

## COMMON TRANSACTION SLIP (for existing investors only)

| Folio No.  | No.  |                                    |                            | Date D D M M Y Y                    |                                       |
|--|--|------------------------------------|----------------------------|-------------------------------------|---------------------------------------|
| Distributor ARN Sub-Distributor ARN Sol ID / I   | Internal Sub-Broker Employee Code                  | EUIN                               | RIA CODE^                  | CODE^ Serial No., Date & Time Stamp |                                       |
| 145185   |  | E251048                            |                            |                                     |                                       |
| Upfront commission shall be paid directly by the investor to the AMFI registered of I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/ |  |                                    |                            | t of my/our investments unde        | er Direct Plan of all schemes of Axis |
| Mutual Fund, to the above mentioned SEBI Registered Investment Adviser.  I/We hereby confirm that the EUIN box has been intentionally left blank by n              |  | / Sole Applicant /                 |                            |                                     |                                       |
| without any interaction or davice by the employee/relationship manager/sales person or the above distributor/sab   |  | uardian / POA                      | Second Applic              | ant                                 | Third Applicant                       |
| First / Sole Applicant   |  |                                    |                            |                                     |                                       |
| Aadhaar No. Fi st Applicant  |  | Applicant                          |                            | Third Applicant                     |                                       |
| I/We would like to apply for ADDITIONAL PURCHASE (fill   | section-A) REDEMPTION (fill section-               | B) SWITCH (fill section            | on-C)                      |                                     |                                       |
| A ADDITIONAL PURCHASE  |  |                                    |                            |                                     |                                       |
| Scheme   |  | Plan                               |                            | Option                              | Amount                                |
|  |  |                                    |                            |                                     |                                       |
|  |  |                                    |                            |                                     |                                       |
|  |  |                                    |                            |                                     |                                       |
| Total  | In words   | S                                  |                            |                                     | In figures                            |
|  |  |                                    | t Mandata (Eill agetic     | n E)                                |                                       |
|  |  |                                    |                            |                                     | One Time Mandate                      |
| Bank Name  |  |                                    | III Case of D 1 G9 / MED   | -1)   OTIVITELIIO. III cas          | e or one time ivialidate              |
| <ul> <li>₹ (in figures)</li> <li>In case of Multiple Investments, cheque / DD drawn should be</li> </ul>   |  | (in words)                         |                            |                                     |                                       |
| RTGS/NEFT/Transfer not acceptable in case of Multiple Investigation  |  |                                    |                            |                                     |                                       |
| DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT  | NSDL CDSL  |                                    |                            |                                     |                                       |
| Depository Participant Name  |  | Depository                         | Participant (DP) ID        |                                     |                                       |
| Beneficiary Account Number   |  |                                    |                            |                                     |                                       |
| Note: In case there is any change in your KYC information please update  | e the same by using the prescribed 'KYC Change     | Request Form' and submit the       | same at the Point of Ser   | vice of any KYC Registrat           | ion Agency.                           |
| B REDEMPTION   |  |                                    | All units                  | OR No. o                            | of Units                              |
| Scheme   |  | Plan                               |                            | Option                              |                                       |
| OR ₹ (in figures)  | ₹ (in words)                                       |                                    |                            |                                     |                                       |
| Please Note: if the balance in your folio is less than this redemption req   | uest, all units or entire balance shall be redeeme | d.                                 |                            |                                     |                                       |
| C SWITCH   |  |                                    | All units                  | OR No. o                            | of Units                              |
| From Scheme  |  | Plan                               |                            | Option                              |                                       |
| OR ₹ (in figures)  | ₹ (in words)                                       |                                    |                            |                                     |                                       |
| To Scheme  |  | Plan                               |                            | Option                              |                                       |
| D SIGNATURE  |  |                                    |                            |                                     |                                       |
| I/ We have read and understood the contents of the SID / SAI of the Schem<br>legitimate sources and is not in contravention of any prevailing laws. Upl            |  |                                    |                            |                                     |                                       |
| rendered by the distributor.   | Tont commission shall be paid uncerty by the live  | Solor to the Alvir Progratered dis | Stributor based on the niv | cotors assessment of vari           | ous ractors including the service     |
| First / Sole Applicant / Guardian / POA  | Second App   | olicant                            |                            | Third Applica                       | ant                                   |
| *  |  |                                    |                            |                                     | ·····>%                               |
| E DEBIT MANDATE (For Axis Bank A/c only.)  | To be detached by Karvy & Prese                    | nted to Axis Bank Branch           |                            | Date D D                            | M M Y Y Y                             |
| I/ We Nam  | ne of the account holder(s)                        |                                    |                            | _                                   |                                       |
| authorise you to debit my/our account no.  |  |                                    |                            |                                     | st Account Holder                     |
| Account type  Savings  NRO  NRE  Current  FCNR  Others  Specify  |  |                                    |                            |                                     |                                       |
| to pay for the purchase of Scheme Name   |  |                                    |                            | Signature of Seco                   | ond Account Holder                    |
| ₹ (in figures)   |  |                                    |                            |                                     |                                       |
| ₹ (in words)   |  |                                    |                            | Signature of Thi                    | rd Account Holder                     |
| In case of multiple investments, please mention scheme name a  | as "Axis MF Multiple Schemes".                     |                                    |                            |                                     |                                       |
| ×  |  |                                    |                            |                                     | ×                                     |
| ACKNOWLEDGN The RESPONSIBLE Mutual Fund  | <b>IENT SLIP</b> (To be filled by t                | the investor)                      |                            | Date                                | D D M M Y Y                           |
| Folio No.  | Received a request for Addition                    | al Purchase Redemp                 | tion Switch fro            | om                                  |                                       |
|  |  |                                    |                            |                                     | & Signature                           |
| Name   |  |                                    |                            |                                     | gaturo                                |