

COMMON APPLICATION FORM

(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/ RIA CODE^/ PMR (Portfolio Manager's Registration) Number ^^	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code
361161			E689889	

☐ Declaration for "Execution-only" transaction (where the above EUIN box is left blank & no investment advice is solicited) / Registered Investment Advisor (RIA) Transaction/EOP (for digital transactions): 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.

SIGNATURES ↓	SIGNATURES ↓	SIGNATURES ↓
1st Holder/Guardian/POA/Authorised Signatory	2nd Holder/Authorised Signatory	3rd Holder/Authorised Signatory

1 UNIT HOLDING OPTION ☐ Physical Mode ☐ Demat Mode Existing folio number

(In case of Demat please filled section point 9)

2 INVESTOR 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. 01 & 10)

Investor Details	1st Investor/Minor	2nd Investor	3rd Investor
Investor Name (As per income tax)			
PAN Number			
Date of Birth & Date of Incorporation (As per PAN)			
Guardian Details (In case of Minor) (Please fill details as per Income Tax) (Guardian PAN is mandatory)	Guardian Name Guardian PAN* 	Relationship with Minor ☐ Father ☐ Mother ☐ Legal Guardian Guardian Date of Birth 	Relationship proof attached ☐ Birth Certificate ☐ Aadhaar Card ☐ Passport ☐ Court Order
Mode of Holding	☐ Single ☐ Joint ☐ Anyone or Survivor(s) (Default mode of holding) (Joint applicable not allowed in case of Minor investment)		
CKYC Number (KIN)			
POA Holder Name			
PAN of POA Holder	(POA copy attached)	(POA copy attached)	(POA copy attached)

3 CORRESPONDENCE ADDRESS (ADDRESS AS PER KRA RECORDS) (Please refer instruction No. 16)

Address for Communication	
Registered Address (Address as per KRA records)	Overseas Address (Mandatory for NRI/PIO/FII applicant)
 City/Town State Country Pin Tel. (Res.) Tel. (Off.)	 City/Town State Country Pin Tel. (Res.) Tel. (Off.)

Bank Details (Pay-out bank account) (Please refer instruction No. 06)

(Please attach Bank Account proof (Original Cancelled cheque/Bank statement is must for bank proof)) The redemption/IDCW proceeds will be credited to this account.

Bank Name	
Branch Address	
A/C Type	☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others
Bank Account No.	IFSC Code

Legal Entity Identifier (For corporates only) (LEI Copy to be enclosed)

LEI No. Validity Note: LEI code mandatory if investment value is equal to or exceeds ₹50 crore limit.

4 CONTACT DETAILS

(Please refer instruction No. 16)

Contact Details	1st Investor/Minor	2nd Investor	3rd Investor
Mobile Number			
I confirm that given Mobile Number Pertains to	☐ Self ☐ Spouse ☐ Guardian ☐ Custodian	☐ Self ☐ Spouse ☐ Guardian ☐ Custodian	☐ Self ☐ Spouse ☐ Guardian ☐ Custodian
Email ID			
I confirm that given Email ID Pertains to	☐ Self ☐ Spouse ☐ Guardian ☐ Custodian	☐ Self ☐ Spouse ☐ Guardian ☐ Custodian	☐ Self ☐ Spouse ☐ Guardian ☐ Custodian

**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.)

5 NOMINATION DETAILS

(Please refer instruction No. 17)

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

Name of the Nominee 1*				Nomination (%)*	
Relationship with applicant*				Mobile Number*	
Email ID*				Residential Address*	
				Pincode*	
Proof of Identity*	☐ PAN ☐ Driving License ☐ Passport number (in case of NRI/ OCI/ PIO)			Identification No*	
Aadhaar (Last 4 digit of aadhar card)					
Nominee / Guardian* (In Case of Minor)				DOB*	
Name of the Nominee 2*				Nomination (%)*	
Relationship with applicant*				Mobile Number*	
Email ID*				Residential Address*	
				Pincode*	
Proof of Identity*	☐ PAN ☐ Driving License ☐ Passport number (in case of NRI/ OCI/ PIO)			Identification No*	
Aadhaar (Last 4 digit of aadhar card)					
Nominee / Guardian* (In Case of Minor)				DOB*	
Name of the Nominee 3*				Nomination (%)*	
Relationship with applicant*				Mobile Number*	
Email ID*				Residential Address*	
				Pincode*	
Proof of Identity*	☐ PAN ☐ Driving License ☐ Passport number (in case of NRI/ OCI/ PIO)			Identification No*	
Aadhaar (Last 4 digit of aadhar card)					
Nominee / Guardian* (In Case of Minor)				DOB*	

*I/We want the following details on nomination to be printed in the statement of account, provided to me/ us by the AMC / *DP as follows; (please tick, as appropriate): ☐ Name of nominee(s) ☐ Nominee Registration Status Yes / No

I /We hereby authorize _____ (Nominee No) _____ to operate my account on my behalf, in case of my incapacitation. He/ She is authorized to encash my assets up to _____% of assets in the account / folio or Rs. _____/-

☐ I wish to complete the KYC of nominee (For completing KYC of nominee, kindly fill the separate KYC Form)

☐ I do not wish to complete KYC of nominee.

*Mandatory Fields

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. **This nomination shall supersede any prior nomination made by me / us, if any.**

Name and Signature of Holder	Signature(s) of holder/ Thumb impression	Witness Name and Address**	Witness Signature**
Sole / First Holder _____			
Second Holder _____			
Third Holder _____			

6 KNOW YOUR CUSTOMER (KYC) DETAILS

(Please refer instruction No. 07)

Tax Status details for	1st Investor	2nd Investor	3rd Investor	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 ₹)				
	1st Investor	2nd Investor	3rd Investor	Guardian
Below 1 lac	☐	☐	☐	☐
5-10 lac	☐	☐	☐	☐
25 lac- 1 cr	☐	☐	☐	☐
5 - 10 cr	☐	☐	☐	☐
OR Network in ₹ (Mandatory for Non Individual) (not older than 1 year)	as on DDMMYY as on DDMMYY as on DDMMYY as on DDMMYY			

Occupation details for	1st Investor	2nd Investor	3rd Investor	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 Investor	☐	☐	☐
2nd Investor	☐	☐	☐
3rd Investor	☐	☐	☐
Guardian	☐	☐	☐
Authorised Signatories	☐	☐	☐
Promoters	☐	☐	☐
Partners	☐	☐	☐
Karta	☐	☐	☐
Whole-time Directors/Turstees	☐	☐	☐

7 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. 21)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). 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 (Please specify)
Second Applicant			☐ Indian ☐ U.S. ☐ Others (Please specify)
Third Applicant			☐ Indian ☐ U.S. ☐ Others (Please specify)

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)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason: ☐ A ☐ B ☐ C
Second Applicant				Reason: ☐ A ☐ B ☐ C
Third Applicant				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: _____

Address Type of Sole/1st Holder:	Address Type of 2nd Holder:	Address Type of 3rd Holder:
☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business

8 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 & 20)

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* *Date is mandatory



ACKNOWLEDGEMENT SLIP

Name of the investor Mr/Ms/M/s			
Scheme / Plan / Option			
Payment Details Amount		Instrument No.	
Date		Drawn on Bank	
			Stamp & Signature

Depository Participant Name	
☐ National Securities Depository Limited (NSDL)	☐ Central Depository Securities (India) Limited (CDSL)
DP ID & Client ID	Client ID
☐ Proof Attached ☐ Client Master ☐ Demat Transaction Statement Copy/DIS Copy	
Note: The sequence of names as mentioned in the MF application form should be as per the sequence of names in Demat account.	

10 INVESTMENTS DETAILS

(Please refer instruction No. 01, 05, 12 & 20)

* In case of Purchase investment fill PURCHASE amount, In case of SIP investment fill SIP amount.

* Default Frequency Monthly if not provided # SIP Maximum Duration of 40 years or OTM/NACH end date.

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

	SCHEME 1	SCHEME 2	SCHEME 3
Investment Type	☐ Purchase ☐ SIP ☐ Purchase with SIP	☐ Purchase ☐ SIP ☐ Purchase with SIP	☐ Purchase ☐ SIP ☐ Purchase with SIP
Scheme Name			
Plan	☐ Regular ☐ Direct	☐ Regular ☐ Direct	☐ Regular ☐ Direct
Option	☐ Growth ☐ IDCW	☐ Growth ☐ IDCW	☐ Growth ☐ IDCW
Amount in figures			
Amount in words			
	SCHEME 1	SCHEME 2	SCHEME 3
Mode of Payment	☐ Cheque ☐ RTGS ☐ NEFT ☐ Funds Transfer ☐ OTM ☐ Debt Mandate		
Bank Details (Pay - in)			
Payment Details			
Date	D D M M Y Y Y Y		
Bank Name & Branch			
Account No			
IFSC Code			
SIP Payment through	☐ New OTM (Attach form) ☐ Existing OTM Reference No. (if one time mandate are registered)		
SIP Frequency	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly
SIP Date (Please refer instruction No. 12 (H))	D D (1st to 28th) ☐ Last date of month	D D (1st to 28th) ☐ Last date of month	D D (1st to 28th) ☐ Last date of month
SIP Start date*	M M Y Y Y Y	M M Y Y Y Y	M M Y Y Y Y
SIP End date*	M M Y Y Y Y	M M Y Y Y Y	M M Y Y Y Y
SIP ₹ in figure			
SIP ₹ in words			
(Optional) TOP-UP Facility Only available for Monthly SIP			
TOP-UP Facility	☐ Dynamic TOP-UP ☐ Fixed Amount ☐ % Top-Up (in multiples of 5 only)	☐ Dynamic TOP-UP ☐ Fixed Amount ☐ % Top-Up (in multiples of 5 only)	☐ Dynamic TOP-UP ☐ Fixed Amount ☐ % Top-Up (in multiples of 5 only)
	☐ Half Yearly ☐ Yearly	☐ Half Yearly ☐ Yearly	☐ Half Yearly ☐ Yearly
TOP-UP SIP ₹ in figure			
TOP-UP SIP ₹ in words			

11 QUICK CHECKLIST

- ☐ KYC acknowledgement letter (Compulsory for MICRO SIP) ☐ 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



Having read and understood the contents of the SID / KIM of the scheme and SAI of the Axis Mutual Fund (The Fund), I/we hereby apply for units of the schemes. I have read and understood the terms, conditions, details, rules and regulations governing the schemes. I/We hereby declare that the amount invested in the schemes is through legitimate sources only and does not involve any design 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. 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. 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.

 SIGNATURE(S) Signature of 1st Holder/ Guardian / Authorised Signatory / Karta/Thumb Impression	 SIGNATURE(S) Second Holder	 SIGNATURE(S) Third Holder	 SIGNATURE(S) Power of Attorney Holder
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SIP REGISTRATION FORM

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

Distributor ARN/ RIA CODE^/ PMR (Portfolio Manager's Registration) Number ^^	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code
361161			E689889	

☐ Declaration for "Execution-only" transaction (where the above EUIN box is left blank & no investment advice is solicited) / Registered Investment Advisor (RIA) Transaction/EOP (for digital transactions): 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.

 1st Holder/Guardian/POA/Authorised Signatory	 2nd Holder/Authorised Signatory	 3rd Holder/Authorised Signatory
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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

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. 5)	Enrollment Period (MMYY)	SIP Amount	TOP-UP Facility (Optional) Only available for Monthly SIP
	☐ **Daily ☐ #Weekly ☐ *Monthly ☐ *Yearly	☐ DD (1 st to 28 th) ☐ Last date of month	From To Maximum Duration of 40 years	₹ in figures in words	☐ % Top-Up % (in multiple of 5 only) ☐ Fixed Amount ₹ in figures in words Frequency ☐ Half Yearly ☐ Yearly
	☐ **Daily ☐ #Weekly ☐ *Monthly ☐ *Yearly	☐ DD (1 st to 28 th) ☐ Last date of month	From To Maximum Duration of 40 years	₹ in figures in words	☐ % Top-Up % (in multiple of 5 only) ☐ Fixed Amount ₹ in figures in words Frequency ☐ Half Yearly ☐ Yearly
	☐ **Daily ☐ #Weekly ☐ *Monthly ☐ *Yearly	☐ DD (1 st to 28 th) ☐ Last date of month	From To Maximum Duration of 40 years	₹ in figures in words	☐ % 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 ELSS Tax Saver 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

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

ONE TIME MANDATE (OTM) FORM

- One Time Mandate (OTM) is a common application form for registration of mandate centrally and not being folio specific.
- OTM registration will be PAN Based and will be available for investment in all folios available with Axis Mutual Fund for Multiple SIPs and additional purchases.
- One Time Mandate is only available to HUFs, Proprietor Firms and individual investors with "Single" or "Either or Survivor" mode of holding.

01 INVESTOR DETAILS (If One Time Mandate registration is not required, skip this section and only fill the NACH Mandate below.)

Name of Applicant

PAN

Bank Name Account No.

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.

I/We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Axis Mutual Fund using this facility.

I/We request you to make provisions for me/ us and/ or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/ or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from Axis Mutual Fund.

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.

Date

Place

SIGNATURE(S)

Signature of PAN Holder (as per folio record)

AXIS MUTUAL FUND UMRN Bank use Date

Tick (✓) ☒ CREATE ☒ MODIFY ☒ CANCEL ☒

Sponsor Bank Code Utility Code

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 ☒ Daily ☒ Weekly ☒ BI-Monthly ☒ Monthly ☒ Quarterly ☒ Half-Yearly ☒ Annually ☒ As & when presented ☒ Debit Type ☒ Fixed Amount ☒ Max Amount

Reference 1 PAN No. Phone No.

Reference 2 All Schemes of Axis Mutual Fund Email ID

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per the latest schedule of the charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit the account based on the instructions as agreed and signed by me. 3. 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. 4. I/We understand and accept that in case transactions initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law; action may be taken against me/us under applicable law (including the Negotiable Instruments Act).

PERIOD

From

To

Maximum period of validity of this mandate is 40 years only

Signature Primary Account holder Signature of Account holder Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

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

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Investor Name

PAN

SIGNATURE(S)

Stamp & Signature

STP Enrolment Form - Instruction

- The STP Enrolment Form should be completed in English and in Block Letters only. Please tick in the appropriate box, where boxes have been provided. The STP Enrolment Form complete in all respects, should be submitted at any of the Official Points of Acceptance of Axis Mutual Fund.
- One STP Enrolment Form can be filled for one Scheme/Plan/Option only.
- Investors are advised to read the Key Information Memorandum(s) (KIMs) and Scheme Information Document(s) (SIDs) of the Transferee Scheme(s) and Statement of Additional Information (SAI) carefully before investing. The SIDs / KIMs of the respective Scheme(s) and SAI are available with the ISCs of Axis Mutual Fund, brokers/distributors and also displayed at the Axis Mutual Fund website i.e. www.axismf.com
- Unit holders should note that unit holders' details and mode of holding (single, joint, anyone or survivor) in the Transferee Scheme will be as per the existing folio number of the Transferor Scheme. Units will be allotted under the same folio number. Unit holders' names should match with the details in the existing folio number, failing which; the application is liable to be rejected.
- STP offers unit holders the following two Plans:
 - Systematic Transfer Plan (STP)
 - Capital Appreciation Systematic Transfer Plan (CapSTP)

Investor's can opt for any of the above facility.

Systematic Transfer Plan (STP) offers transfer facility at Daily, Weekly, Fortnightly, Monthly and Quarterly intervals.

Capital Appreciation STP (CapSTP) offers transfer facility at Weekly, Monthly and Quarterly intervals. If no frequency is chosen, Monthly frequency shall be treated as the Default Frequency.

- Under the CapSTP-Weekly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum ₹ 500) by way of capital appreciation from Monday to Friday.

Monthly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum ₹ 500) by way of capital appreciation on the 1st, 7th, 10th, 15th or 25th of each month.

Under the CapSTP-Quarterly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum ₹ 1,000) by way of capital appreciation on the 1st, 7th, 10th, 15th or 25th of the first month of each quarter. The beginning of the quarter could be of any month e.g. January, March, July, September, etc. Please note that no transfers will take place if there is no minimum capital appreciation amount (except for last transfer leading to closure of account). The capital appreciation, if any, will be calculated from the enrolment date of the CapSTP under the folio, till the first transfer date. Subsequent capital appreciation, if any, will be the capital appreciation between the previous CapSTP date (where CapSTP has been processed and paid) and the next CapSTP date.
- The provision of 'Minimum Redemption Amount' as specified in the Scheme Information Document(s) of the respective designated Transferor Schemes and 'Minimum Application Amount' specified in the Scheme Information Document(s) of the respective designated Transferee Schemes will not be applicable for STP.
- Unit holders are required to fill in either the number of instalments OR the enrolment period in the STP Form, failing which the STP shall be registered as per No. of Instalments mentioned.
- In case Day of Transfer has not been indicated under STP- Weekly frequency, Wednesday shall be treated as Default day.
- In case, the Enrolment Period has been filled, but the STP Date and/or Frequency (Monthly/Quarterly) has not been indicated, Monthly frequency shall be treated as Default frequency and 10th shall be treated as Default Date.
- The application for STP/ Cap STP enrolment - Monthly & Quarterly Interval should be submitted at least 4 working days and not more than 90 days before the desired commencement date.
- Please refer below table for min. no. of installments and minimum amount per installment:

STP Frequency	Cycle Date	Minimum Amount* (in ₹)	Minimum Installment
Daily	Monday To Friday	1,000/-	6
Weekly	Monday To Friday	1,000/-	6
Fortnightly	Alternate Wednesday	1,000/-	6
Monthly	1st, 7th, 10th, 15th or 25th	1,000/-	6
Quarterly	1st, 7th, 10th, 15th or 25th	3,000/-	2

If the Transferee scheme is Axis Long Term Equity Fund, minimum STP amount is ₹500.

- In respect of STP, the Load Structure prevalent at the time of enrolment shall govern the investors during the tenure of the STP.
- A minimum period of 4 working days shall be required for registration under STP. Units will be allotted/redeemed at the applicable NAV of the respective dates of the Scheme on which such investments/withdrawals are sought from the Scheme.
- The AMC reserves the right to introduce STPs at any other frequencies or on any other dates as the AMC may feel appropriate from time to time. In the event that such a day is a Holiday, the transfer would be affected on the next Business Day.
- The requests for discontinuation of STP/CapSTP shall be subject to an advance notice of 4 working days before the next due date for STP.
- STP will terminate automatically if all Units are liquidated or withdrawn from the account or upon the Funds' receipt of notification of death or incapacity of the Unit holder. Further, in case where the balance amount in a folio is less than the STP/CapSTP amount, the entire amount will be transferred to the transferee scheme.
- If STP date/day is a non-Business Day, then the next Business Day shall be the STP Date / Day and the same will be considered for the purpose of determining the applicability of NAV.
- The Trustee reserves the right to change/modify the terms and conditions of the STP. For the updated terms and conditions of STP, contact the nearest ISC or visit our website www.axismf.com

SYSTEMATIC WITHDRAWAL PLAN (SWP)

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

☐ Declaration for "Execution-only" transaction (where the above EUIN box is left blank & no investment advice is solicited) / Registered Investment Advisor (RIA) Transaction/EOP (for digital transactions): 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

1 APPLICANT DETAILS

Folio No.

Sole / 1st Unitholder*
(as in PAN Card / KYC records)

Guardian's Name*
(as case of minor) First Name Middle Name Last Name

1st Holder 1st Applicant 2nd Holder 2nd Applicant 3rd Holder 3rd Applicant

2 SWP DETAILS# (To be submitted atleast 4 working days before 1st due date. Please (✓) the appropriate option)

SWP From Scheme*

Plan* ☐ Regular ☐ Direct ☐ Option ☐ Growth ☐ IDCW Payout ☐ IDCW Re-investment

Withdrawal Amount* ₹ in figures ₹ in words

Withdrawal Frequency* ☐ Weekly (Monday To Friday) Day of withdrawal ☐ Monthly (minimum 6) ☐ Quarterly (minimum 4) ☐ Half Yearly (minimum 4) ☐ Yearly (minimum 2)

Withdrawal Period* From To OR No. of installments

SWP Date* ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 25th

*In the event that such a day is a holiday, the withdrawal would be affected on the next business day.

Units completed three years of lock in period in Axis ELSS Tax Saver Fund would be eligible for SWP facility. Minimum installment ₹ 1,000/- multiple ₹ 1/-.

3 DECLARATION AND SIGNATURES

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.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder

To be signed by All Applicants if mode of operation is "Joint"

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Folio No. Investor Name

From Scheme

Amount Frequency Stamp & Signature

"INSTRUCTION & INFORMATION

1. If Both end date and no. of instalments not provided, in such case we will reject the application.
2. If multiple frequencies or cycle dates are filled in SWP application, same will be rejected.
3. The SWP start or commencement date may be chosen up to 366 days from the date of the request.
4. Please refer the Key Information Memorandum and Scheme information documents and Statement of additional information of the respective Schemes(s) for Applicable NAV, Risk Factors, Load Structure and other information on the Scheme(s).
5. Contingent Deferred Sales Charge (CDSC)/Exit Load if any is applicable to SWP.
6. The AMC reserves the right to accept SWP applications of different amounts, dates and frequency.
7. You can choose to discontinue any of these facilities by giving 4 working days prior notice in writing to our Registrar Kfintech and it will terminate automatically if all the Units are liquidated, or withdrawn from the account or the holdings fall below the SWP amount.
8. The Default bank account as mentioned in the above folio would be considered for such credits. In case you wish to change the bank account fill in a Change of Bank Account form available at www.axismf.com.
9. Incorrect, incomplete, ambiguous forms will be rejected.
10. If SWP date and frequency is not mentioned by investor, default date & frequency would be considered as 10th of every month and monthly respectively.

Please refer below table for Frequency and Default Date/Day.

Frequency	Default date/day
Monthly, Quarterly, Half Yearly, yearly	10th
Weekly	Wednesday

11. Unit holders are required to fill in either the number of instalments OR the enrolment period in the SWP Form, failing which the SWP shall be registered as per No. of Instalments mentioned.