INK AND IN BLOCK LETTERS)

## **COMMON APPLICATION FORM**





Sub-Distributor Internal Sub-Broker/ Distributor Application No. Sol ID ARN ARN - 64917 **Employee** RIA CODE^ **EUIN** Code E434563 PMR (Portfolio Manager's Registration) Number ^ ^ Serial No., Date & Time Stamp 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. ^ 1/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 Portfolio Manager. "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 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20) I confirm that I am an existing investor across Mutual Funds. I confirm that I am a first time investor across Mutual Funds In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. MODE OF HOLDING (in case of Demat Purchase Mode of Holding should be same as in Demat Account) **EXISTING INVESTOR'S FOLIO NUMBER** (If you have an existing folio with KYC validated, please mention here and skip to section 4) **Unit Holding Option** Single Joint (Default) Physical Mode Demat Mode Folio number Anyone or Survivor (in case of Demat, please fill sec 6) I/ We want to create new Folio (Instruction No. 26) 1. YOUR PERSONAL DETAILS (MANDATORY) (In case of investment "On behalf of minor", Please refer instruction No. 11) First Applicant Mr. Ms. M/s FIRST APPLICANT Gender PAN (Mandatory) CKYC No. D DOB Μ Address City State Pincode Mobile Email ID\* Pvt. Sector Service **Public Sector Service** Govt. Service Professional **Business Aariculturist** Occupation Details Specify Forex Dealer Others Retired Housewife Student 5-10 Lacs > 1 Crore Below 1 Lac 1-5 Lacs 25 Lacs - 1 Crore Gross Annual Income (₹) Net worth (Mandatory for Non - Individuals) ₹ as on D Μ (Note: If Email pertains to Family Email ID provided pertains to Family Member Spouse **Dependent Parents** Dependent Children (Refer Instruction No. 25) I / we hereby prefer to 'OPT-IN' to receive physical copies of scheme Annual Report or Abridged summary. 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) Name of the bank Branch Address State Pincode Account No. Account type Savings NRE NRO FCNR Others Specify Current IFSC Code (11 digit) MICR Code (9 digit) Note: Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above to Non-Individual investors. refer Instruction No. 27. Valid up to LEI Code D Μ Μ

Second Appli	cant	Mr.	Ms. M	s.							SEC	ONE	) Al	PPLI	CAN	Τ						(	Gende		М	F		0
PAN (Mandatory)																												
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Relationship Of Guardian (Refer Instruction No. 11) Mother Father Court Appointed Guardian																												
Email ID																												
Proof of the R	Proof of the Relationship with Minor Birth Certificate School Certificate Passport Others Specify																											
TAX STATUS (Applicable for First / Sole Applicant) Resident Individual FIIs NRI-NRO HUF Club / Society PIO Body Corporate																												
Minor	Go	vernn	nent B	ody		Γrus	t	N	RI - N	NRE [	Bank	k & Fl		Sole F	roprie	etor [	Po	rtners	hip F	irm	Q	FI [	Pro	vide	nt Fu	nd		
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		e / City of Birth	ו	Coun	try of Birth			of Citizenship	/ Nation	ality
First Applicant / Guardia	n					India	n U.S.	Others		
Second Applicant						India	n U.S.	Others		
Third Applicant						India	n U.S.	Others		
Are you a tax re If 'YES' please fill i.e. where you are	for ALL countrie	s (other than In	dia) in w	hich you c	ıre a Residen		es.	Yes No	0	
	Country o Tax Resider			on Numbe Equivalen		entification Type other please spec	ify)	Addres	ss Type	
irst Applicant / Guardian								Resi Regd.	Office	Busii
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hird Applicant								Resi Regd.	Office	Busi
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tate			Coun	itry				Zipcode		
3. NOMINATION DETA		Refer Instruction No.	18)	Allocation	Relationship with	Nominee dat of birth	e	Guardian Name (in case of Mino		Guard
1					Investor	D D M M	YY	(III case of Millio	''')	
2						D D M M	YYY			
3						D D M M	YY			
							Applicant			

1

2

3

Direct

Direct

Direct

Regular

Regular

Regular

<sup>\*</sup>The dividend amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains.

5. PAY	MENT DETAILS										
Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')											
Mode	Mode Cheque DD Axis Bank Debit Mandate Date D D M M Y Y Y Cheque / DD No.										
Amount (in figure	s)	(in words)									
Pay-in A/	c No.										
Account	type Savings Curr	rent NRE NRO FCN	R Others	Specify							
IFSC code	(11 digit)	MICR Code	e (9 digit)								
Drawn o	n bank / branch name & addre	ess									
	AAT ACCOUNT DETAILS (OPT	IONAL) es as mentioned in the application form ma	tropes with that of the $A/c$ held with the den	ository participant) Refer Instruction No. 19							
(110030	Depository Participant Name	as the morned in the application form the	DP I								
NSDL:	Beneficiary A/c No.			D. 1   N							
	John Mary 7, 4 C. C.										
CDSL:	Depository Participant Name										
	Beneficiary A/c No.										
Enclos	ed Client Master	Transaction / Statement Copy / DIS	Сору								
	LARATION AND SIGNATURE										
understoc source on Act, Anti N been indu "Know Yo Scheme, i the law.)" Mutual Fu policy wh informatic disclosure updates collected/	Having read and understood the content of the SID / KIM of the scheme and SAI of the Axis Mutual Fund (The Fund), 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 India Amour 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 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. and further authorise the disclosur										
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.											
validating PMLA. I/ \	g/authenticating and (ii) updating We hereby provide my/our conser	in accordance with Aadhaar Act, 201 g my/ our Aadhaar number(s) (if provided) nt for sharing/disclosing of the Aadhaar nur gistrar and Transfer Agent (RTA) for the purp	) in accordance with the Aadhaar Act, 201 mber(s) including demographic information	6 (and regulations made thereunder) and a with the asset management companies of							
provided		he information requirements of this Form (r rrect, and complete. I / We also confirm tha									
You	/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder							

Date D D M M

Place

8. QUICK CHECKLI	ST				
KYC acknowled	gement letter (Compuls	ory for MICRO Investments	s)		
Self attested PA	N card copy				
Plan / Option /	Sub Option name men	tioned in addition to schem	ne name		
	Accounts Registration for s can be made from any		multiple bank accounts so that	t	
		or online transaction facilit	ły		
SIP Registration	Form for SIP investmen	ts			
Relationship pro	oof between guardian a	nd minor (if application is i	n the name of a minor)		
FATCA Declara	ion				
Additional docu	ments attached for Thir	d Party payments. Refer ins	truction No. 7.		
https://ifaconnect. axismf.com/#/home	Axis MF App  Scan the QR co to download the new Axis MF A  Pownload of the new Axis MF A  Oction Download of App Sto	https://www	f.com f.com w.axismf.com/ ogin.aspx To stay up t mutual fur connect Whats. Sent us a 'Hi from your r number to h	/hatsApp  to date with your nd investments, with us on our App number. i' on 7506771113 registered mobile nave your queries sswered.	Twitter.com/AxisMutualFund  LinkedIn.com/company/Axis-Mutual-Fund
*					
9. DEBIT MANDAT	E (Only for Axis Bank Account I	nolders. Now you don't have to issu	ue a cheque if you hold an Axis Bank A	account). To be processed in CMS	software under client code "AXISMP"
I/ We	N	ame of the accou	nt holder(s)		Application No.
authorise you to debit	my/our account no.				ı
Account type Sav	vings NRO 1	NRE Current	FCNR Others	Specify	to pay for the purchase of
Axis Banking & P	SU Debt Fund A	xis Dynamic Bond Fund	Axis Credit Risk Fund	Axis Strategic Bond Fo	und Axis Gilt Fund
Axis Treasury Adv				rporate Debt Fund	Axis Ultra Short Term Fund
OR Axis Overnight F	und Axis Money I  Aultiple Schemes	Market Fund Axis Al	l Seasons Debt Fund Of Funds	Axis Floater Fun	d
Amount (in words)	·	(in Figures)			
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First A	account Holder	Seco	Signature of nd Account Holder	I	ignature of Third Holder
	•	Seco	0	I	hird Holder
Date D D M	M Y Y Y Y		0	T	Third Holder
Date D D M	M Y Y Y Y		nd Account Holder	T	Third Holder
Date D D M  WE ACKNOWLEDG	M Y Y Y Y		nd Account Holder	T	Third Holder