture Stud	lent 🗌 Forex De	aler Other	*Other than NPI Specify			
	< 1L 1.5L 5.10L						25L-1C > 1C			ollowing:			
OR 😋 —			M M Y Y	DUAL		as on D	D M M Y Y	Foreign Exchange	Money Changer	Yes No			
Net-worth* in ₹ *Not older than one year	Dolitically Evaced Do			NDIA		ds oil	D W W I	Gaming/ Gambling (casinos, betting syndi	cates)	Yes No			
Any other information	Politically Exposed Pe	rson (PEP) 🗀 Keia	ited to a PEP	NON-INDIVIDUALS				Money Lending/ P	awning	Yes No			
Any other information													
SECOND APPLICANT'S	S DETAILS Mode of	Holding _ Joint (De	efault) Anyone	e or Survivor N	lationality		Country of Birth		Mr	Ms. M/s			
Name (2 nd)													
PAN		Mobile						Email					
Are you a tax resident of a	· · · · · · · · · · · · · · · · · · ·		Yes	_									
Status Resident Indi] HUF		_ FII Snecify	Gross Annua OR	Income * in ₹	< 1L1-5L	5-10L 10-25L					
Occupation Pvt. Sector S	· · · · · · · · · · · · · · · · · · ·	<u> </u>	,		Net-worth	* in ₹ 2	Politically Fy	posed Person (P	as on D D N				
	Business Agricultu				*Should not be older Any other info	than one year rmation	I ontically L	poseu i erson (i	LI / LI Helatet	1 10 0 1 11			
THIRD APPLICANT'S I	DETAILS				lationality		Country of Birth		Mr.	Ms. M/s			
Name (3 rd)	JETAILO						Journal of Birth						
PAN		Mobile						Email ID					
Are you a tax resident of a	ny country other than I		Yes										
Status Resident Indi	vidual Proprietor	HUF Minor	☐ Society ☐	FII	Gross Annua	Income 🕠	< 1L 1-5L	5-10L 10-25L	> 25L				
☐ NRI ☐ PIO	Partnership Firm	Trust Compa	any 🗌 Other_	Specify	OR	DUAL			as on DD N	M Y Y			
Occupation Pvt. Sector S					Net-worth *Should not be older		Politically Ex	posed Person (P	EP) Related	l to a PEP			
Professional	Business Agricultu	re Student F	orex Dealer 🔙	Other Specify	Any other info	rmation							
3 DEBIT MANDATE (F	or Axis Bank A/c only.) To be proce	essed in CMS software und	der client code "AXIS	SMF" TO BE DI	ETACHED BY KARVY & PI	ESENTED TO AXIS BAN	к смs Application	No.					
I/ We	Name	of the account hold	ler(s)				debit my/our account	no. Date	ппм	M V V			
,	ivalite	. 57 the account hold		unt type 🗆 Coni-					to nov for the	no nuroboos			
Axis Income Saver	A via Midaan Fund	vio Triplo Advanta					FCNR Others	Specify Ty Fund	to pay for the	•			
-	(figures)	vis i i ihic wasaiitaí	yerunu //	KIO Equity Fund	AXIST OUUSU	(words)	ixio cong romi cqui	tyrunu Ax	io Elinanoca Ai	biti ago i an			
Amount	(iiguioo)					(MADINO)							
Signature	of First Account Holder		Sig	nature of Second Ad	count Holder			nature of Third Acc	ount Holder				
TO ACKNOWI EDGMEN	T SLIP Received subject to	realisation, verification a						 1 No.					
From	· OLI	TENEN, TORRIGATION	zznznonoj uli u	ri	22 do monto	apprount	7.ppiioutioi						
	Dete	Α			0-1								
Cheque no.	Date	Amount			Scheme								

LUMP SUM (Fill 4A only) MICRO LUMP SUM (Fill 4A only) SIP AXIS BANK DEBIT MANDATE (Fill 4B) SIP ELECTRONIC AUTO DEBIT (Fill 4B) 4A LUMPSUM Do not submit SIP Auto Debit Form Mode Cheque DD Axis Bank Debit Mandate (Please fill section 3.) Cheque DD no. Dated Amount (figures) Account type Savings NRO NRE Current FCNR Others Specify BiP (For SIP through Electronic Auto Debit submit SIP Auto Debit (Form 2) with Form 1 Monthly SIP Amount (figure) (words) SIP frequency (tick \(\) any one) Monthly Yearly Preferred Debit Date (Any date except 29°, 30° and 31°) Down on been specified,	und "Applicable only for Axis Incom MICRO SIP (I			
ACCOUNT Type Savings NRO NRE Current FCNR Others Specify Monthly SIP Amount (figure) Monthly SIP Amount (figure) SIP frequency (tick ✓ any one) Monthly Yearly Note Cheque DD no. Dated Mondate (Please fill section 3.) Cheque / DD no. Dated Drawn on bank / branch name Drawn on bank / branch name Monthly SIP Amount (figure) SIP frequency (tick ✓ any one) Monthly Yearly SIP frequency (tick ✓ any one) Monthly Yearly SIP period Till you instruct to discontinue OR no. of installments (ref 12(h))* from M M Y Y to* M M Y Y *Fill only if no. been specified,) D M M Y			
Amount (figures) Pay-in A/c no. Account type Savings NRO NRE Current FCNR Others Specify Drawn on bank / branch name 4B SIP (For SIP through Electronic Auto Debit submit SIP Auto Debit (Form 2) with Form 1 Monthly SIP Amount (figure) SIP frequency (tick ✓ any one) Monthly Yearly SIP period Till you instruct to discontinue OR no. of installments (words) *Fill only if no. been specified,	M M Y			
Pay-in A/c no. Account type Savings NRO NRE Current FCNR Others Specify 4B SIP (For SIP through Electronic Auto Debit submit SIP Auto Debit (Form 2) with Form 1 Monthly SIP Amount (figure) (words) SIP frequency (tick ✓ any one) Monthly Yearly Preferred Debit Date (Any date except 29°, 30° and 31°) SIP period Till you instruct to discontinue OR no. of installments (ref 12(h))* from M M Y Y to* M M Y Y *Fill only if no. been specified,				
Account type Savings NRO NRE Current FCNR Others Specify Branch name Account type Savings NRO NRE Current FCNR Others Specify Branch name Account type Savings NRO NRE Current FCNR Others Specify Branch name Monthly SIP Amount (figure) (words) SIP frequency (tick of any one) Monthly Yearly Preferred Debit Date (Any date except 29°, 30° and 31°) SIP period Till you instruct to discontinue OR no. of installments (ref 12(h))* from M M Y Y to* M M Y Y to* M M Y Y been specified,				
Account type Savings NRO NRE Current FCNR Others Specify SIP (For SIP through Electronic Auto Debit submit SIP Auto Debit (Form 2) with Form 1 Monthly SIP Amount (figure) (words) SIP frequency (tick \(\sigma \) any one) Monthly Yearly Preferred Debit Date (Any date except 29°, 30° and 31°) D SIP period Till you instruct to discontinue OR no. of installments (ref 12(h))* from M Y Y to* M M Y				
Monthly SIP Amount (figure) (words) SIP frequency (tick ✓ any one) Monthly Yearly Preferred Debit Date (Any date except 29°, 30° and 31°) SIP period Till you instruct to discontinue OR no. of installments (ref 12(h))* from M M Y Y to* M M Y Y been specified,				
SIP frequency (tick ✓ any one) Monthly Yearly Preferred Debit Date (Any date except 29°, 30° and 31°) SIP period Till you instruct to discontinue OR no. of installments (ref 12(h))* from M M Y Y to* M M Y Y *Fill only if no. been specified,				
SIP period Till you instruct to discontinue OR no. of installments (ref 12(h))* from M M Y Y to* M M Y Y been specified,				
SIF period Till you instruct to discontinue or no. of installments (ref 12(n)) from M M Y Y To M M Y Y been specified,	£ :+- +-			
First SIP Installment details Drawn on bank / branch name				
Mode Cheque / DD Axis Bank Debit Mandate (Please fill section 3.) Cheque / DD no.	D M M Y			
DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT (Name should be as per the demat account. Refer 17) NSDL CDSL				
Depository Participant (DP) Name				
DP ID Beneficiary A/c No.				
BANK ACCOUNT DETAILS FOR PAY-OUT (Mandatory, Refer 6 and avail of Multiple Bank Registration Facility.)				
Sank Name				
Bank A/c No. Type Current Savings NRO NRE FCNR	Others Specify			
Branch Name City Pin				
FSC Code (11 digit)* MICR Code (9 digit)* *Mentioned on your che	que leaf			
6 NOMINATION DETAILS (Refer 16)	0.			
Name Name Address Gi	Signature ardian in case			
Non	inee is a Minor)			
Unit Holder's Signature If you do not wish to nominate sign here. First / Sole Applicant / Second Applicant Third Applicant Power of Attorn	ey Holder 100			
7 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 the 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 Corrug				
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 roccess is not completed by mejus 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 reder with such funds that may be required by the law.) The ARN holder has disclosed to mejus 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.	me/us. In event "Know Your Cust option and undertake such other			
We confirm that 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 fu hat I am/ we are Non Residents of Indian nationality/origin and that We have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External Non Resident Ordinary FCNR account. We confirm	nd house. For NRIs only - I / We co			
nd correct.				
First / Sole Applicant / Second Applicant Third Applicant Power of	Power of Attorney Holder			
QUICK CHECKLIST VVC columnial of the Communication of the Communicati				
 — KYC acknowledgement letter (Compulsory for MICRO Investments) SIP Auto Debit Form for SIP investments Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that 	uture navments can he n			
Self attested PAN card copy Wultiple balik Accounts negistration form (i) you want to register multiple balik accounts so that from any of the accounts)	uture payments can be n			
Email id and mobile number provided for online transaction facility Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached				
Plan / Option name mentioned in addition to scheme name Additional documents attached for Third Party payments. Refer instructions.				
AVIS MILTUAL SUND HELDS VOU SELAV WITH				
AXIS MUTUAL FUND HELPS YOU RELAX WITH,				
EasyInvest EasyCall" EasySMS EasyApp Risk				
https://online.axismf.com 1800 3000 3300 SMS HELP is 92120 10033 SMS EasyApp is 92120 10033 Managed				

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



Distributor ARN	RN Sub-Distributor ARN Sol ID / In			nternal Sub-Broker Employee Code					EUIN				Serial No., Date & Time Stamp				
ARN 102683									E 024075								
Upfront commission shall be paid	 directly by the investor to the AMFI regis	stered distributor ba	ased on the investor	's assessn	nent of va	rious factors inc	luding the s	ervice r	rendered	d by the o	listributor	r.					
executed without any interaction or ad	box has been intentionally left blank by me/us vice by the employee/relationship manager/sale ding the advice of in-appropriateness, if son of the distributor/sub broker."	s person of the above	First / Soli	e Applican ardian	nt /	Second	Applicant			Third A	pplicant		Powe	r of Attori	ney Holde		
	OR APPLICATIONS THROUGH D		ONLY (Refer 18 ar	-	-	m that I am a	n ovietin	ı invo	etor ir	. Mutus	al Eunde						
	st time investor across Mutual 100 or more and your Distributor has opted to rec		es, the same are deducti										against the	palance amou	ınt invested		
Tick whichever is applicable :	New SIP registration by new	investor	New SIP regist	ration by	existing	investor	Chang	je in B	ank de	etails by	investor						
1 APPLICANT'S PER	RSONAL DETAILS (MANDA	TORY)															
Application Form No. (For New	Applicants)			OR		Folio No. (For	Existing Uni	t holder	rs)								
Sole / 1st Unitholder	Firs	t Name				Middle Na	me						Last Na	me			
Email ID			For receiving sta	atements	over ema	ail instead of p	ost										
PAN	1st Applicant			2nd	Applican	nt						3rd	l Applica	nt			
Enclose Attested I	PAN card KYC Letter		Attesto	ed PAN ca	ard 🗌	KYC Letter				[Attes	ted PA	N card	☐ KYC	Letter		
2 DECLARATION AN	ID SIGNATURE (To be signed	by ALL UNIT	HOLDERS if n	node of	holding	is 'joint')						Date	D D	M M	Υ		
	lars furnished here are correct. I / Wo If the transaction is delayed or not es in my bank account.																
X Sole/1st	Unit Holder / POA	X	2nd	nd Unit Holder X						3rd Unit Holder							
3 AUTO DEBIT AUT	HORISATION BY BANK AC	COUNT HOLD	IFRS														
The Manager	III DA	0001111012															
Name of Bank			Branch						City	/							
I / We authorize Axis Mutual I	Fund, acting through its service pro	viders, to debit m	y account throug	h ECS (D	ebit) clea	ring / Direct d	ebit (Stand	ding In	structi	ion) as p	er the d	etails g	iven here	:			
A) Folio No. / Application No.).			Scheme	!												
B) Account Number				Plan*													
			Option ⁵ SIP Auto Debit Date														
							(29th, 30th & 31st not available) (DD)										
A/c holder's name as in bank records				Frequency (ref 12 (h))					Monthly Yearly								
C) Account Type (Please ✓)				SIP Installment Amount SIP Auto Debit Period					Please refer to KIM for min. installment amount								
□ Savings □ Current □ Cash Credit				(ref 12 (h)) ^f					From M M Y Y To M M Y Y								
D) 9-Digit MICR Number of the Bank & Branch				Till you instruct Axis Mutual Fund to discontinue. Please `To' date only if no. of installments have been specified in th *Investors applying under Direct Plan must mention "Direct" against s \$ Dividend Re-Investment Option is not available for Axis Long Term Eq													
I / We declare that the particular	ors furnished above are correct. If the	transaction is dela	ayed or not effecte	ed at all fo	r reasons	of incomplete	or incorrec	t infor	mation	, I / we v	ould not	hold th	e user ins	titution re	sponsible		
	, , ,	(S) & SIGNATU	RE(S) OF BANK	ACCOU	NT HOLD	DER(S) AS IN	BANK RE	CORD	S								
Name(s)	2nd Bank Account Holder					3rd Bank Account Holder											
Signature(s)	Intelligat Donal A								v		01.5	.1. 0		J			
Date XX S	Gole/1st Bank Account Holder / PO			2nd Bank is ' Joint ')	Account	t Holder		X	X		ord Bai	nk Acci	ount Hol	uer			
ATTESTED BY THE BANKE			rioudill	20.1167													
(Mandatory, if your First SIP Inst	:n allment is through a Demand Draft / Pay ure of account holder(s) and the bar		s are correct as p	er our red	cords.								Stamp	& Signat	ure		
FOR OFFICE USE ONLY (not to be filled in by investor)				We confirm that we have taken the above ECS / Auto Debit instructions on our records.													
Recorded on D D M	Stamp of Ban	Stamp of Bank Branch Manager															
Recorded by Signature																	
Credit A/c No.																	