AXIS MUTUAL FUND

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
ARN-95070			E-101834	

☐ **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.

SIGNATURE(S) 1st Holder/Guardian/POA/Authorised Signatory	SIGNATURE(S) 2nd Holder/Authorised Signatory	SIGNATURE(S) 3rd Holder/Authorised Signatory

1 UNIT HOLDING OPTION

☐ Physical Mode ☐ Demat Mode *(Incase of Demat please filled section point 9)*

Existing folio number _____

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)*	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Guardian Details *(In case of Minor) (Please fill details as per Income Tax)*	Guardian Name	**Relationship with Minor** ☐ Father ☐ Mother ☐ Legal Guardian	**Relationship proof attached** ☐ Birth Certificate ☐ Aadhaar Card ☐ Passport ☐ Court Order
(Guardian PAN is mandatory)	Guardian PAN*	Guardian Date of Birth D D M M Y Y Y Y	
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 _____	City/Town _____ State _____
Country _____ Pin	Country _____ Pin
Tel. (Res.) _____ Tel. (Off.) _____	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 D D M M Y Y Y Y

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 ☐ Dependent Children ☐ Spouse ☐ Dependent Parents ☐ Guardian ☐ Dependent Sibling ☐ Custodian ☐ POA ☐ PMR	☐ Self ☐ Dependent Children ☐ Spouse ☐ Dependent Parents ☐ Guardian ☐ Dependent Sibling ☐ Custodian ☐ POA ☐ PMR	☐ Self ☐ Dependent Children ☐ Spouse ☐ Dependent Parents ☐ Guardian ☐ Dependent Sibling ☐ Custodian ☐ POA ☐ PMR
Email ID			
I confirm that given Email ID Pertains to	☐ Self ☐ Dependent Children ☐ Spouse ☐ Dependent Parents ☐ Guardian ☐ Dependent Sibling ☐ Custodian ☐ POA ☐ PMR	☐ Self ☐ Dependent Children ☐ Spouse ☐ Dependent Parents ☐ Guardian ☐ Dependent Sibling ☐ Custodian ☐ POA ☐ PMR	☐ Self ☐ Dependent Children ☐ Spouse ☐ Dependent Parents ☐ Guardian ☐ Dependent Sibling ☐ Custodian ☐ POA ☐ PMR

**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* D D M M Y Y Y Y

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* D D M M Y Y Y Y

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* D D M M Y Y Y Y

*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 _____ X			
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		1st Investor	2nd Investor	3rd Investor	Guardian
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 D D M M Y Y	as on D D M M Y Y	as on D D M M Y Y	as on D D M M Y Y					

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/Turstee	☐	☐	☐

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: ☐ Residential ☐ Registered Office ☐ Business

Address Type of 2nd Holder: ☐ Residential ☐ Registered Office ☐ Business

Address Type of 3rd Holder: ☐ 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* D D M M Y Y Y Y

**Date is mandatory*

AXIS MUTUAL FUND ACKNOWLEDGEMENT SLIP

Name of the investor Mr/Ms/M/s

Scheme / Plan / Option

Payment Details Amount **Instrument No.**

Date **Drawn on Bank**

Stamp & Signature

9 DEMAT DETAILS (Please provide details ONLY if you wish to hold units in / under Demat). *(Please refer instruction No. 18)*

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 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.

	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

IFA Connect
https://axisconnect.axismf.com.

Axis MF App
Scan the QR code to download the new AxisMF App
GET IT ON Google Play | Download on the 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
https://x.com/axismutualfund
LinkedIn.com/company/Axis-Mutual-Fund
YouTube.com/AxisMutualFund

12 DECLARATION AND SIGNATURE

(For declaration and signature, please refer point number 4)

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