

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.)

| Distributor ARN | Sub-Distributor ARN | Internal Sub-Broker / Sol ID | Employee Code | EUIN     | RIA CODE^ | Serial No., Date & Time Stamp |
|-----------------|---------------------|------------------------------|---------------|----------|-----------|-------------------------------|
| ARN 29333       | ARN                 |                              |               | E 045902 |           |                               |

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 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."

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Power of Attorney Holder

TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS 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 in Mutual Funds.  
In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

| EXISTING INVESTOR'S FOLIO NUMBER                                                                 | INVESTMENT TYPE (Please tick any one)                                                                                                                                              | MODE OF HOLDING                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (If you have an existing folio with KYC validated, please mention here and skip to section 6/7.) | <input type="checkbox"/> LUMP SUM <input type="checkbox"/> LUMP SUM WITH SIP<br><input type="checkbox"/> LUMP SUM WITH STP <input type="checkbox"/> SINGLE CHEQUE MULTIPLE SCHEMES | (in case of Demat Purchase Mode of Holding should be same as in Demat Account)<br><input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor |

1 APPLICANT INFORMATION (MANDATORY) (In case of investment "On behalf of Minor", Please Refer Instruction no. 11.)

FIRST / SOLE APPLICANT

Mr. Ms. M/s.

PAN (Mandatory)

Date of Birth

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

CKYC No.

14 digit CKYC Number

Aadhaar No.

THIRD APPLICANT

Mr. Ms. M/s.

PAN (Mandatory)

Date of Birth

CKYC No.

14 digit CKYC Number

Aadhaar No.

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.

PAN (Mandatory)

Date of Birth

CKYC No.

14 digit CKYC Number

Aadhaar No.

Mobile No.

Relationship Of Guardian (Refer Instruction No. 11)

Email ID

Proof of the Relationship with Minor

☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Other 

Specify

TAX STATUS (Applicable for First / Sole Applicant)

☐ Resident Individual ☐ FIs ☐ NRI - NRO ☐ HUF ☐ Club / Society ☐ PIO ☐ Body Corporate ☐ Minor ☐ Government Body ☐ Trust ☐ NRI - NRE ☐ Bank & FI ☐ Sole Proprietor ☐ Partnership Firm ☐ QFI ☐ Provident Fund ☐ Others 

Specify

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

Name of the account holder(s)

authorise you to debit my/our account no.

Date

Account type

Savings

NRO

NRE

Current

FCNR

Others

Specify

to pay for the purchase of

☐ Axis Bluechip Fund, ☐ Axis Long Term Equity Fund, ☐ Axis Regular Saver Fund, ☐ Axis Triple Advantage Fund, ☐ Axis Midcap Fund, ☐ Axis Focused 25 Fund, ☐ Axis Arbitrage Fund, ☐ Axis Equity Saver Fund, ☐ Axis Multicap Fund, ☐ Axis Dynamic Equity Fund OR ☐ Axis MF Multiple Schemes

Amount

(figures)

(words)

Signature of First Account Holder

Signature of Second Account Holder

Signature of Third Account Holder

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

Stamp & Signature

## 2 KYC DETAILS (Refer Instruction No. 8. In case of investment "On behalf of Minor", Please Refer Instruction No. 11)

**OCCUPATION [Please tick (✓)]**

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIRST APPLICANT  | <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife<br><input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others |
| SECOND APPLICANT | <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife<br><input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others |
| THIRD APPLICANT  | <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife<br><input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others |

**GROSS ANNUAL INCOME (Please tick (✓))**

| For Individuals                                                         | For Non-Individual Investors (Companies, Trust, Partnership etc.)                                                                                      |                                                          |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> I am Politically Exposed Person                | Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company:<br>(If No, please attach mandatory UBO Declaration) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> I am Related to Politically Exposed Person     | Foreign Exchange / Money Charger Services                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> I am not related to Politically Exposed Person | Gaming / Gambling / Lottery / Casino Services                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                         | Money Lending / Pawning                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |                     |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____ |
| Second applicant           |                     |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____ |
| Third applicant            |                     |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____ |

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

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

|                            | Country of Tax Residency | Tax Identification Number or Functional Equivalent | Identification Type (TIN or other please specify) | Address Type                                                                                                      |
|----------------------------|--------------------------|----------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| First Applicant / Guardian |                          |                                                    |                                                   | <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business |
| Second applicant           |                          |                                                    |                                                   | <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business |
| Third applicant            |                          |                                                    |                                                   | <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business |

'FATCA and CRS Self Certification form' is available on the website of AMC i.e. [www.axismf.com](http://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 A/c. held with the depository participant.) Refer Instruction No. 19

|                                          |  |                 |                                                                                                                                                                                          |                            |                                                                                                                                                                          |
|------------------------------------------|--|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NSDL:</b> Depository Participant Name |  | <b>DPID No.</b> | <div style="border: 1px solid black; padding: 2px; display: flex; gap: 5px;"> <span>I</span> <span>N</span> <span></span> <span></span> <span></span> <span></span> <span></span> </div> | <b>Beneficiary A/c No.</b> | <div style="border: 1px solid black; padding: 2px; display: flex; gap: 5px;"> <span></span> <span></span> <span></span> <span></span> <span></span> <span></span> </div> |
| <b>CDSL:</b> Depository Participant Name |  |                 |                                                                                                                                                                                          | <b>Beneficiary A/c No.</b> | <div style="border: 1px solid black; padding: 2px; display: flex; gap: 5px;"> <span></span> <span></span> <span></span> <span></span> <span></span> <span></span> </div> |

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

## 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 instruction No. 7.                                                                       |
|                                                                                               | <input type="checkbox"/> FATCA Declaration.                                                                                                                                     |

-  **EasyInvest**  
<https://invest.aicard.com/>  
 Invest online without any prior registration.
-  **EasyCall**  
 1800 231232 / 1800 3000 3300  
 Buy / Sell units without PINs or Passwords.
-  **EasySMS**  
 SMS HELP @ 91232 10623  
 Transact and get folio details on the go.
-  **EasyApp**  
 SMS EasyApp @ 91232 10623  
 to download, Invest with ease on your Android smartphone.
-  **Risk Managed Products**

5

NOMINATION DETAILS (Mandatory) (Refer Instruction No. 18)

| Sr. No. | Nominee Name | PAN         | Allocation (%) | Relationship with Investor | Guardian Name (in case of Minor) | Guardian Signature |
|---------|--------------|-------------|----------------|----------------------------|----------------------------------|--------------------|
| 1       |              | <div></div> |                |                            |                                  |                    |
| 2       |              | <div></div> |                |                            |                                  |                    |
| 3       |              | <div></div> |                |                            |                                  |                    |

☐ I/We DO NOT wish to nominate and sign here

First / Sole Applicant

Second Applicant

Third Applicant

7

INVESTMENT & PAYMENT DETAILS

Payment type

☐ Non-Third Party Payment

☐ Third Party Payment (Refer instruction no. 7 and attach 'Third Party Payment Declaration Form')

SchemePlanOptionSub Option

Dividend Frequency (Quarterly/ Half Yearly/ Annual)\*

# Dividend Re-Investment is not available for Axis Long Term Equity Fund \*Applicable as per the scheme. Please refer SID of the respective scheme.

7A

Multiple Investments (Refer Instruction No. 22)

| Sr. No. | Scheme   | Plan | Option | Amount     |
|---------|----------|------|--------|------------|
| 1.      |          |      |        |            |
| 2.      |          |      |        |            |
| 3.      |          |      |        |            |
| Total   | In words |      |        | In figures |

7B

LUMP SUM

Mode

☐ Cheque

☐ DD

☐ Axis Bank Debit Mandate (Please fill section 6.)

Cheque / DD no.Dated

Amount (figures)(words)

Pay-in A/c no.

Account type

☐ Savings

☐ NRO

☐ NRE

☐ Current

☐ FCNR

☐ Others

Specify

Drawn on bank / branch name & address

IFSC Code (11 Digit)MICR Code (9 Digit)

7C

SIP (SIP Registration details (Form 2) with Form 1

Monthly SIP Amount (figure)(words)

SIP frequency (tick ☒ any one)

☐ Monthly

☐ Yearly (Default Frequency Monthly)

Preferred Debit Date (Any date except 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup>) (ref 13(b))If no debit date is mentioned default date would be considered as 7<sup>th</sup> of every month.

SIP period Start DateEnd DateOR

☐ End date (ref 13(ii))

1

2

9

9

If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).

First SIP Installment details Mode

☐ Cheque / DD

☐ Axis Bank Debit Mandate (Please fill section 6.)

DatedDrawn on bank / branch nameCheque / DD no.

8

BANK ACCOUNT DETAILS FOR PAYOUT (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

☐ Tick here and don't fill the section below, if the Bank account details for Pay-Out should be same as the bank account details mentioned in section 7B.

Name of the Bank

Branch Address

CityPin Code

Account No.Account Type

☐ Savings

☐ Current

☐ NRE

☐ NRO

☐ FCNR

☐ Others

IFSC Code (11 Digit)MICR Code (9 Digit)

9

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.

**AADHAAR DECLARATION**  
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) 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.

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Power of Attorney Holder

Date :Place :