

SIP REGISTRATION FORM



Application No.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE [^]	Serial No., Date & Time Stamp
ARN 64917	ARN			E 434563		

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.

"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."

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Power of Attorney Holder

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY

I confirm that I am a first time investor across Mutual Funds. I confirm that I am an existing investor in 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.

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

2 SIP First Installment Details (Optional)

Scheme	Plan	Option	Amount
Total	In words		In figures

Drawn on bank / branch name Cheque / DD amount

Mode Cheque / DD Axis Bank Debit Mandate Cheque / DD no. Dated

3 SIP DETAILS

OTM ref no.

Scheme / Plan / Option	Frequency	SIP Date (DD)	Enrollment Period (MMYY)	SIP Amount	TOP-UP Facility (Optional) Only available for Monthly SIP*	
					Frequency	Amount
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	<input type="text"/> Default SIP Date 7th	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> Dynamic
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	<input type="text"/> Default SIP Date 7th	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> Dynamic
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	<input type="text"/> Default SIP Date 7th	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> Dynamic

4 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 instalments through an Electronic Debit arrangement / NACH (National Automated Clearing House). 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.
 This is to inform you that I/We have registered for making payment towards my investments in Axis Mutual Fund by debit to my/our account directly or through ECS (Debit Clearing) / NACH (National Automated Clearing House). 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 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.

X Sole / 1st Unit Holder / POA X 2nd Unit Holder X 3rd Unit Holder

5 DEBIT MANDATE ((For Axis Bank A/c only.) To be processed in CMS software under client code "AXISMF")

TO BE DETACHED BY KARVY & PRESENTED TO AXIS BANK CMS

I/We Name of the account holder(s) authorise you to debit my/our account no.

Account type Savings NRO NRE Current FCNR Others

to pay for the purchase of Axis MF Multiple Schemes OR Scheme Name

Amount (figures) (words)

Signature of First Account Holder Signature of Second Account Holder Third Holder

Dated

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. Investor Name Stamp & Signature

INSTRUCTIONS

- The Application Form should be completed in ENGLISH and in BLOCK LETTERS only.
- Any over-writing / changes made while filling the form must be authenticated by canceling the original entry, re-entering correct details and ensuring that all applicants counter-sign against each correction.
- Application forms along with supporting documents can be submitted to ISCs / OPAs, contact details of which are available on www.axismf.com.
- Investors must write the application form number / folio number on the reverse of the cheque / demand draft.
- Investors subscribing under Direct Plan of the scheme will have to indicate "Direct Plan" against the scheme name in the application form e.g. "Axis Equity Fund - Direct Plan". Investors should also indicate "Direct" in the ARN column of the application form. However, in case Distributor code is mentioned in the application form, but "Direct Plan" is indicated against the scheme name, the application will be processed under Direct Plan. Further, where application is received for Existing Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
- Investor investing through distributor shall mention EUIN on the application form, if he/she has been advised by Sales Person/ Employee/ Relationship Manager of the distributor this would assist in addressing any instance of mis-selling. If left blank, applicant(s) need to tick and sign the following declaration "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." on the form. SEBI has made it mandatory to obtain EUIN no. for every employee/relationship manager/ sales person of the distributor for selling mutual fund products.
- Multiple SIP registration facility is not available for Axis Children's Gift Fund, Axis Liquid Fund, Gold ETF and during NFO.
- Investors are required to submit Form along with a photo copy/cancelled cheque of Debit Bank Account at least 21 days before the first SIP Installment date.
- Investor shall have the option of choosing any date of the month as the SIP date except the dates 29th, 30th and 31st.
- If SIP date is not mentioned, default date would be considered as 7th of every month. If the SIP date falls on a non-business day or a bank holiday, the SIP debit will be processed on the following business day.
- Please refer below table for minimum amount per installments:

Scheme	Minimum Amount (₹)	Minimum Installments
All Schemes except Axis Liquid Fund	1000	12
Axis Long Term Equity Fund*	500	6

Note: For all schemes, minimum amount is as per above table and thereafter in multiple of ₹ 1.

For Long Term Equity Fund Minimum amount is as per above table and thereafter in multiple of ₹ 500*.

- If no amount is mentioned minimum scheme amount would be considered i.e. for Axis Long Term Equity Fund minimum amount would be ₹ 500/- and for other schemes minimum amount would be ₹ 1,000/-.
- For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
- The SIP will be discontinued automatically if payment is not received for three successive installments.
- Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar Karvy. Notice of such discontinuance should be received at least 20 days prior to the due date of the next installment / debit.
- Mandate will be processed through NACH platform offered by NPCI.
- As per SEBI circular dated August 22, 2011, Transaction Charge per subscription of ₹ 10,000/- and above shall be charged from the investors and shall be payable to the distributors/ brokers (who have not opted out of charging the transaction charge) in respect of applications routed through distributor/broker relating to Purchases / subscription / new inflows only (lumpsum and SIP), subject to the following:
 - For Existing / New investors: ₹ 100 / ₹ 150 as applicable per subscription of ₹ 10,000/- and above.
 - Transaction charge for SIP shall be applicable only if the total commitment through SIP amounts to ₹ 10,000/- and above. In such cases the transaction charge would be recovered in maximum 4 successful installments.
 - There shall be no transaction charge on subscription below ₹ 10,000/-.
 - There shall be no transaction charges on direct investments.

- There shall be no transaction charges for transaction other than purchases/subscriptions relating to new inflows such as Switches, etc.
- Transactions carried out through the Stock Exchange platforms for mutual funds shall not be subject to transaction charges.

The requirement of minimum application amount shall not be applicable if the investment amount falls below the minimum requirement due to deduction of transaction charges from the subscription amount.

However, the option to charge "transaction charges" is at the discretion of the distributors.

Investors may note that distributors can opt to receive transaction charges based on type of the Scheme. Accordingly, the transaction charges would be deducted from the subscription amounts, as applicable.

- Investor will not hold Axis Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/ Local/Bank holiday. Axis Mutual Fund, its registrars and other service providers shall not be held responsible or liable for damages / compensation / loss incurred by the investor as a result of using the SIP or ECS / Auto debt facility. The investor assumes the entire risk of using this facility and takes full responsibility.
- In case an investor wishes to change the bank account details for the existing SIP registered through NACH Debit mode, then he/she has to provide a cancellation for the existing SIP Mandate and register fresh SIP with the new bank details.
- Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing Account
- Axis Mutual Fund reserves the right to reject any application without assigning any reason thereof. Axis Mutual Fund in consultation with Trustees reserves the right to withdraw these offerings, modify the procedure, frequency, dates, load structure in accordance with the SEBI Regulations and any such change will be applicable only to units transacted pursuant to such change on a prospective basis.
- TOP-UP Facility: Under this facility the Investor can increase the SIP installment at pre-defined intervals by a fixed amount or any time as per the request. This facility is available for individual investors only. For availing the said facilities, investors are required to note the following:
 - Investor willing to register TOP-UP should provide the TOP-UP details along with the SIP enrolment details.
 - The minimum amount for Axis TOP-UP facility is ₹ 500/- and in multiples of ₹ 1/- for all schemes; except Axis Long Term Equity Fund the minimum amount is ₹ 500 and in multiples of 500 thereafter.
 - If no amount is mentioned as TOP-UP amount under frequency yearly and half-yearly, minimum TOP-UP amount would be considered, i.e., ₹ 500/- for all schemes.
 - TOP-UP frequencies available are Half-Yearly/ Yearly/ Dynamic requested intervals.
 - In case TOP-UP frequency is not indicated, it will be considered as Yearly by Default.
 - The date for Axis Mutual Fund TOP-UP Facility will correspond to the registered SIP.
 - TOP-UP will continue till the End of the SIP tenure by default.
 - In case an investor wishes to change the Top-Up amount, he/she has to provide a cancellation for the existing SIP and register fresh SIP.
 - Only TOP-UP cannot be discontinued anywhere during the SIP tenure.
 - In case of Dynamic Top up option, any changes in the amount can be made only after completion of 6 months from the date of the first installment and minimum gap between two top up requests should be 3 months and amount specified in last request shall be continued till the End of the SIP tenure.
 - Please see the illustration below to know how to calculate SIP Top-Up amount:
 - SIP Starts on 07/May/2016 - SIP ends on 07/12/2099 - SIP amount is ₹ 1000
 - Top-Up amount is ₹ 500 · Top-Up Frequency is Half-yearly

Top-Up date	SIP Amount (₹)	Top-Up Amount (₹)	New SIP Amount (₹)
7-Nov-2016	1000	500	1500
7-May-2017	1500	500	2000
7-Nov-2017	2000	500	2500
7-May-2018	2500	500	3000

ONE TIME MANDATE (OTM) FORM

ARN-64917

E434563



The RESPONSIBLE Mutual Fund

Name of Applicant _____
PAN No. _____ Mobile No. _____
Email ID _____
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 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.

Signature of First Account Holder	Signature of Second Account Holder	Third Holder
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Dated

D	D	M	M	Y	Y	Y	Y
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 Place _____

UMRN _____ Bank use _____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Tick (✓) Sponsor Bank Code _____ Bank use _____ Utility Code _____ Bank use _____

CREATE I/We hereby authorize **Axis Mutual Fund** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

MODIFY Bank a/c number _____

CANCEL

with Bank _____ Name of customers bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ ₹ _____

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 _____ Folio No. _____ Phone No. _____

Reference 2 _____ All Schemes of Axis Mutual Fund _____ Email ID _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Or Until Cancelled

1. _____ Signature Primary Account holder
Name as in bank records

2. _____ Signature of Account holder
Name as in bank records

3. _____ Signature of Account holder
Name as in bank records

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 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.

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 or until cancelled • Account holder signature • Account holder name as per bank records

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Investor Name	_____	Stamp & Signature
PAN No.	_____	

SIP NACH REGISTRATION FORM

Investor need to submitted this form along with SIP Registration Form.

Distributor ARN	ARN-64917	Sub-Distributor ARN	Internal Sub-Broker/ Sol ID
EUIN	E434563	Employee Code	RIA CODE ^
PMR (Portfolio Manager's Registration) Number ^ ^			

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. ^ ^ 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 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
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 10)

- I confirm that I am a first time investor across Mutual Funds.
OR
 I confirm that I am an existing 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.

YOUR INFORMATION (MANDATORY)	EXISTING INVESTOR'S FOLIO NUMBER <small>(If you have an existing folio with KYC validated, please mention here)</small>	Folio number																			
Your Name (as in PAN Card / KYC records)	Mr. Ms. M/s.																				
Name of the Guardian	Mr. Ms. M/s.	<small>(In case First / Sole Applicant is minor) / Contact Person - Designation / PoA HOLDER (In case of Non-individual Investors)</small>																			
Your PAN																					
2nd Holder PAN																					
3rd Holder PAN																					

NACH MANDATE SHOULD BE ACCOMPANIED WITH SIP REGISTRATION FORM

	UMRN		Bank use		Date	D	D	M	M	Y	Y	Y	Y
<input checked="" type="checkbox"/> Tick (✓)	Sponsor Bank Code		Bank use	Utility Code		Bank use							
<input checked="" type="checkbox"/> CREATE	I/We hereby authorize	Axis Mutual Fund			to debit (tick ✓)	<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> MODIFY	Bank a/c number												
<input checked="" type="checkbox"/> CANCEL	with Bank	Name of customers bank	IFSC		or MICR								
	an amount of Rupees		In Words		₹	In Figures							
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented					DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount						
Reference 1	PAN No.			Phone No.									
Reference 2	All Schemes of Axis Mutual Fund			Email ID									

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD From <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Or <input type="checkbox"/> Until Cancelled	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	1.	Signature Primary Account holder	2.	Signature of Account holder	3.	Signature of Account holder
	D	D	M	M	Y	Y	Y	Y														
	D	D	M	M	Y	Y	Y	Y														
	Name as in bank records		Name as in bank records		Name as in bank records																	

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 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.

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 or until cancelled • Account holder signature • Account holder name as per bank records. Reference 1 - PAN.

SYSTEMATIC TRANSFER PLAN (STP)

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE ^	Serial No., Date & Time Stamp
ARN 64917	ARN			E 434563		

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:

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.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS / AGENTS ONLY

I confirm that I am a first time investor across Mutual Funds. OR I confirm that I am an existing investor in Mutual Funds.
In case the subscription (lumpsum) amount is ` 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ` 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

1 Applicant Details				Folio No.	
Sole / 1st Unitholder (as in PAN Card / KYC records)					
Guardian's Name (as case of minor)					
1st Holder PAN		1st Applicant	2nd Holder PAN		2nd Applicant
3rd Holder PAN		3rd Applicant			

2 SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 7 working days before the 1st due date for transfer).

From Scheme*

Option (tick ü) Growth Dividend Reinvestment Dividend Payout Bonus Dividend Frequency

Plan Direct Regular

To Scheme

Option (tick ü) Growth Dividend Reinvestment Dividend Payout Dividend Frequency

Plan Direct Regular

(Please tick ü any one) Ref. Instruction 5

<input type="checkbox"/> Systematic Transfer Plan (STP) (Ref. Instruction 5)	<input type="checkbox"/> Capital Appreciation Systematic Transfer Plan (CapSTP) (Ref Instruction 6)
Transfer Frequency (Please tick (ü) any one of the below frequencies) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly* (Monday To Friday) Day of transfer <input type="text"/> <input type="checkbox"/> Fortnightly (Every Alternate Wednesday) <input type="checkbox"/> Monthly \$ <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> Quarterly \$	Transfer Frequency (Please tick (ü) any one of the below frequencies) <input type="checkbox"/> Weekly (Monday To Friday) * Day of transfer <input type="text"/> <input type="checkbox"/> Monthly \$ (Please tick (✓) any one) <input type="checkbox"/> Quarterly \$ <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
Transfer Instalment ₹ <input type="text"/>	
No. of Instalments <input type="text"/>	OR Transfer Period From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (First Instalment) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Last Instalment)

*Ref. Instruction 11. \$ Ref Instruction 12.
^ Please refer to the Scheme Information Documents of respective schemes for STP availability. STP out available and registered under Axis Long Term Fund, only For the Units which are Free of 3 years lock-in.

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / we hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s). I/ We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions 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 understood the details of the Scheme(s) & 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(s), legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / we hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme(s), 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 (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
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
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ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Folio No.	<input type="text"/>	Investor Name	<input type="text"/>
From Scheme	<input type="text"/>	To Scheme	<input type="text"/>
Amount	<input type="text"/>	Frequency	<input type="text"/>
			Stamp & Signature

SYSTEMATIC WITHDRAWAL PLAN (SWP)

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE ^	Serial No., Date & Time Stamp
ARN 64917	ARN			E 434563		

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:

"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."

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY

I confirm that I am a first time investor across Mutual Funds. **OR** I confirm that I am an existing investor in Mutual Funds.
In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

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

2 SWP DETAILS# (To be submitted atleast 15 days before 1st due date. Please (✓) the appropriate option)

SWP From Scheme

Plan Regular Direct

Option Growth Dividend Payout Dividend Re-investment Bonus

Withdrawal Amount ₹ in figures ₹ in words

Withdrawal Frequency 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 Long Term Equity Fund would be eligible for SWP facility. Minimum installment ₹ 500/- 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
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To be signed by All Applicants if mode of operation is "Joint"

#INSTRUCTION & INFORMATION

- 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).
- Contingent Deferred Sales Charge (CDSC)/Exit Load if any is applicable to SWP.
- The AMC reserves the right to accept SWP applications of different amounts, dates and frequency.
- You can choose to discontinue any of these facilities by giving 15 days prior notice in writing to our Registrar Karvy and it will terminate automatically if all the Units are liquidated, or withdrawn from the account or the holdings fall below the SWP amount.
- 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.
- Incorrect, incomplete, ambiguous forms will be rejected.
- If SWP date and frequency is not mentioned by investor, default date & frequency would be considered as 10th of every month and monthly respectively.

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Folio No.	<input type="text"/>	Investor Name	<input type="text"/>	Stamp & Signature
From Scheme	<input type="text"/>			
Amount	<input type="text"/>	Frequency	<input type="text"/>	