

FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

Application No.

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

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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY 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) All fields are mandatory.

Gender ☐ Male ☐ Female

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

PAN (Minor / 1st Holder)

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" ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Other 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

Occupation

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

Gross Annual Income OR Net-worth* in ₹ *Not older than one year Any other information	INDIVIDUALS	<input type="text"/>	NON-INDIVIDUALS	<input type="text"/>	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
		<input type="text"/>		<input type="text"/>	
		<input type="text"/>		<input type="text"/>	
		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable		<input type="text"/>	

...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 authorise you to debit my/our account no. Date

Account type to pay for the purchase of

Amount

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Stamp & Signature

Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name (2 nd) (As in PAN card/KYC records) <input type="text"/>			
Father's Name <input type="text"/>			
PAN <input type="text"/>	Mobile <input type="text"/>	<input type="text"/>	
Date of birth <input type="text"/>	Enclose <input type="checkbox"/> Attested PAN card copy <input type="checkbox"/> KYC Acknowledgment		
Country of Birth <input type="text"/>	Place of Birth <input type="text"/>	Nationality <input type="text"/>	
Status <input type="text"/>	INDIVIDUALS	Gross Annual Income OR Net-worth* in ₹ <input type="text"/>	<input type="text"/> as on <input type="text"/>
Occupation <input type="text"/>		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable	<input type="text"/>

Are you FATCA Compliant (Please tick any one) <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Permissible documents are <input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others <input type="text"/>

Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name (2 nd) (As in PAN card/KYC records) <input type="text"/>			
Father's Name <input type="text"/>			
PAN <input type="text"/>	Mobile <input type="text"/>	<input type="text"/>	
Date of birth <input type="text"/>	Enclose <input type="checkbox"/> Attested PAN card copy <input type="checkbox"/> KYC Acknowledgment		
Country of Birth <input type="text"/>	Place of Birth <input type="text"/>	Nationality <input type="text"/>	
Status <input type="text"/>	INDIVIDUALS	Gross Annual Income OR Net-worth* in ₹ <input type="text"/>	<input type="text"/> as on <input type="text"/>
Occupation <input type="text"/>		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable	<input type="text"/>


Are you FATCA Compliant (Please tick any one) <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Permissible documents are <input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others <input type="text"/>

Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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

- | | |
|---|---|
| <input type="checkbox"/> KYC acknowledgement letter (Compulsory for MICRO Investments) | <input type="checkbox"/> SIP Registration Mandate - NACH for SIP investments |
| <input type="checkbox"/> Self attested PAN card copy | <input type="checkbox"/> 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) |
| <input type="checkbox"/> Email id and mobile number provided for online transaction facility | <input type="checkbox"/> Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached |
| <input type="checkbox"/> Plan / Option / Sub Option name mentioned in addition to scheme name | <input type="checkbox"/> Additional documents attached for Third Party payments. Refer instructions. |
| | <input type="checkbox"/> FATCA Declaration. |

 EasyInvest https://online.amfi.com <small>Invest online without any prior registration.</small>	 EasyCall <small>1800 221322 / 1800 2000 2300</small> <small>Buy / Sell units without PINs or Passwords.</small>	 EasySMS <small>SMS HELP No. 91210 10033</small> <small>Transact and get field details on the go.</small>	 EasyApp <small>SMS EasyApp No. 91210 10033</small> <small>to download. Invest with ease on your Android smartphone.</small>	 Risk Managed Products
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Buy means purchase and *Sell* means redemption of units of Axis Mutual Fund schemes.

7. BANK ACCOUNT DETAILS FOR PAY-OUT (Mandatory. 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

Branch Name

City

Pin

IFSC Code (11 digit)*

MICR Code (9 digit)*

*Mentioned on your cheque leaf

8. SCHEME & PAYMENT

SCHEME

Scheme Name

Plan

Option

This product is suitable for investors who are seeking*:

*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

PAYMENTS

Investment Amount

In words

Lump sum / SIP

First SIP Installment / Lump sum Details

Mode of Payment

Cheque / DD / No.

Cheque / DD / Date

Drawn on Bnak / Branch Name

Pay-in Bank Account No.

Account Type

Second & Subsequent SIP Installment Details

SIP Period

From

To

SIP Instalment Amount

Preferred Debit Date

SIP Frequency

SIP Through

9. NOMINATION DETAILS (All fields are mandatory)

	First Nominee	Second Nominee	Third Nominee
Name (as in PAN card/KYC records)			
PAN			
Date of Birth			
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.			

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.

Date : Place :