

COMMON APPLICATION FORM





Sub-Distributor Internal Sub-Broker/ Distributor Application No. ARN ARN Sol ID 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. 1/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." Third Applicant You/ Sole Applicant /Guardian Second 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** Demat Mode Single Joint (Default) Physical Mode Folio No. 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) Mr. Ms. M/s FIRST APPLICANT F 0 First Applicant Gender M PAN (Mandatory) CKYC No. DOB Μ Μ Address City Pincode Mobile Email ID* **Public Sector Service** Agriculturist Pvt. Sector Service Govt. Service **Business** Professional Occupation Details Specify Forex Dealer Student Others Retired Housewife > 1 Crore Below 1 Lac 1-5 Lacs 25 Lacs - 1 Crore Gross Annual Income (₹) Net worth (Mandatory for Non - Individuals) ₹ as on Μ M (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 City 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. LEI Code D Μ Valid up to

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The below informat	Place /	City of Birth	Country o	f Birth	Country of Citizenship / Nationality					
First Applicant / Guardian	n				Indian	U.S. Others				
Second Applicant					Indian	U.S. Others				
hird Applicant					Indian	U.S. Others				
If 'YES' please fill	for ALL countries (other than India) i	tax) in any other in which you are a Holder / Tax Reside	Resident for	tax purpose	Yes No				
	Country of Tax Residency		ation Number or		fication Type ner please specify)	Address Ty	pe			
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Sr. No.	Scheme Name	Plan	Option [Growth/*IDCW (Dividend) Option]	Amount
1		Regular Direct		
2		Regular Direct		
3		Regular Direct		

^{*}The dividend amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains.

5. PAYMENT DETAILS								
Non-Third Party Payment Third Party Paym	ent (Please attach 'Third Po	arty Payment Declaration Form')						
Mode Cheque DD Axis Bank Debit M (Please fill section 9.)	andate Date D	D M M Y Y Y	Cheque / DD No.					
Amount (in figures) (in words)								
Pay-in A/c No.								
Account type Savings Current NR	E NRO FCN	R Others	Specify					
IFSC code (11 digit)	MICR Cod	e (9 digit)						
Drawn on bank / branch name & address								
DEMAT ACCOUNT DETAILS (OPTIONAL) (Please ensure that the sequence of names as mentioned)	d in the application form ma	tches with that of the A/c held with	the depository participant) Refer Instruction No. 19					
Depository Participant Name			DP ID: I N					
NSDL: Beneficiary A/c No.								
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CDSL: Depository Participant Name								
Beneficiary A/c No.								
Enclosed Client Master Transaction	on / Statement Copy / DIS	Сору						
7. DECLARATION AND SIGNATURE								
Having read and understood the content of the SID / KIM of understood the terms, conditions, details, rules and regusource only and does not involve designed for the purpose Act, Anti Money Laundering Laws, Anti Corruption Laws of been induced by any rebate or gifts, directly or indirectly "Know Your Customer" process is not completed by me/u Scheme, in favour of the applicant, at the applicable NAV the law.) The ARN holder has disclosed to me/us all the complete Market in the same statement of the analysis of the AMC / Full formation/data provided by me to contact me through disclosure of the information contained herein to its affilial updates to me on various financial and investment a collected/provided by me can be shared/transferred and compliance with any law or regulation in accordance with	lations governing the scheme of the contravention of any rany other applicable laws e in making this investment. It is to the satisfaction of the Muprevailing on the date of such missions (trail commission ended to me/ us. I / we givend. I/We hereby give conseany channel of communica es/group companies or their oroducts and offering of a disclosed with the above	ne. I/We hereby declare that the and Act, Rules, Regulations, Notification and the Government of India (We confirm that the funds invested that I rund, (I/we hereby authorize the heredemption and undertake such a for or any other mode), payable to here my / our consent to collect personent to the Company or its Authorization including but not limited to em Authorized Agents or Third Party September services. I/We agree that a mentioned parties including with	mount invested in the scheme is through legitimate one or Directives of the provisions of the Income Tax of from time to time. I/we have not received nor have it in the Scheme, legally belongs to me/us. In event ne Mutual Fund, to redeem the funds invested in the other action with such funds that may be required by him for the different competing Schemes of various nal data or information as prescribed in the privacy ed Agents and third party service providers to use nail, telephone, sms, etc. and further authorise the ervice Providers in order to provide information and all personal or transactional related information					
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 Compar queries and/or receive communication pertaining to tran irrespective of my blocking preferences with the Customer	sactions/ non-commercial t	ransactions/ promotional/ potention						
I/ We hereby provide my/our consent in accordance validating/authenticating and (ii) updating my/ our Aad PMLA. I/ We hereby provide my/our consent for sharing/a SEBI registered mutual fund (s) and their Registrar and Trans	naar number(s) (if provided) lisclosing of the Aadhaar nui) in accordance with the Aadhaar A mber(s) including demographic info	Act, 2016 (and regulations made thereunder) and ormation with the asset management companies of					
CERTIFICATION: I / We have understood the information provided by me/us on this Form is true, correct, and comphereby accept the same.								
You/ Sole Applicant /Guardian So								

Date D D M M

Place

8. QUICK CHECKLI	ST					
KYC acknowled	dgement letter (Compulso	ry for MICRO Investments	;)			
Self attested PA	AN card copy					
Plan / Option /	/ Sub Option name mention	oned in addition to schen	ne name			
	Accounts Registration form ts can be made from any		multiple bank accou	unts so that		
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SIP Registration	n Form for SIP investments	5				
Relationship pr	oof between guardian and	d minor (if application is i	in the name of a mi	nor)		
FATCA Declara	tion					
Additional docu	uments attached for Third	Party payments. Refer ins	struction No. 7.			
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9. DEBIT MANDAT	E (Only for Axis Bank Account ho	olders. Now you don't have to issu	ie a cheque if you hold a	n Axis Bank Account). To b	e processed in CMS	software under client code "AXISMF"
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Axis Special Situa	ations Fund Axis C	Global Equity Alpha Fund	Of Fund Axis	Quant Fund	Axis Value Fur	od .
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WE ACKNOWLEDG	SE YOUR APPLICATION	Received subject to realisation,	verification and conditions	s, an application for purch	ase of Units as me	ntioned in the application form.
Cheque No.	Date	Amount	Scheme	Stamp	& Signature	Application No.