LEASE READ THE INST	RUCTIO	ONS BE	FORE	FILLIN	NG UP	THE FO	RM. All s	sections t	to be cor	npleted			BLE Mutual Fund		LOUR	ED IN	K an	l in Bl	.OCK I	LETTE	:RS.)			
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<sub>RN</sub> 166809	ARN												<b>E</b> 324	659										
ront commission shall be pai /e, have invested in the scho pelow mentioned scheme(s)	me(s) of <i>I</i> of Axis M	Axis Mut utual Fur	tual Fun nd, to th	nd under l he above	Direct Pl mention	an. I/We I ed SEBI F	nereby give Registered l	my/our con nvestment	sent to sh										my/our	investr	ments	under !	Direct F	Plan(s) of
"I/We hereby confirm tha saction is executed with ager/sales person of the a opriateness, if any, provin ibutor/sub broker."	out any bove disti	interact ributor/s	tion or ub brok	<sup>.</sup> advice ker or no	by the twithsta	employ	ee/relation: e advice of	ship F in-	First / Solo Gua	e Applica ardian	nt /	Se	econd Applic	cant		Т	hird /	Applica	ıt		Powe	r of At	torney	' Holder
RANSACTION CHA	RGES	FOR	APPL	ICAT	IONS	ROUT	ED THR	OUGH I	DISTRI	BUTOF	IS/AGEI	NTS O	NLY (Refe	er Instructi	ion No.	20)								
I confirm that I am a fi ase the subscription (lun e mutual fund investor) v	npsum) a	mount	is₹10	D,000/-	or more	and you		itor has op	ted to re	ceive Tra	ansaction	Charges		or first			und i	nvesto	r) or ₹	100/-	(for ir	ivesto	r othe	r than f
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APPLICANT INF				NDAT	'ORY)	(In case o	of investment	t "On behalf o	of Minor", P	lease Refer	Instruction r	10. 11.)												
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r. Ms. M/s.																								
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Cheque no.		Da	te			Amo	unt				C	Scheme												

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Z KYC DE LAILS (Refer Instruction No. 8. In case of investment "Un behalf of Minor", Please Refer Instruction No. 11)											
OCCUPATION [Please tick ( $\checkmark$ )]											
FIRST APPLICANT	Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife   Student Forex Dealer Others										
SECOND APPLICANT	Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife   Student Forex Dealer Others										
THIRD APPLICANT	Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife   Student Forex Dealer Others										

## GROSS ANNUAL INCOME [Please tick ( $\checkmark$ )]

FIRST APPLICANT	🗌 Below 1 Lac 🗌	1-5 Lacs 🗌 5-10 Lacs 🗌 10-25 Lacs 🗌 > 25 Lacs - 1 Crore 🗌 > 1 Crore								
	Net worth (Mandatory	for Non - Individuals Rs.	[Not older than 1 y	year]						
SECOND APPLICANT	🗌 Below 1 Lac 🗌	1-5 Lacs   5-10 Lacs   10-25 Lacs   > 25 Lacs - 1 Crore   > 1 Crore   OR   Net Worth								
THIRD APPLICANT	🗌 Below 1 Lac 🗌	1-5 Lacs   5-10 Lacs   10-25 Lacs   > 25 Lacs - 1 Crore   > 1 Crore   OR   Net Worth								
For Individuals		For Non-Individual Investors (Companies, Trust, Partnership etc.)								
I am Politically Exposed Pers	on	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration)	Yes	No						
🗌 I am Related to Politically Ex	posed Person	Foreign Exchange / Money Charger Services	Yes	No						
I am not related to Politically	v Exposed Person	Gaming / Gambling / Lottery / Casino Services	Yes	No						

## 3 FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor. Refer Instruction No. 23)

## 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
Second applicant			□ Indian □ U.S. □ Others
Third applicant			□ Indian □ U.S. □ Others

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/Resi

t YES	' please fill for ALL countries (	(other than India) in which you are a	Resident for tax purpose i.e. where you a	re a Citizen/Resident / Green Card Holder	Lax Resident in the respective countries
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	Country of Tax Residency	Tax Identification Number or Functional Equivalent	ldentification Type (TIN or other please specify)	Address Type
First Applicant / Guardian				□ Residential □ Registered Office □ Business
Second applicant				Residential Registered Office Business
Third applicant				Residential Registered Office Business
	7 11 9111 of 1.15	(1110)		

'FATCA and CRS Self Certification form' is available on the website of AMC i.e. www.axismf.com or at the Investor Service Centres (ISCs) of Axis Mutual Fund

	4	DEMAT ACCOUNT DETAILS (OPTIONAL)	(Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. 19
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NSDL: Depository Participant Name	DPID No. I	N		Beneficiary A/c No.				
<b>CDSL:</b> Depository Participant Name				Beneficiary A/c No.				

Client Master Transaction/ Statement Copy/ DIS Copy

## **QUICK CHECKLIST**

Enclosed

KYC acknowledgement letter (Compulsory for MICRO Investments)		SIP Registration Mandate - NACH for SIP investments
Self attested PAN card copy		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		Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached
		Additional documents attached for Third Party payments. Refer instruction No. 7.
Plan / Option / Sub Option name mentioned in addition to scheme name		FATCA Declaration.



5 NOMINAT	TION DETAILS (Mandatory) (Refer In	struction No. 18)											
Sr. No.	Nominee Name		PAN		Allo	cation (%)	Relationship Investor	with	Guardia (in case o	n Name f Minor)	Gua	rdian Sign	ature
1													
2													
3													
I/We DO NOT v	vish to nominate and sign here												
	First / Sole Applicant			Second /	Applicant					Third Appl	cant		
7A PAYME	INT TYPE												
Non-Third P	Party Payment 🗌 Third Party	Payment (Refer instruction	no. 7 and attach 'Third	Party Payr	nent Declarat	ion Form')							
7B INVEST	MENT DETAILS Refer Instruction N	lo. 22)											
Sr. No.	S	cheme					Plan		Option			Amount	
1.													
2.													
3.													
4. Total			In w	rords								In figures	
				0103								III IIguroo	
7C PAYME	INT DETAILS												
Mode 🗌 Cheq	que 🗌 DD 📄 Axis Bank Debit M	Mandate (Please fill section 6	i.)	Chequ	ie / DD no.					Dated	DD	MM	γ
Amount (figures)	)	(wo	rds)										
Pay-in A/c no.						Draw	n on bank /						
Account type	Savings NRO NRE	Current Creation FCNR	Others	Specify		addre	h name & ss						
IFSC Code (11 D	ligit)		MICR Code (9	Digit)									
8 BANK AC	COUNT DETAILS FOR PAY	<b>NIIT</b> (Please note that as n	er SERI Regulations it is	mandatory	for investors	to provide	their hank account detai	ls Refer Instruct	tion No. 6)				
	nd don't fill the section below									ntionadi		. 70	
				ray•u		1 DG 241				IIIIIIIEU I	I SECLIU	176.	
lame of the Bank													
Branch Address													
	City						-			Pin Code			
Account No.						Accoun	t Type Savings	Current		NKO	FUNR	Uthers	
FSC Code (11 Digit)			MICR Code (9 Digi	t)									
	TION AND SIGNATURE												_

Having read and understood the content of the SID / KIM of the scheme and SAI of the Axis Mutual Fund (1 he Fund), 1/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 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 give my consent to AMC and its agents to contact me over phone, SMS, email or any other mode to address my investment Preference Registration Facility .

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.

CERTIFICATION: 1 / 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.

AADHAAR DECLARATION: 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) 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.

	First / Sole Applicant / Guardian	Second Addition		Third Applicant	Power of Attorney Holder
Date :	D D M M Y Y	Place :			