FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



Distributor ARN	Sub-Distributor ARN	UP THE FORM. All sections to be Internal Sub-Broker / Sol I		EUIN	RIAC		Serial No.,		Time St	amn
		Internal Sub-Droker / Sol I	Employee coue			UDE	001101 100.,	Jato d		-anth
ARN-77875	ARN			E E027						
I/We, have invested in the sche		registered distributor based on the investor' rect Plan. I/We hereby give my/our consent ed Investment Adviser:		0	,		f my/our investr	nents und	er Direct P	'lan of
ansaction is executed with nanager/sales person of the ab	the EUIN box has been intentional out any interaction or advice by ove distributor/sub broker or notw ed by the employee/relationship n	the employee/relationship First /	Sole Applicant / Guardian	econd Applicant	Th	ird Applicant	t Po	wer of A	torney H	older
	RGES FOR APPLICATIO	NS ROUTED THROUGH DIST	RIBUTORS/AGENTS O	NLY (Refer Instr	ruction No. 20)					
I confirm that I am a fin case the subscription (lun	rst time investor across Mutual npsum) amount is ₹ 10,000/- or		hat I am an existing investor preceive Transaction Charges	in Mutual Fund s, ₹ 150/- (for fir	s. st time mutual fu	nd investor	or₹ 100/- (fo	or investo	r other t	han f
	OR'S FOLIO NUMBER		NT TYPE (Please tick any on		unt investeu.	MODE	OF HOLDI	NG		
(If you have an existin	ng folio with KYC validated, e and skip to section 6/7.)		LUMP SUM WITH SIP		(in case of Demat Pur			-	ı Demat Ac	count)
		LUMP SUM WITH STP	SINGLE CHEQUE MULTIPLE	SCHEMES	Single	🗌 Joint (Default)	Anyor	e or Sur	vivor
1 APPLICANT INF	ORMATION (MANDATO	RY) (In case of investment "On behalf of Mino	", Please Refer Instruction no. 11.)							
FIRST / SOLE APPLICAN	IT Mr. Ms. M/s.									
PAN (Mandatory)		Date of Birth D D M	M Y Y Y Y	CKYC No.		14 digit (CKYC Number			
Aadhaar No.		Mobile No.								
Address										
State		City				Pin	Code			
Email ID										
SECOND APPLICANT	Mr. Ms. M/s.									
PAN (Mandatory)		Date of Birth D D M	ΜΥΥΥΥΥ	CKYC No.		14 digit (CKYC Number			
Aadhaar No.										
THIRD APPLICANT	Mr. Ms. M/s.									
PAN (Mandatory)		Date of Birth D D M	ΜΥΥΥΥΥ	CKYC No.		14 didit (CKYC Number			
Aadhaar No.										
GUARDIAN DETAILS (In	case First / Sole Applicant is m	inor) / CONTACT PERSON - DESIGNA	TION / PoA HOLDER (In case	of Non-individu	al Investors)					
Mr. Ms. M/s.										
PAN (Mandatory)		Date of Birth D D M	ΜΥΥΥΥΥ	CKYC No.		14 didit (CKYC Number			
Aadhaar No.		Mobile No.								
Relationship Of Guardian (R	efer Instruction No. 11)	Email ID								
		ficate 🗌 School Certificate 🗌 Pas	sport 🗌 Other		S	pecify				
AX STATUS (Applicable Resident Individual	e for First / Sole Applicant)	HUF 🗌 Club / Society 🗌 PIC	Body Corporate	Minor	Government Bod	ly 🗌 Tru	unt 🗌 NI	RI - NRE		al 9.
		Provident Fund Others		So	ecify					IK OL
				-р		tion N-				
6 DEBIT MANDATE		d in CMS software under client code "AXISMF" the account holder(s)	TO BE DETACHED BY KARVY & P		nk cms Applica		Date	n N	M	y I
			ype 🗌 Savings 🗌 NRO 🗌 N					o pay foi	the pure	chase
Axis Banking & PSU	Debt Fund Axis Dynamic	Bond Fund 🗌 Axis Credit Risk Fu					,			
Axis Gilt Fund Axi	s Corporate Debt Fund 🗌 Ax	cis Liquid Fund OR 🗌 Axis MF M			-	-				
Amount	figures)			(words)						
Signatur	e of First Account Holder	Signatur	e of Second Account Holder			Signature of	Third Account	Holder		
ACKNOWLEDGME	NT SLIP Received subject to reali	sation, verification and conditions, an applica	ion for purchase of Units as mentio	oned in the applicati	on form. Applica	ition No.				
From										
Cheque no.	Date	Amount	Scheme							

2 KYC DETAILS (Refer Inst	ruction No. 8. In case of investment "On behalf of Minor", Please Refer Instruction No. 11)
OCCUPATION [Please tick (\checkmark)]	
FIRST APPLICANT	Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others Others Dealer Others
SECOND APPLICANT	Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others Others Difference Difference Difference
THIRD APPLICANT	Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Tothers

GROSS ANNUAL INCOME [Please tick (\checkmark)]

FIRST APPLICANT	🗌 Below 1 Lac 🗌	1-5 Lacs 🗌 5-10 Lacs 🗌 10-25 Lacs 🗌 > 25 Lacs - 1 Crore 🔲 > 1 Crore	
FIRST APPLICANT	Net worth (Mandatory	for Non - Individuals Rs.	[Not older than 1 year]
SECOND APPLICANT	🗌 Below 1 Lac 🗌	1-5 Lacs □ 5-10 Lacs □ 10-25 Lacs □ > 25 Lacs - 1 Crore □ > 1 Crore OR Net Worth	
THIRD APPLICANT	🗌 Below 1 Lac 🗌	1.5 Lacs 5.10 Lacs 10.25 Lacs > 25 Lacs - 1 Crore > 1 Crore OR Net Worth	
For Individuals		For Non-Individual Investors (Companies, Trust, Partnership etc.)	
I am Politically Exposed Perso	on	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration)	Yes No
I am Related to Politically Ex	posed Person	Foreign Exchange / Money Charger Services	Yes No
I am not related to Politically	y Exposed Person	Gaming / Gambling / Lottery / Casino Services	Yes No
	, ,	Money Lending / Pawning	Yes No

3 FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor. Refer Instruction No. 23)

The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			□ Indian □ U.S. □ Others
Second applicant			□ Indian □ U.S. □ Others
Third applicant			□ Indian □ U.S. □ Others

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? 🗌 Yes 🗌 No [Please tick] lf

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	ldentification Type (TIN or other please specify)	Address Type
First Applicant / Guardian				🗌 Residential 🗌 Registered Office 🗌 Business
Second applicant				□ Residential □ Registered Office □ Business
Third applicant				🗌 Residential 🗌 Registered Office 🗌 Business

'FATCA and CRS Self Certification form' is available on the website of AMC i.e. www.axismf.com or at the Investor Service Centres (ISCs) of Axis Mutual Fund

4 DEMAT ACCOUNT DETAILS (OPTIONAL) (Please ensure that the sequence of names as mentioned in the application form matches with that of the Alc. held with the depository participant.) Refer Instruction No. 19

NSDL: Depository Participant Name	DPID No. I	N		Beneficiary A/c No.				
CDSL: Depository Participant Name				Beneficiary A/c No.				

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Client Master Transaction/ Statement Copy/ DIS Copy

QUICK CHECKLIST

KYC acknowledgement letter (Compulsory for MICRO Investments)	SIP Registration Mandate - NACH for SIP investments
Self attested PAN card copy	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	Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached
	Additional documents attached for Third Party payments. Refer instruction No. 7.
Plan / Option / Sub Option name mentioned in addition to scheme name	FATCA Declaration.



5 N	IOMINAT	ION DETAIL	S (Mandatory) (F	Refer Inst	truction I	Vo. 18)																					
Sr. No.		Nominee Na	me					PAR	N					Allo	cation (%)	R		ship wit stor	h		ardian _{case of}			Gua	rdian S	Signatu	re
1														1													
2														1									-				
3														1													
	e DO NOT w	vish to nominate	and sign here)																							
		First / Sole	Applicant								Se	con	nd App	licant								Third Ap	plica	nt			
7 1	NVESTMI	ENT & PAYN	IENT DET	AILS																							
Paymer		Non-Third Part			Third I	Party Pa	vment	(Refer in	struc	tion no. 7	7 and	atta	ach 'Thi	rd Party	Pavment C	eclaratio	on Form')										
Schem	e							Plar						Opt					Sub	Option	Divider	nd Freque	ency (f	Quarterl	// Half Y	early/ An	nual)*
74. 14.	14°-1- 1							_						# 0	lividend Re-l	nvestment	is not availa	ble for Axis Lo	ong Term E	quity Fund	*Applicabl	e as per the	scheme.	. Please ref	er SID of ti	e respective	scheme.
_	-	ments (Refer Instru	uction No. 22)																	0							
	. No. 1.			Sci	heme											Plan				Opti	ion		_		Amou	nt	
	2.																						-				
	3.																						-				
Т	otal									In	WO	rds													In figur	es	
7B LU	MP SUM																										
Mo	de 🗌 Cheq	ue 🗌 DD 🗌	Axis Bank D	ebit M	andate	(Please fil	ll section	6.)				Che	eque /	DD no								Date	d) D	M	MY	Y
Am	ount (figures)						(w	ords)																			
Pay	-in A/c no.															vn on b											
Acc	ount type	Savings	NRO 🗆 N	RE 🗆	Curre	nt 🗆 F	CNR	Oth	ers			Spe	cify		addr	ich nam ress	IE OL										
IFS	C Code (11 Di	git)						Ν	AICF	R Code	(9 D	igit)															
7C SI	P (SIP Reaist	tration details (F	orm 2) with Fo	orm 1																							
		nount (figure)								(word	is)																
SIP	frequency (tick 🗸 any one)	Monthly	□ Ye	early (D	lefault Fr	equency	Monthl	v)	Prefe	rred	L De	ehit Da	ate (An	v date ex	cent 29	a th . 30 th ar	nd 31 st) (ret	f 13(h))	n						ault date	would
	period Sta			End D	Г	MM	V		0R				te (ref			2 9	0	lf end date	e is not i		ed then t			s /th of	every m	onth.	
		Ilment details	Mode		neque /		Avie	Bank E								ated		will be cor	ISIDERED	for perp	etuity (l	Jec 2099).				
		r	IVIOUE		ieque /				Jeni			(FIE	ase III	Section	., -			101			Choque						
Dra	wn on bank (branch name																			Cileque	e / DD no	J				
8	BANK AC	COUNT DET	AILS FOR F	PAYO	UT (F	Please note	that as	per SEBI	Regul	lations it	is m	anda	tory for	investor	s to provid	le their b	ank accour	nt details. Ri	efer Instr	uction No	. 6)						
🗌 Ti	ck here ar	nd don't fill th	ne section b	oelow	ı, if th	e Banl	k acco	ount d	eta	ils fo	r Pa	ay-	Out	shoul	d be sa	ame a	s the b	ank ac	count	detai	ls mer	itioned	l in s	sectio	n 7B .		
Name o	of the Bank																										
Branch	Address																										
		City																				Pin Coo	le				
Accoun	t No.														Accou	nt Typ	e 🗌 Sa	avings 🗌	Curre	ent 🗌	NRE [NRO		FCNR	Oth	ers	
IFSC C	o de (11 Digit)							місі	R Co	ode (9 D	igit)								1								
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		erstood the conter			ne sche	me, I/wel	herebv	apply fo	or uni	its of th	e sc	hen	ne. I ha	ive read	and und	erstoo	d the tern	ns. conditi	ions, de	tails, rul	es and r	equlation	15 aov	ernina t	he sche	ne. I/We I	herebv
declare the Inco directly	that the amo me Tax Act, or indirectly	unt invested in th Anti Money Laun in making this inv	e scheme is thr dering Laws, A estment. I/We	ough le nti Corr confirm	egitimat ruption 1 that tl	e source Laws or 1e funds	only ar any oth investe	id does i er appli d in the	not i cabl Sch	nvolve o e laws o eme, leo	desi ena aally	gne cted / bel	d for tl I by th Ionas 1	he purp e Govei to me/u	ose of th nment o s. In evei	ie contr f India nt "Kno	ravention from time w Your C	of any Ac e to time. ustomer"	t, Rules: I/we ha proces:	s, Regula ve not ri s is not i	ations, N eceived complet	lotificati nor have ed bv me	ons or been lus to	r Directi induced the sat	ves of tl I by any isfactio	ne provisi rebate or n of the N	ions of r gifts, Nutual
which t 50,000	he Scheme is in a year (Ap	uthorize the Mutu quired by the law being recommend plicable for Micro annels or from fun	led to me/ us. I/ investment or	/We cor 1ly.) wit	nfirm th th your	at I/We d fund hou	lo not h Ise. For	ave any NRIs or	exis 1ly -	ting Mi I / We c	cro S onfi	SIP/ rm 1	Lumps that I a	sum inv am/ we	estment: are Non	s which Reside	n togethe Ints of Inc	r with the dian natio	current nality/o	t applica rigin an	tion wil d that I/	l result in	annre	enate in	vestmei	its excee	t nnih
l / We ha confirm		d the information	requirements stood the FATC	of this I CA & CF	Form (re RS Term	ead along is and Co	ı with tl ndition	ne FATC s below	A & and	CRS In: hereby	stru acc	ctio ept 1	ns) an the sa	d hereb me.	y confirr	n that t	he inform	nation pro	vided by	y me/us	on this F	orm is tr	ue, co	orrect, a	nd comp	lete. I / W	le also
l/ We he accorda	nce with the	ATION my/our consent i Aadhaar Act, 20 nies of SEBI regist	16 (and regula	tions m	nade the	ereunder)) and Pl	VIĹA. I/	We ł	tereby p	prov	ide	my/ou	r conse	nt for sh	naring/d	lisclosing) of the Aa	adhaar i	number(ating ar s) inclu	nd (ii) upd ding dem	lating ograp	my/ ou hic info	r Aadha rmation	ar numbe with the	er(s) in e asset
		/ Sole Applicant Guardian						Applica	-								Applicar					Pow	er of	Attorne	y Holde	r	

Date : D

Place :

FORM 2	- MULTIPLE S	SIP W	ITH T()P-UP	FOF	M			AXIS	MUTU	AL FL	JND	Ap	plicatio	on No						
Distributor /		or ARN	Intern	al Sub-Bro	ker / Sol	ID Emp	loyee (Code		EUI			RIA C	DDE^		Seria	l No.	, Date	e & Tin	ne Sta	mp
ARN-778	B75 ARN Il be paid directly by the investor to th	e AMFI registe	ered distributor ba	ised on the inve	stor's asses	sment of various	factors in	cludina		E027			itor.								
I/We, have invested in t	he scheme(s) of Axis Mutual Fund un oned SEBI Registered Investment Ad	der Direct Plar												ur investn	nents u	nder Di	irect Pl	an of a	ll scheme	es of Axi	s Mi
"I/We hereby confirm ecuted without any int stributor/sub broker of	that the EUIN box has been intentiona eraction or advice by the employee/rel r notwithstanding the advice of in nager/sales person of the distributor/sub	ılly left blank b ationship mana •appropriatene:	y me/us as this tra ger/sales person o ss. if any. provid	ansaction is f the above ed by the	First /	Sole Applican Guardian	t /		Second	Applica	nt		Thi	rd Appli	cant		F	ower	of Atto	rney H	olde
ployee/relationship mar	nager/sales person of the distributor/sub HARGES FOR APPLICATIO	broker." NS THROU	IGH DISTRIB	UTORS ON	LY																
	t I am a first time investor mount is ₹ 10,000 or more and your Distr			ction Charges, th	e same are de					an exis						e issued	l agains	t the ba	lance amo	ount inve	stec
1 Applicant							1 1				Foli	o No.									
ole / 1st Unitho s in PAN Card / KYC re wordion's Norma	cords)																				
uardian's Name s case of minor)			First Name					_	liddle Na	ame	1							t Nar	ne		_
St Holder PAN	1st Applic	ant	2nd	Holder PAN		2	2nd App	licant			3rd H	older	PAN			31	d Ap	olicar	t		_
2 SIP DETA			r	SIP Dat	te E	nrollment Pe	eriod						1	OP-UP	Faci	l ity (0	ptional) Only a	available f	for Mont	hly
5	Scheme / Plan / Option		Frequency	(DD)		(MMYY)		_		SIP /	Amoun	t		Freque				A	mount		
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e charged to my/our nereby agree to read X	d the respective SID and SAI of th Sole/ 1st Unit Holder / PO/		nd before invest	ing in any sch		<mark>s Mutual Fund (</mark> 2nd Unit Hol	0	s facil	ity.		X				Brd Ui	nit Ho	older				
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	UMRN				Bar	nk use								Da	te	D	N	M	Y	Y	1
Fick (√) Reate √	Sponsor Bank Code		Banl	(USE		-	ity Co	L						Bank	use						
ODIFY X	I/We hereby authorize		Axis Mu	tual Fund		to de	bit (tic	k√)			A			B-NRE		SB-N	RO		Other	1	
ANCEL X	Bank a/c number																				
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amount of Rup	ees													₹							_
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ference 1		Folio	No.			Phone	e No.														
ference 2			xis Mutual F			Email															
ree for the debit of	mandate processing charges by t	he bank who	m I am authorizi	ng to debit m	y accounts	as per latest sc	hedule o	of char	ges of th	e bank.											
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