

COMMON TRANSACTION SLIP (for existing investors only)

Folio No.							Date	D D M M Y Y
Distributor AR	N Sub-D	istributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	RIA CODE^	Serial No., I	Date & Time Stamp
ARN-6491					E434563			
^I/We, have investe my/our investments	ed in the schen s under Direct	ne(s) of Axis Mutu Plan of all schemes	stor to the AMFI registered distribution al Fund under Direct Plan. I/We he of Axis Mutual Fund, to the above n	reby give my/our conse nentioned SEBI Registe	ent to share/provide t	he transactions dat		
is executed without a the above distributor	any interaction r/sub broker or r	or advice by the em otwithstanding the	ntionally left blank by me/us as this tran ployee/relationship manager/sales per advice of in-appropriateness, if any, p re distributor/sub broker.	erson of First / Sol	le Applicant / lian / POA		icant	Third Applicant
First / Sole App	licant							
LEI Code				lid up to D	M M Y Y Y			is Mandatory for Transaction Non-Individual investors.
RBI vide circular date INR 50 crore and abc information while ini	ed January 202: ove for Real Time tiating any trans	Lon "Introduction o Gross Settlement (action of value INR :	f Legal Entity Identifier for Large Valu (RTGS) and National Electronic Funds 50 crore and above by entities (non-Inc	e Transactions in Central Transfer (NEFT). From Ap dividual) for purchase and	ized Payment Systems oril 1, 2021. In view of t redemption transactio	" decided to introduce he same it will be man m.	e the LEI system for all datory to include 20-d	payment transactions of value igit Legal Entity Identifier (LEI)
			ONAL PURCHASE (fill section		PTION (fill section		CH (fill section-C	
A ADDIT	IONAL PL	JRCHASE						·
		Sch	eme		Plan		Option	Amount
Total				ln words				In figures
Payment Optio	ns	Cheque / D	D RTGS/NEFT	Transfer	🗌 Debit M	landate (Fill sec	tion E)	One Time Mandate
Bank Name				Instrume	ent No. UTR No.	o (in case of RTGS / N	EFT) / OTM ref no. in c	ase of One time Mandate
₹ (in figures)				₹(in v	words)			
		· · ·	/DD drawn should be favour case of Multiple Investment	0	ole Schemes".			
		•	SOLE APPLICANT SOLE APPLICANT					
Depository Par	ticipant Na	me			Depository (DP) ID	y Participant		
Beneficiary Acc							1 1 101	
any KYC Registra		ge in your KYC ir	nformation please update the sa	me by using the presc	ribed 'KYC Change	Request Form' and	d submit the same a	it the Point of Service of
B REDEM	IPTION					All units	OR 🗌 No. c	f Units
OR ₹ (in figu	res)		₹ (in words)					
Scheme	o holonoo in y		han this redemption request, all	unite en entine helene	Plan	1	Option	
*Bank account					nk Name:			
			receive the redemption proceeds. Kit Also this can not be treated as change of		account should be one	of the registered bar	k account in the folio	else by default the redemption
C SWITC						🗌 All units	OR 🗌 No. d	of Units
OR ₹ (in figu	res)		₹ (in words)			-		
From Scheme					Plan		Option	
To Scheme					Plan		Option	
D SIGNAT	TURE							
money invested in	the schemes	s through legitimation	SID / SAI of the Scheme(s). I / We h ate sources and is not in contrave riousfactors including the service r	ntion of any prevailing	laws. Upfront comm	ny rebate or gifts, di ission shall be paid	rectly of indirectly in directly by the inve	making this investment. The stor to the AMFI registered
First / So	ole Applican	t / Guardian / I	POA	Second Applican	t		Third Appli	cant
E DEBIT I	MANDAT	Έ (For Axis Βa	ink A/c only.) To be detached by	Karvy & Presented to	o Axis Bank Branch		Date D D	<mark>м м ү ү ү</mark> ү
I/ We			Name of the account h	older(s)				
authorise you t	o debit my/o	our account no					Signature of Fil	rst Account Holder
Account type	Savings	NRO	NRE 🗌 Current 🗌 FCN	R Others	Specify		Signature of Sec	ond Account Holder
to pay for the p	urchase of		Sche	eme Name			Signature OF SEC	
₹ (in figures)							Signature of Th	ird Account Holder
₹ (in words)				14814 1.1 F - 1				
in case of multi ≫	pie investm	ents, please me	ention scheme name as "Axis	MF Multiple Sche	mes".			······································
	IAL FUND	ACKNOV	VLEDGMENT SLIP	(To be filled by	y the investor)	Date	D D M M Y Y
Folio No.			Rece	ived a request for	Additional Pure	chase 🗌 Redemı	otion 🗌 Switch	
Name								Stamp & Signature



NON - FINANCIAL TRANSACTION FORM

(Please read the instructions before filling up the form)

ARN-64917 E434563

1 My deta	ils (Pleas	se pr	ovide	e the '	follo	wing	deta	ils in	full)		
Folio number												
Name											 	

2 I wish to Update/Change my bank details

Old Bank details	
Bank name	
Core bank account r	number
Account Type	Savings Current NRE NRO FCNR Other
Bank Address	
City	Pin code Pin code
IFSC Code (11 digit)	MICR Code (9 digit)
New Bank details	
Bank name	
Core bank account r	number
Account Type	Savings Current NRE NRO FCNR Other
Bank Address	
City	Pin code Pin code
IFSC Code (11 digit)	MICR Code (9 digit)
Documents to be s	ubmitted by Investor
Existing bank detai	ils (Any one of the following) New bank details (Any one of the following)

Existing bank details (Any one of the following)	New Bank details (Any one of the following)
A cancelled original cheque leaf/Self attested copy of cancelled cheque*	A cancelled original cheque leaf/Self attested copy of cancelled cheque*
 Photocopy of bank passbook or bank account statement (Having entries not older than 3 months) Letter from the bank 	 Photocopy of bank passbook or bank account statement (Having entries not older than 3 months) Letter from the bank

*Account number and name of the first unit holder should be printed on the face of the cheque

Old Bank Declaration - (Incase old bank proof is not available)

I now wish to update my bank account details as mentioned in the aforesaid folio due to - Bank Account closed / Bank Account Number erroneously mentioned / Not mentioned.

In this regard, I would like to state that I have closed my bank account / inadvertently erroneously mentioned the bank account details, as mentioned herein above and presently registered in your records /mentioned in the application form, and confirm that I am not holding any documents pertaining to the said bank account.

Email ID (in capital)	
Aobile	Telephone no. (Office)
Telephone no. (Resi) (STD Code)	Fax no. (Resi) (S D C de)
lobile No. / Email ID* provided pertains to (Please tick(\checkmark)) *if above any of	ion is not ticked (\checkmark) or selected then (Self) option is considered as a default.
Self Spouse Dependent Children Dependent Siblings	Dependent Parents Guardian PMS

4 I wish to change my mode of holding (All Joint Holders should sign as per existing unit holding, even in case of "Any one or Survivor)