AXIS MUTUAL FUND

COMMON APPLICATION FORM

APPLICATION NO.

FOR FIRST TIME INVESTORS FOR LUMPSUM INVESTMENTS / SIP INVESTMENTS.
(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLACK/BLUE COLOURED INK & IN BLOCK LETTERS)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE^	PMR (Portfolio Manager's Registration) Number ^^	Serial No., Date & Time Stamp
ARN-153155			E-271894				

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, 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 Portfolio Manager.

☐ 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.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20)

☐ I confirm that I am a first time investor across Mutual Funds. **OR** ☐ I confirm that I am an existing investor across 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.

Unit Holding Option
☐ Physical Mode ☐ Demat Mode
(in case of Demat, please fill sec 7)

01 MY DETAILS (To be filled in Block Letters. Please provide the following details in full)
(In case of investment "On behalf of minor", Please refer instruction No. 11)

Existing folio number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ I/ We want to create new Folio (Instruction No. 26)

My Name (Should match with PAN Card)

PAN/PEKRN (1st Applicant) ☐ KYC

My Guardian's Name (if minor)**/POA/Contact Person** (For Non-individuals)

PAN/PEKRN (Guardian/POA) ☐ KYC

On behalf of Minor (*Attach Mandatory Documents as per instructions)   **Date of Birth Minor's** | D | D | M | M | Y | Y | Y | Y | ☐ **Date of Birth** Proof attached*

Guardian named is ☐ Father ☐ Mother ☐ Court Appointed   Guardian named is

02 JOINT APPLICANTS (IF ANY) DETAILS

Mode of Operation ☐ Single ☐ Joint ☐ Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of minor investments).

2nd Applicant Name (Should match with PAN Card)

PAN/PEKRN (Second applicant) ☐ KYC

3rd Applicant Name (Should match with PAN Card)

PAN/PEKRN (Third applicant) ☐ KYC

MFD / EUIN holder/ sub-distributor is not related to the 1st holder.
If yes, declare that joint holders details provided in this form belongs to (tick any one): ☐ Spouse ☐ Children ☐ Siblings ☐ Parents

03 MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters)
(For electronic communication, Please refer instruction No. 17)

Address Type (Mandatory) ☐ Residential & Business ☐ Residential ☐ Business ☐ Registered Office

Address

City | **State** | **Pin Code**

Add overseas address (Mandatory for NRI / FII Applicants)

City | **Country** | **Pin Code**

Email ID and Mobile number should pertain to First Holder only.

Mobile No. | **Tel No.** | **Email ID** (CAPITAL letters only)

I declare that **Email address** provided in this form belongs to (tick any one): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS
and approve for usage of these contact details for any communication with Axis Mutual Fund.

I declare that **Mobile Number** provided in this form belongs to (tick any one) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS
and approve for usage of these contact details for any communication with Axis Mutual Fund.

If above any option is not ticked (✓) or selected then (Self) option is considered as a default.

I wish to receive Scheme **Account Statement along with Annual Report & Abridged Summary**: ☐ **Online** (Preferred & Default) ☐ **Physical Copy** (Choose online mode to help us save paper & contribute towards a greener & cleaner environment.)

04 BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)
(Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

My Bank Name

Bank A/C No. | **A/C Type** ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others _____

Branch Address

City | **State** | **Pin Code**

IFSC code: (11 digit) | **MICR code** (9 digit) (This is a 9 digit number next to your cheque number)

LEI Code | **Valid up to** | D | D | M | M | Y | Y | Y | Y | Note: LEI code mandatory to provide if transaction value is equal to or exceeds ₹ 50 crore limit, with LEI proof.

05 | MY INVESTMENT DETAILS

(Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied incase of no information, ambiguity or discrepancy). If the investment is in multiple schemes. "The Cheque/ DD should be drawn favouring "Axis MF Multiple Schemes"

Full Scheme/Plan/Option	Amount/Each SIP Amount	Frequency	SIP Period	TOP-UP Facility (Optional) Only available for Monthly SIP
☐ LUMPSUM ☐ SIP Plan ☐ Regular ☐ Direct Scheme Name _____ Option _____	₹ _____ Less DD charges [ ][ ] **SIP Date** Refer Inst. 13 B [D][D] (1st to 28th) ☐ Last date of month	☐ Daily ☐ Weekly Day ☐ Monthly (default) ☐ Yearly	Start Date [M M Y Y Y] End Date [M M Y Y Y] Maximum Duration of 40 years	☐ % Top-Up ☐ Fixed Amount [ ] % ₹ in figures (in multiple of 5 only) in words Frequency ☐ Half Yearly ☐ Yearly ☐ Dynamic TOP-UP
☐ LUMPSUM ☐ SIP Plan ☐ Regular ☐ Direct Scheme Name _____ Option _____	₹ _____ Less DD charges [ ][ ] **SIP Date** Refer Inst. 13 B [D][D] (1st to 28th) ☐ Last date of month	☐ Daily ☐ Weekly Day ☐ Monthly (default) ☐ Yearly	Start Date [M M Y Y Y] End Date [M M Y Y Y] Maximum Duration of 40 years	☐ % Top-Up ☐ Fixed Amount [ ] % ₹ in figures (in multiple of 5 only) in words Frequency ☐ Half Yearly ☐ Yearly ☐ Dynamic TOP-UP
☐ LUMPSUM ☐ SIP Plan ☐ Regular ☐ Direct Scheme Name _____ Option _____	₹ _____ Less DD charges [ ][ ] **SIP Date** Refer Inst. 13 B [D][D] (1st to 28th) ☐ Last date of month	☐ Daily ☐ Weekly Day ☐ Monthly (default) ☐ Yearly	Start Date [M M Y Y Y] End Date [M M Y Y Y] Maximum Duration of 40 years	☐ % Top-Up ☐ Fixed Amount [ ] % ₹ in figures (in multiple of 5 only) in words Frequency ☐ Half Yearly ☐ Yearly ☐ Dynamic TOP-UP

In case of multiple selection, SIP Top Up will be registered with 'Fixed Amount mentioned'.

SIP minimum Top-up amount is ₹ 1/- and in multiple of ₹1/-for all schemes except Axis Long Term Equity Fund the minimum amount is ₹ 500/- and in multiples of ₹ 500/- thereafter.

☞ ☐ **Payment through NACH (Attach NACH form)** ☐ OTM Reference No. _____ (if one time mandate are registered)

OR Documents attached to avoid Third Party Payment Rejection, if applicable: ☐ **Bank Certificate**, for DD ☐ **Third Party Declarations**

Payment Details

First Cheque Date [D D M M Y Y Y Y] Amount _____ Cheque No. _____

Bank Name _____ Account No. _____

IFSC Code [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] MICR Code [ ][ ][ ][ ][ ][ ][ ][ ][ ]

RTGS/ NEFT/ Funds Transfer _____ ☐ If source of payment bank is same as above bank details tick here.

06 | NOMINATION DETAILS

ANNEXURE - A

Format for Providing Nomination

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Sr. No.	Nomination can be made upto three nominees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
	Mandatory Details			
1.	Name of the nominee(s) (Mr./Ms.)*			
2.	Share of each Nominee — Equally (If not equally, please specify percentage)	[ ] %	[ ] %	[ ] %
	Any odd lot after division shall be transferred to the first nominee mentioned in the form.			
3.	Relationship with the Applicant (If Any)			
4.	Minor Date of birth			
5.	Guardian name			
	*Date of Birth and Name of Guardian to be provided in case of minor nominee(s)			
	Non Mandatory Details			
6.	Address of Nominee(s)/ Guardian in case of Minor — City / Place / State / Country — PIN Code			
7.	Mobile/Telephone no. of nominee(s) / Guardian in case of Minor	Mobile No. _____ Tel. No. _____	Mobile No. _____ Tel. No. _____	Mobile No. _____ Tel. No. _____
8.	Email ID of nominee(s)/ Guardian in case of Minor			
9.	Nominee/ Guardian (in case of Minor) Identification details (Please tick any one of following and provide details of same)	☐ Photograph & Signature ☐ PAN _____ ☐ Aadhaar Card _____ ☐ Proof of Identity _____ ☐ Saving Bank A/c no. _____ ☐ Demat A/c ID _____	☐ Photograph & Signature ☐ PAN _____ ☐ Aadhaar Card _____ ☐ Proof of Identity _____ ☐ Saving Bank A/c no. _____ ☐ Demat A/c ID _____	☐ Photograph & Signature ☐ PAN _____ ☐ Aadhaar Card _____ ☐ Proof of Identity _____ ☐ Saving Bank A/c no. _____ ☐ Demat A/c ID _____
	***Name and Signature of Holder**	First Unitholder Name First Unitholder Signature	Second Unitholder Name First Unitholder Signature	Third Unitholder Name First Unitholder Signature

06 | NOMINATION DETAILS (CONTD.) (For nomination, Please refer instruction No. 18)

ANNEXURE - B — Declaration for Opting-out of Nomination

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

*Name and Signature of Holder	First Unitholder Name	Second Unitholder Name	Third Unitholder Name
	First Unitholder Signature	First Unitholder Signature	First Unitholder Signature

*Witness Name _____ and address _____ are required, [Witness Signature]
if the account holder affixes thumb impression, instead of signature.

07 | DEPOSITORY ACCOUNT DETAILS (Optional. To be filled if investor wishes to hold the units in Demat mode). (For DEMAT details Please refer instruction No. 19)

(Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c held with the depository participant) Refer Instruction No. 19.

NSDL: Depository Participant Name _____ DP ID: I N ☐☐☐☐☐☐☐☐
Beneficiary Ac No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CDSL: Depository Participant Name _____
Beneficiary Ac No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Enclosed ☐ Client Master ☐ Transaction / Statement Copy / DIS Copy

08 | KNOW YOUR CUSTOMER (KYC) DETAILS (Mandatory. Please Tick/ Specify. The application is liable to get rejected if details not filled.) (For KYC details. Refer Instruction No. 8)

Tax Status details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Resident Individual	☐	☐	☐	☐
NRI/PIO/OCI	☐	☐	☐	☐
Sole Proprietorship	☐	-	-	-
Minor through Guardian	☐	-	-	-

Non Individual: ☐ Company ☐ Body Corporate ☐ Partnership ☐ Trust ☐ Society ☐ HUF ☐ Bank ☐ AOP ☐ FI ☐ FII ☐ FPI ☐ In case of Non-Profit Entity (refer point no 21)

Others (Please specify) _____

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). ☐ YES ☐ NO

If yes, please quote Registration No. of Darpan portal of Niti Aayog. (refer point no 21) _____

Gross Annual Income Range (in ₹)

Below 1 lac	☐ ☐ ☐ ☐	1-5 lac	☐ ☐ ☐ ☐
5-10 lac	☐ ☐ ☐ ☐	10-25 lac	☐ ☐ ☐ ☐
25 lac- 1 cr	☐ ☐ ☐ ☐	1 -5 cr	☐ ☐ ☐ ☐
5 - 10 cr	☐ ☐ ☐ ☐	> 10 cr	☐ ☐ ☐ ☐

OR Networth in ₹ (Mandatory for Non Individual) (not older than 1 year)

as on	as on	as on	as on
D D M M Y Y	D D M M Y Y	D D M M Y Y	D D M M Y Y

Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Private Sector	☐	☐	☐	☐
Public Sector	☐	☐	☐	☐
Government Service	☐	☐	☐	☐
Business	☐	☐	☐	☐
Professional	☐	☐	☐	☐
Agriculturist	☐	☐	☐	☐
Retired	☐	☐	☐	☐
Housewife	☐	☐	☐	☐
Student	☐	☐	☐	☐
Others (Please specify)	___	___	___	___

Politically Exposed Person (PEP) details	Is a PEP	Related to PEP	Not Applicable
1st Applicant	☐	☐	☐
2nd Applicant	☐	☐	☐
3rd Applicant	☐	☐	☐
Guardian	☐	☐	☐
Authorised Signatories	☐	☐	☐
Promoters	☐	☐	☐
Partners	☐	☐	☐
Karta	☐	☐	☐
Whole-time Directors/Turstee	☐	☐	☐

09 | DEBIT MANDATE (Only for Axis Bank Account holders: Now you don't have to issue a cheque if you hold an Axis Bank Account). To be processed in CMS software under client code "AXISMF" (For Debit mandate Please refer instruction No. 5 & 22)

APPLICATION NO.

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 _____ OR ☐ Axis MF Multiple Schemes

Amount (in Figures) _____ (in words) _____

Signature of First Account Holder	Signature of Second Account Holder	Signature of Third Account Holder

Date* D D M M Y Y Y Y *Date is mandatory

AXIS MUTUAL FUND — ACKNOWLEDGEMENT SLIP

APPLICATION NO.

Received from _____

Scheme Name _____ Plan _____ Option _____

Amount _____ Cheque/DD No. _____ Date D D M M Y Y Y Y

Bank & Branch details _____

Stamp & Signature

10 | ADDITIONAL INFORMATION
(For additional information Please refer instruction No. 8A)

Applicant	KIN No. (If KYC done via CKYC)	DOB/DOI#	Gender
First Applicant		D D M M Y Y Y Y	☐ Male ☐ Female
Second Applicant		D D M M Y Y Y Y	☐ Male ☐ Female
Third Applicant		D D M M Y Y Y Y	☐ Male ☐ Female
Guardian or POA^		D D M M Y Y Y Y	☐ Male ☐ Female

#Date of Birth - Mandatory if CKYC ID mentioned. ^G: Guardian; POA: Power Of Attorney   DOB: Date of Birth and DOI: Date of Incorporation

Details	Second Applicant	Third Applicant	G or POA
Mobile No.			
Email Id.			
Relationship with Investor			

👉 I declare that **Email address** provided in this form belongs to (tick any one): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

👉 I declare that **Mobile Number** provided in this form belongs to (tick any one) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

If above any option is not ticked (✓) or selected then (Self) option is considered as a default.

11 | FATCA AND CRS DETAILS
For Individuals (Mandatory). Non Individual investors including HUF should mandatorily fill separate FATCA/CRS/UBO details form   (Including Sole Proprietor. Refer Instruction No. 23)

Details	Sole/ 1st Applicant	2nd Applicant	3rd Applicant	Guardian/POA
Place & Country of Birth				
Nationality				
Are you a tax resident of any country other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		If Yes: Mandatory to enclose FATCA /CRS Annexure		

12 | DECLARATION AND SIGNATURE
(For declaration and signature, please refer point number 4)

Having read and understood the content of the SID / KIM of the scheme and SAI of the Axis Mutual Fund (The Fund), 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 give my / our consent to collect personal data or information as prescribed in the privacy policy which is available on the website of the AMC / Fund. I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

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.

I/We give my consent to Axis Asset Management Company Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/ our Aadhaar number(s) (if provided) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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.

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

Date: D D M M Y Y Y Y   Place: _____

| You/ Sole Applicant /Guardian |
| Second Applicant |
| Third Applicant |
| Power of Attorney Holder |

13 | QUICK CHECKLIST

☐ KYC acknowledgement letter (Compulsory for MICRO Investments)   ☐ Self attested PAN card copy   ☐ Plan / Option / Sub Option name mentioned in addition to scheme name   ☐ 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) ☐ Email id and mobile number provided for online transaction facility   ☐ SIP Registration Form for SIP investments   ☐ Relationship proof between guardian and minor (if application is in the name of a minor)   ☐ FATCA Declaration   ☐ Additional documents attached for Third Party payments. Refer instruction No. 7.

FA Connect — https://ifaconnect.axismf.#/home

Axis MF App — Scan the QR code to download the new AxisMF App — Google Play / App Store

Axis MF WEBSITE — www.axismf.com — https://www.axismf.com/corporate/Login.aspx

WhatsApp — To stay up to date with your mutual fund investments, connect with us on our WhatsApp number. Sent us a 'Hi' on 7506771113 from your registered mobile number to have your queries answered.

Follow Us on — Facebook.com/AxisMutualFund — Twitter.com/AxisMutualFund — LinkedIn.com/company/Axis-Mutual-Fund — YouTube.com/AxisMutualFund

AXIS MUTUAL FUND

SIP REGISTRATION FORM
for first time investors, submit Common Application form along with this form.

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE^	PMR (Portfolio Manager's Registration) Number ^^	Serial No., Date & Time Stamp
ARN-153155			E-271894				

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, 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 Portfolio Manager.

☐ 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.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20)
☐ I confirm that I am a first time investor across Mutual Funds.   **OR**   ☐ I confirm that I am an existing investor across 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.

1. YOUR INFORMATION (MANDATORY)

EXISTING INVESTOR'S FOLIO NUMBER
(If you have an existing folio with KYC validated, please mention here)   Folio number [   ]

Your Name (as in PAN Card / KYC records) Mr. Ms. M/s. [   ]

Name of the Guardian Mr. Ms. M/s. [In case First / Sole Applicant is minor) / Contact Person - Designation / PoA HOLDER (In case of Non-individual Investors)]

Your PAN [   ] 2nd Holder PAN [   ] 3rd Holder PAN [   ]

DO NOT FILL THE MANDATE BELOW, IF OTM DETAILS ARE PROVIDED IN SECTION 2 ON THE NEXT PAGE.
To register Axis One Time Mandate, please fill and submit the One Time Mandate form separately.

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 [In Words] ₹ [In Figures]

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ✓ As & when presented   DEBIT TYPE ☒ Fixed Amount ✓ Maximum Amount

Reference 1 [PAN No.] Phone No. [   ]

Reference 2 [All Schemes of Axis Mutual Fund] 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]

Maximum period of validity of this mandate is 40 years only

1. _____	2. _____	3. _____
Signature Primary Account holder	Signature of Account holder	Signature of Account holder
Name as in bank records	Name as in bank records	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 : • Instrument Date • 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 & in figures) • Period start date and end date • Account holder signature • Account holder name as per bank records

AXIS MUTUAL FUND   **ACKNOWLEDGMENT SLIP (To be filled by the investor)**

Investor Name			
SIP Scheme 1		Top-up ☐ Yes ☐ No	
SIP Scheme 2		Top-up ☐ Yes ☐ No	Stamp & Signature
SIP Scheme 3		Top-up ☐ Yes ☐ No	

2. SIP DETAILS

SIP Registration Mode ☐ A-OTM   ☐ K-OTM   ☐ Mandate along with SIP form

OTM Reference No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Scheme / Plan / Option	Frequency (Ref Inst. no. 5)	SIP Date/Day (DD) (Ref Inst. no. 13 B)	Enrollment Period (MMYY)	SIP Amount	TOP-UP Facility (Optional) Only available for Monthly SIP

Row 1

Frequency: ☐ **Daily ☐ #Weekly ☐ *Monthly ☐ *Yearly

SIP Date/Day: [D][D] (1st to 28th) ☐ Last date of month

Enrollment Period: From [ ][ ] To [ ][ ] Maximum Duration of 40 years

SIP Amount: ₹ [in figures] / in words

TOP-UP Facility:
☐ % Top-Up — [ ] % (in multiple of 5 only)
☐ Fixed Amount — ₹ [in figures] / in words
Frequency: ☐ Half Yearly ☐ Yearly

Row 2

Frequency: ☐ **Daily ☐ #Weekly ☐ *Monthly ☐ *Yearly

SIP Date/Day: [D][D] (1st to 28th) ☐ Last date of month

Enrollment Period: From [ ][ ] To [ ][ ] Maximum Duration of 40 years

SIP Amount: ₹ [in figures] / in words

TOP-UP Facility:
☐ % Top-Up — [ ] % (in multiple of 5 only)
☐ Fixed Amount — ₹ [in figures] / in words
Frequency: ☐ Half Yearly ☐ Yearly

Row 3

Frequency: ☐ **Daily ☐ #Weekly ☐ *Monthly ☐ *Yearly

SIP Date/Day: [D][D] (1st to 28th) ☐ Last date of month

Enrollment Period: From [ ][ ] To [ ][ ] Maximum Duration of 40 years

SIP Amount: ₹ [in figures] / in words

TOP-UP Facility:
☐ % Top-Up — [ ] % (in multiple of 5 only)
☐ Fixed Amount — ₹ [in figures] / in words
Frequency: ☐ Half Yearly ☐ Yearly

In case of multiple selection, SIP Top Up will be registered with 'Fixed Amount mentioned'.
SIP minimum Top-up amount is ₹ 1/- and in multiple of ₹1/-for all schemes except Axis Long Term Equity Fund the minimum amount is ₹ 500/- and in multiples of ₹ 500/- thereafter.

SIP initial payment details (Optional)

Drawn on bank / branch name [ ][ ][ ][ ][ ][ ][ ] Amount [ ]

Mode ☐ Cheque/DD Cheque/DD [ ] Dated [D][D][M][M][Y][Y][Y][Y]

In case of multiple SIP, mention "Axis MF Multiple Schemes" on the payment instrument.

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 authorize Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/ or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time. 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. 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.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant

---

INSTRUCTIONS FOR SIP & TOP-UP

1. Multiple SIP registration facility is not available for Axis Children's Gift Fund, ETF schemes and during NFO.
2. OTM end date cannot be more than 40 years form the date of the mandate.
3. The end date mentioned on SIP application should be equal to or, less than the end date mentioned on SIP NACH/OTM. If SIP end date exceeds from the date mentioned on the NACH/OTM then, SIP will be registered as per NACH/OTM end date.
4. Investors are required to submit Form along with a photo copy/cancelled cheque of Debit Bank Account at least 21 days before the first SIP Installment date.
5. *Investor shall have the option of choosing any date. In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day/date. If SIP debit date is not mentioned default date would be considered as 7th of every month. If the SIP date falls on a non-business day or a bank holiday, the SIP debit will be processed on the following business day. ** Will be triggered and processed only on Business Days. # will be triggered and processed on the day opted by the investor. If the day opted falls on non-business day, it will be triggered and processed on the next business day.
6. Please refer below table for minimum installments:

	**Daily/#Weekly/*Monthly		*Yearly	
	Min.₹	Min Inst.	Min.₹	Min Inst.
All schemes, except ETFs & schemes mentioned in tables below.	100	6	12000	3

	**Daily/#Weekly		*Monthly		*Yearly	
	Min.₹	Min Inst.	Min.₹	Min Inst.	Min.₹	Min Inst.
Axis Overnight Fund & Axis Liquid Fund	1000	6	NA	NA	NA	NA
Axis Long Term Equity Fund*	NA	NA	500	6	6000	3
Axis Banking & PSU Debt Fund, Axis Childrens Gift Fund, Axis Credit Risk Fund, Axis Dynamic Bond Fund, Axis Equity ETFs FoF, Axis Floater Fund, Axis Gilt Fund, Axis Money Market Fund, Axis Retirement Savings Fund, Axis Short Term Fund, Axis Silver Fund Of Fund, Axis Treasury Advantage Fund, Axis Ultra Short Term Fund	100	6	1000	6	12000	3
Axis Nifty AAA Bond Plus SDL Apr 2026 50:50 ETF FoF, Axis CRISIL IBX 50:50 Gilt Plus SDL September 2027 Index Fund, Axis CRISIL IBX 50:50 Gilt Plus SDL June 2028 Index Fund & Axis Nifty SDL September 2026 Debt Index Fund	NA	NA	1000	6	NA	NA
Axis CRISIL IBX SDL May 2027 Index Fund, Axis CRISIL IBX 70:30 CPSE Plus SDL April 2025 Index Fund & Axis Long Duration Fund	NA	NA	1000	6	12000	3

Note: For all schemes, minimum amount is as per above table and thereafter in multiple of ₹ 1.
For Long Term Equity Fund Minimum amount is as per above table and thereafter in multiple of ₹500*.

7. If no amount is mentioned minimum SIP installment amount would be considered.
8. For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
9. For daily, weekly and monthly frequency the SIP will be discontinued automatically if payment is not received for three successive installments. In case of Yearly frequency, the SIP registration will stand automatically cancelled, in case of 2 consecutive failed debits.
10. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar KFin Technologies Limited. Notice of such discontinuance should be received at least 10 days prior to the due date of the next installment / debit.
11. Mandate will be processed through NACH platform offered by NPCI.

12. As per SEBI circular dated August 22, 2011, Transaction Charge per subscription of ₹ 10,000/- and above shall be charged from the investors and shall be payable to the distributors/ brokers (who have not opted out of charging the transaction charge) in respect of applications routed through distributor/broker relating to Purchases / subscription / new inflows only (lumpsum and SIP), subject to the following:
   - For Existing / New investors: ₹100 / ₹150 as applicable per subscription of ₹10,000/– and above.
   - Transaction charge for SIP shall be applicable only if the total commitment through SIP amounts to ₹10,000/- and above. In such cases the transaction charge would be recovered in maximum 4 successful installments.
   - There shall be no transaction charge on subscription below ₹10,000/-.
   - There shall be no transaction charges on direct investments.
   - There shall be no transaction charges for transaction other than purchases/ subscriptions relating to new inflows such as Switches, etc.
   - Transactions carried out through the Stock Exchange platforms for mutual funds shall not be subject to transaction charges.

   The requirement of minimum application amount shall not be applicable if the investment amount falls below the minimum requirement due to deduction of transaction charges from the investment amount.
   However, the option to charge "transaction charges" is at the discretion of the distributors.
   Investors may note that distributors can opt to receive transaction charges based on type of the Scheme. Accordingly, the transaction charges would be deducted from the subscription amounts, as applicable.

13. Investor will not hold Axis Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/ Local/Bank holiday. Axis Mutual Fund, its registrars and other service providers shall not be held responsible or liable for damages / compensation / loss incurred by the investor as a result of using the SIP or ECS / Auto debt facility. The investor assumes the entire risk of using this facility and takes full responsibility.
14. Investor can change bank details for SIP by submitting a "CHANGE OF BANK MANDATE - FOR SIP" form available on the website or at any Investor Service Centre along with cancelled cheque of the new bank with the investor's name printed on it.
15. TOP-UP Facility: Under this facility the Investor can increase the SIP installment at pre-defined intervals by a fixed amount or any time as per the request. This facility is available for individual investors only. For availing the said facilities, investors are required to note the following:
   - Investor willing to register TOP-UP should provide the TOP-UP details along with the SIP enrolment details.
   - The application form for availing the SIP Top-up facility should be submitted 21 days before the first SIP instalment date.
   - The minimum amount for SIP Top-up facility is Re 1- and in multiples of Re 1/- for all schemes offering SIP facility; except Axis ELSS Tax Saver Fund, where the minimum amount for SIP Top-up is Re 500 and in multiples of Rs 500 thereafter.
   - The minimum Top-up percentage is 5% of the SIP amount and in multiples of 5% thereafter for all schemes offering SIP facility. Currently, percentage based SIP Top-up is available for physical mode. The percentage based SIP Top-up is unavailable for Axis ELSS Tax Saver Fund.
   - Percentage SIP Top-up would be computed on the immediately preceding SIP instalment amount.
   - In case of discrepancy in the Top-Up amount/percentage, SIP will be registered without Top-Up Facility.
   - Top-up frequencies available are Half-Yearly/ Yearly/ Dynamic (i.e. as and when requested).
   - In case Top-up frequency is not indicated, it will be considered as Yearly by Default.
   - The Top-up date will correspond to the date of registered SIP.
   - Top-up will continue till the end of the SIP tenure by default.
   - In case of Dynamic Top-up option, the gap between SIP registration and first Top-Up request should be at least 6 months and subsequently the gap between two Top-up requests should be at least 3 months.
   - No modification can be made to SIP Top-up frequency / amount / percentage during the SIP tenure. SIP Top-up facility can be discontinued only by cancelling the SIP.
   - Please see the illustration below to know how to calculate SIP Top-up amount:
     - SIP Starts on 07/May/2016 • SIP ends on 07/12/2099 • SIP amount is ₹1000
     - Top-up amount is ₹ 500 • Top-Up Frequency is Half-yearly

Top-Up date	SIP Amount (₹)	Top-Up Amount (₹)	New SIP Amount (₹)
7-Nov-2016	1000	500	1500
7-May-2017	1500	500	2000
7-Nov-2017	2000	500	2500
7-May-2018	2500	500	3000

SIP REGISTRATION FORM
for first time investors, submit Common Application form along with this form.

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE^	PMR (Portfolio Manager's Registration) Number ^^	Serial No., Date & Time Stamp
ARN-153155			E-271894				

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, 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 Portfolio Manager.

☐ 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.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20)
☐ I confirm that I am a first time investor across Mutual Funds. **OR** ☐ I confirm that I am an existing investor across 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.

1. YOUR INFORMATION (MANDATORY)

EXISTING INVESTOR'S FOLIO NUMBER
(If you have an existing folio with KYC validated, please mention here)　Folio number ☐

Your Name (as in PAN Card / KYC records)　Mr. Ms. M/s. ☐

Name of the Guardian　Mr. Ms. M/s. _(In case First / Sole Applicant is minor) / Contact Person - Designation / PoA HOLDER (In case of Non-individual Investors)_

Your PAN ☐　2nd Holder PAN ☐　3rd Holder PAN ☐

DO NOT FILL THE MANDATE BELOW, IF OTM DETAILS ARE PROVIDED IN SECTION 2 ON THE NEXT PAGE.
To register Axis One Time Mandate, please fill and submit the One Time Mandate form separately.

UMRN ☐ Bank use ☐　Date ☐ D D M M Y Y Y Y

Tick (✓)		
CREATE	✓
MODIFY	X
CANCEL	X

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 ☐ In Words ₹ ☐ In Figures

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ✓ As & when presented　DEBIT TYPE ☒ Fixed Amount ✓ Maximum Amount

Reference 1 ☐ PAN No.　Phone No. ☐

Reference 2 All Schemes of Axis Mutual Fund　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
Maximum period of validity of this mandate is 40 years only

1. _____ Signature Primary Account holder　Name as in bank records
2. _____ Signature of Account holder　Name as in bank records
3. _____ Signature of Account holder　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 : • Instrument Date • 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 & in figures) • Period start date and end date • Account holder signature • Account holder name as per bank records

AXIS MUTUAL FUND ACKNOWLEDGMENT SLIP (To be filled by the investor)

Investor Name			
SIP Scheme 1		Top-up ☐ Yes ☐ No	
SIP Scheme 2		Top-up ☐ Yes ☐ No	
SIP Scheme 3		Top-up ☐ Yes ☐ No	Stamp & Signature

2. SIP DETAILS

SIP Registration Mode   ☐ A-OTM   ☐ K-OTM   ☐ Mandate along with SIP form

OTM Reference No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Scheme / Plan / Option	Frequency (Ref Inst. no. 5)	SIP Date/Day (DD) (Ref Inst. no. 13 B)	Enrollment Period (MMYY)	SIP Amount	TOP-UP Facility (Optional) Only available for Monthly SIP		
	☐ **Daily ☐ #Weekly ☐ *Monthly ☐ *Yearly	☐ D D (1st to 28th) ☐ Last date of month	From [ ][ ] To [ ][ ] Maximum Duration of 40 years	₹ [in figures] [in words]	☐ % Top-Up [ ]% (in multiple of 5 only) Frequency ☐ Half Yearly ☐ Yearly	☐ Fixed Amount ₹ [in figures] [in words]	
	☐ **Daily ☐ #Weekly ☐ *Monthly ☐ *Yearly	☐ D D (1st to 28th) ☐ Last date of month	From [ ][ ] To [ ][ ] Maximum Duration of 40 years	₹ [in figures] [in words]	☐ % Top-Up [ ]% (in multiple of 5 only) Frequency ☐ Half Yearly ☐ Yearly	☐ Fixed Amount ₹ [in figures] [in words]	
	☐ **Daily ☐ #Weekly ☐ *Monthly ☐ *Yearly	☐ D D (1st to 28th) ☐ Last date of month	From [ ][ ] To [ ][ ] Maximum Duration of 40 years	₹ [in figures] [in words]	☐ % Top-Up [ ]% (in multiple of 5 only) Frequency ☐ Half Yearly ☐ Yearly	☐ Fixed Amount ₹ [in figures] [in words]	

In case of multiple selection, SIP Top Up will be registered with 'Fixed Amount mentioned'.
SIP minimum Top-up amount is ₹ 1/- and in multiple of ₹1/-for all schemes except Axis Long Term Equity Fund the minimum amount is ₹ 500/- and in multiples of ₹ 500/- thereafter.

SIP initial payment details (Optional)

Drawn on bank / branch name	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	Amount	[ ][ ][ ][ ][ ][ ]

Mode	☐ Cheque/DD	Cheque/DD [ ]	Dated	D D M M Y Y Y Y

In case of multiple SIP, mention "Axis MF Multiple Schemes" on the payment instrument.

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 authorize Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/ or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time. 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. 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.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant

---

INSTRUCTIONS FOR SIP & TOP-UP

1. Multiple SIP registration facility is not available for Axis Children's Gift Fund, ETF schemes and during NFO.
2. OTM end date cannot be more than 40 years form the date of the mandate.
3. The end date mentioned on SIP application should be equal to or, less than the end date mentioned on SIP NACH/OTM. If SIP end date exceeds from the date mentioned on the NACH/OTM then, SIP will be registered as per NACH/OTM end date.
4. Investors are required to submit Form along with a photo copy/cancelled cheque of Debit Bank Account at least 21 days before the first SIP Installment date.
5. *Investor shall have the option of choosing any date. In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day/date. If SIP debit date is not mentioned default date would be considered as 7th of every month. If the SIP date falls on a non-business day or a bank holiday, the SIP debit will be processed on the following business day. ** Will be triggered and processed only on Business Days. # will be triggered and processed on the day opted by the investor. If the day opted falls on non-business day, it will be triggered and processed on the next business day.
6. Please refer below table for minimum installments:

	**Daily/#Weekly/*Monthly		*Yearly	
	Min.₹	Min Inst.	Min.₹	Min Inst.
All schemes, except ETFs & schemes mentioned in tables below.	100	6	12000	3

	**Daily/#Weekly		*Monthly		*Yearly	
	Min.₹	Min Inst.	Min.₹	Min Inst.	Min.₹	Min Inst.
Axis Overnight Fund & Axis Liquid Fund	1000	6	NA	NA	NA	NA
Axis Long Term Equity Fund*	NA	NA	500	6	6000	3
Axis Banking & PSU Debt Fund, Axis Childrens Gift Fund, Axis Credit Risk Fund, Axis Dynamic Bond Fund, Axis Equity ETFs FoF, Axis Floater Fund, Axis Gilt Fund, Axis Money Market Fund, Axis Retirement Savings Fund, Axis Short Term Fund, Axis Silver Fund Of Fund, Axis Treasury Advantage Fund, Axis Ultra Short Term Fund	100	6	1000	6	12000	3
Axis Nifty AAA Bond Plus SDL Apr 2026 50:50 ETF FoF, Axis CRISIL IBX 50:50 Gilt Plus SDL September 2027 Index Fund, Axis CRISIL IBX 50:50 Gilt Plus SDL June 2028 Index Fund & Axis Nifty SDL September 2026 Debt Index Fund	NA	NA	1000	6	NA	NA
Axis CRISIL IBX SDL May 2027 Index Fund, Axis CRISIL IBX 70:30 CPSE Plus SDL April 2025 Index Fund & Axis Long Duration Fund	NA	NA	1000	6	12000	3

Note: For all schemes, minimum amount is as per above table and thereafter in multiple of ₹ 1.
For Long Term Equity Fund Minimum amount is as per above table and thereafter in multiple of ₹500*.

7. If no amount is mentioned minimum SIP installment amount would be considered.
8. For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
9. For daily, weekly and monthly frequency the SIP will be discontinued automatically if payment is not received for three successive installments. In case of Yearly frequency, the SIP registration will stand automatically cancelled, in case of 2 consecutive failed debits.
10. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar KFin Technologies Limited. Notice of such discontinuance should be received at least 10 days prior to the due date of the next installment/debit.
11. Mandate will be processed through NACH platform offered by NPCI.

12. As per SEBI circular dated August 22, 2011, Transaction Charge per subscription of ₹ 10,000/- and above shall be charged from the investors and shall be payable to the distributors/ brokers (who have not opted out of charging the transaction charge) in respect of applications routed through distributor/broker relating to Purchases / subscription / new inflows only (lumpsum and SIP), subject to the following:
   - For Existing / New investors: ₹100 / ₹150 as applicable per subscription of ₹10,000/– and above.
   - Transaction charge for SIP shall be applicable only if the total commitment through SIP amounts to ₹10,000/- and above. In such cases the transaction charge would be recovered in maximum 4 successful installments.
   - There shall be no transaction charge on subscription below ₹10,000/-.
   - There shall be no transaction charges on direct investments.
   - There shall be no transaction charges for transaction other than purchases/ subscriptions relating to new inflows such as Switches, etc.
   - Transactions carried out through the Stock Exchange platforms for mutual funds shall not be subject to transaction charges.
   The requirement of minimum application amount shall not be applicable if the investment amount falls below the minimum requirement due to deduction of transaction charges from the subscription amount.
   However, the option to charge "transaction charges" is at the discretion of the distributors.
   Investors may note that distributors can opt to receive transaction charges based on type of the Scheme. Accordingly, the transaction charges would be deducted from the subscription amounts, as applicable.
13. Investor will not hold Axis Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/ Local/Bank holiday. Axis Mutual Fund, its registrars and other service providers shall not be held responsible or liable for damages / compensation / loss incurred by the investor as a result of using the SIP or ECS / Auto debt facility. The investor assumes the entire risk of using this facility and takes full responsibility.
14. Investor can change bank details for SIP by submitting a "CHANGE OF BANK MANDATE - FOR SIP" form available on the website or at any Investor Service Centre along with cancelled cheque of the new bank with the investor's name printed on it.
15. TOP-UP Facility: Under this facility the Investor can increase the SIP installment at pre-defined intervals by a fixed amount or any time as per the request. This facility is available for individual investors only. For availing the said facilities, investors are required to follow the following:
   - Investor willing to register TOP-UP should provide the TOP-UP details along with the SIP enrolment details.
   - The application form for availing the SIP Top-up facility should be submitted 21 days before the first SIP instalment date.
   - The minimum amount for SIP Top-up facility is Re 1- and in multiples of Re 1/- for all schemes offering SIP facility; except Axis ELSS Tax Saver Fund, where the minimum amount for SIP Top-up is Re 500 and in multiples of Rs 500 thereafter.
   - The minimum Top-up percentage is 5% of the SIP amount and in multiples of 5% thereafter for all schemes offering SIP facility. Currently, percentage based SIP Top-up is available for physical mode. The percentage based SIP Top-up is unavailable for Axis ELSS Tax Saver Fund.
   - Percentage SIP Top-up would be computed on the immediately preceding SIP instalment amount.
   - In case of discrepancy in the Top-Up amount/percentage, SIP will be registered without Top-Up Facility.
   - Top-up frequencies available are Half-Yearly/ Yearly/ Dynamic (i.e. as and when requested).
   - In case Top-up frequency is not indicated, it will be considered as Yearly by Default.
   - The Top-up date will correspond to the date of registered SIP.
   - Top-up will continue till the end of the SIP tenure by default.
   - In case of Dynamic Top-up option, the gap between SIP registration and first Top-Up request should be at least 6 months and subsequently the gap between two Top-up requests should be at least 3 months.
   - No modification can be made to SIP Top-up frequency / amount / percentage during the SIP tenure. SIP Top-up facility can be discontinued only by cancelling the SIP.
   - Please see the illustration below to know how to calculate SIP Top-up amount:
     - SIP Starts on 07/May/2016 • SIP ends on 07/12/2099 • SIP amount is ₹1000
     - Top-up amount is ₹ 500 • Top-Up Frequency is Half-yearly

Top-Up date	SIP Amount (₹)	Top-Up Amount (₹)	New SIP Amount (₹)
7-Nov-2016	1000	500	1500
7-May-2017	1500	500	2000
7-Nov-2017	2000	500	2500
7-May-2018	2500	500	3000

AXIS MUTUAL FUND

Know Your Customer (KYC) Application Form (Individual)

Important Instructions

A. Fields marked with '*' are mandatory fields.

B. Tick '✓' wherever applicable.

C. Please fill the form in English and BLOCK letters.

D. Please fill the date in DD-MM-YY format.

E. For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.

F. Please read section wise detailed guide.

G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.

H. List of two character ISO 3166 country codes is available at the end.

I. KYC number of applicant is mandatory for update application.

J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.

For office use only *(To be filled by financial institution)*

Application Type* ☐ New ☐ Update   **KYC Number** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *(Mandatory for KYC update request)*

Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC *(in non-face to face mode)*

---

1 Personal Details *(Please refer instruction A at the end)*

	Prefix	First Name	Middle Name	Last Name
Name* *(Same as ID proof)*				
Maiden Name				
Father/Spouse Name*				
Mother Name				

Date of Birth* ☐ D D M M Y Y Y Y   **Gender*** ☐ M-Male ☐ F-Female ☐ T-Transgender

PAN* ☐☐☐☐☐☐☐☐☐☐ ☐ FORM 60 furnished   **Marital Status*** ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others – Country _____ Country Code ☐☐

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation ☐ Private Sector ☐ Public Sector ☐ Govt Service ☐ Business ☐ Professional
☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others *(Please specify)*

---

2 Proof of Identity and Address* *(Please refer instruction B at the end)*

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A-Passport Number ☐☐☐☐☐☐☐ Passport Expiry Date ☐ D D M M Y Y Y

☐ B-Voter ID Card ☐☐☐☐☐☐☐

☐ C-Driving Licence ☐☐☐☐☐☐☐

  Driving Licence Expiry Date ☐ D D M M Y Y Y

☐ D-NREGA Job Card ☐☐☐☐☐☐☐☐☐

☐ E-National Population Register Letter ☐☐☐☐☐☐☐☐☐☐

☐ F-Proof of Possession of Aadhaar ☒☒☒☒☒☒☒☒

II ☐ E-KYC Authentication ☒☒☒☒☒☒☒☒

III ☐ Offline verification of Aadhaar ☒☒☒☒☒☒☒☒

PHOTO*

Signature /Thumb Impression across photo without covering the face

Address *(For other than resident Individual, please mention Overseas Address)*

Line 1* _____

Line 2 _____

Line 3 _____   City/Town/Village* _____

District* _____ Pin/Post Code* ☐☐☐☐ State/U.T Code* ☐☐ ISO 3166 Country Code* ☐☐

3 Current Address Details *(Please refer instruction B at the end)*

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted *(anyone of the following OVDs)*

☐ A-Passport Number

☐ B-Voter ID Card

☐ C-Driving Licence

☐ D-NREGA Job Card

☐ E-National Population Register Letter

☐ F-Proof of Possession of Aadhaar

II ☐ E-KYC Authentication

III ☐ Offline verification of Aadhaar

IV ☐ Deemed Proof of Address – Document Type code

Address: Line 1*

Line 2

Line 3   City/Town/Village*

District*   Pin/Post Code*   State/U.T Code*   ISO 3166 Country Code*

4 Contact Details *(All communications will be sent to Mobile number / Email-ID provided) (Please refer instruction C at the end)*

Tel. *(Off)* -   Tel. *(Res)* -

Mobile -   Email ID

5 Remarks *(If any)*

6 Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature/Thumb Impression]

Date: D D M M Y Y Y Y   Place:

Signature/Thumb Impression of Authorised Person(s)

7 Attestation / For Office Use only

Documents Received

☐ Certified Copies   ☐ E-KYC data received from UIDAI   ☐ Data received from Offline verification

☐ Digital KYC Process   ☐ Equivalent e-document   ☐ Video Based KYC

KYC documents verification carried out by	Institution details
Date: D D M M Y Y Y Y	Name
Emp. Name Emp. Code	Code
Emp. Designation Emp. Branch	
[Employee Signature]	[Institution Stamp]

In-Person Verification (IPV) carried out by	Institution details
Date: D D M M Y Y Y Y	Name
Emp. Name Emp. Code	Code
Emp. Designation Emp. Branch	
[Employee Signature]	[Institution Stamp]

AXIS MUTUAL FUND

FATCA-CRS Declaration & Supplementary Information Declaration Form for Individuals

Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance

Name

PAN   **OR** PAN Exempt KYC Ref No. (PEKRN)   Place of Birth

Nationality   ☐ Indian   ☐ U.S.   ☐ Other   (Please specify)   Country of Birth

Tax Residence Address (for KYC address)   ☐ Residential   ☐ Registered Office   ☐ Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?   ☐ Yes   ☐ No

If '**No**' please proceed for the signature of declaration

If '**YES**', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick (✓) the reason A, B, & C (as defired below)
				Reason ☐ A ☐ B ☐ C
				Reason ☐ A ☐ B ☐ C

Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

Reason B: No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected).

Reason C: Others; please state the reason thereof.

Declaration:

- I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above.
- I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/ tax authorities.

Date

Place

Signature

FATCA & CRS TERMS & CONDITIONS

Note : The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Axis Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS INSTRUCTIONS

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS Indicia
U.S. place of birth	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); and 3. Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth