

FORM 1 - FOR LUMP SUM / SIP INVESTMENTS Application No. (PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.) Internal Sub-Broker / Sol ID **Employee Code** Serial No., Date & Time Stamp Distributor ARN **Sub-Distributor ARN EUIN RIA CODE^** ARN-118586 ΔRN Unfront 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. 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 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. 20) OR I confirm that I am an existing investor in Mutual Funds. I confirm that I am a first time investor across 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. EXISTING INVESTOR'S FOLIO NUMBER INVESTMENT TYPE (Please tick any one) **MODE OF HOLDING** (If you have an existing folio with KYC validated, please mention here and skip to section 6/7.) LUMP SUM (in case of Demat Purchase Mode of Holding should be same as in Demat Account) LUMP SUM WITH SIP LUMP SUM WITH STP SINGLE CHEQUE MULTIPLE SCHEMES Single Joint (Default) Anyone or Survivor 1 APPLICANT INFORMATION (MANDATORY) (In case of investment "On behalf of Minor", Please Refer Instruction no. 11.) FIRST / SOLE APPLICANT Mr. Ms. M/s. Date of Birth D PAN (Mandatory) D M CKYC No. Aadhaar No. Mohile No. Address City State Pin Code **Email ID** SECOND APPLICANT Mr. Ms. M/s. CKYC No. PAN (Mandatory) M M Y Y Y Aadhaar No. THIRD APPLICANT Mr. Ms. M/s. PAN (Mandatory) Date of Birth D M M CKYC No. Aadhaar No. GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors) Mr. Ms. M/s. PAN (Mandatory) Date of Birth CKYC No. Aadhaar No. Mobile No Relationship Of Guardian (Refer Instruction No. 11) Email ID Proof of the Relationship with Minor Birth Certificate School Certificate Passport Other TAX STATUS (Applicable for First / Sole Applicant) Resident Individual FIIs NRI · NRO HUF Club / Society PIO Body Corporate Minor Government Body Trust NRI - NRE Bank & FI Partnership Firm QFI Provident Fund Others Sole Proprietor 6 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 Application No. I/ We authorise you to debit my/our account no. Account type Savings NRO NRE Current FCNR Others to pay for the purchase of 🗆 Axis Bluechip Fund, 🗀 Axis Long Term Equity Fund, 🗀 Axis Regular Saver Fund, 🗀 Axis Triple Advantage Fund, 🗀 Axis Midcap Fund, 🗀 Axis Focused 25 Fund, 🗀 Axis Arbitrage Fund, Axis Equity Saver Fund, 🗌 Axis Multicap Fund, 🔲 Axis Dynamic Equity Fund OR 🔲 Axis MF Multiple Schemes ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. Application No.

Scheme

ARN-118586

Cheque no.

Date

Amount

ARN-118586

| 2 KYC DETAILS (Refer Insti | ruction No. 8. In case of investme | ent "On behalf of Minor", F | lease Refer Instruction No. 11) | | _ | | | | | |
|---|---|--|---|------------------------------------|---------------------------------------|----------------------------|-------------------|-----------------|---------------|--|
| OCCUPATION [Please tick (🗸)] | | | | | | | | | | |
| FIRST APPLICANT | Private Sector Serv | | | ent Service | Business Profess | sional Agricul | turist 🗌 | Retired | Housewife | |
| SECOND APPLICANT | Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others | | | | | | | | Housewife | |
| THIRD APPLICANT | Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Ho | | | | | | | Housewife | | |
| GROSS ANNUAL INCOME [Pleas | se tick (✓)] | | | | | | | | | |
| FIRST APPLICANT | Below 1 Lac | 1-5 Lacs 5-1 | 0 Lacs 10-25 Lacs | > 25 Lacs - | · 1 Crore 🔲 > 1 Cro | re | | | | |
| FIRST AFFLICANT | Net worth (Mandatory | for Non - Individuals | Rs. | | as on 📗 🗈 | M M Y Y | YY | [Not older t | han 1 year] | |
| SECOND APPLICANT | Below 1 Lac | 1-5 Lacs 5-1 | O Lacs 10-25 Lacs | > 25 Lacs - | - 1 Crore 🔲 > 1 Cro | re OR Net Worth | | | $\overline{}$ | |
| THIRD APPLICANT | Below 1 Lac | 1-5 Lacs 5-1 | 0 Lacs 10-25 Lacs | > 25 Lacs · | · 1 Crore 🔲 > 1 Cro | re OR Net Worth | | | | |
| For Individuals | | For Non-Individu | al Investors (Companies, | Trust, Partners | ship etc.) | | | | | |
| - and controlly Experience | | Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: | | | | | | | | |
| | | (If No, please attach mandatory UBO Declaration) Foreign Exchange / Money Charger Services | | | | | | | | |
| Lam not related to Politically Evnesad Person | | Gaming / Gambling / Lottery / Casino Services | | | | | | | | |
| I all not leaded to Folitically | I am not related to Politically Exposed Person | | awning | | | | | Yes | □ No | |
| 3 FATCA AND CRS DETA | AUS FOR INDIVIDU | AIS (Including Sole Pr | oprietor. Refer Instruction No. 23) | | | | | | | |
| The below information is required for | | 7120 | | | | | | | | |
| | Place/City o | f Birth | Country of B | irth | 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 outsid | le India? Yes | No [Please tick | | | | | | |
| If 'YES' please fill for ALL countries | (other than India) in whi | ch you are a Reside | nt for tax purpose i.e. wher | e you are a Citize | n/Resident / Green Card | Holder / Tax Reside | nt in the resp | ective count | tries. | |
| | | | | | ification Type her please specify) | Address Type | | | | |
| First Applicant / Guardian | | | | | | Residential | Register | ed Office | Business | |
| Second applicant | | | | | | Residential | Register | ed Office | Business | |
| Third applicant | | | | | | Residential | Register | ed Office | Business | |
| 'FATCA and CRS Self Certification f | form' is available on the v | vebsite of AMC i.e. | www.axismf.com or at the | Investor Service | Centres (ISCs) of Axis M | lutual Fund | | | | |
| 4 DEMAT ACCOUNT DE | TAILS (OPTIONAL) | (Please ensure that the s | sequence of names as mentioned in t | he application form ma | tches with that of the A/c. held | with the depository partic | ipant.) Refer Ins | truction No. 19 | | |
| NSDL: Depository Participant Name | Э | | DPID No. I | N | Bene | eficiary A/c No. | | | | |
| CDSL: Depository Participant Name | | | | | Bene | eficiary A/c No. | | | | |
| Enclosed | Client Master | Transaction/ | Statement Copy/ DIS Copy | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| QUICK CHECKLIST | | | | | | | | | | |
| KYC acknowledgement letter (C | Compulsory for MICRO Inv | restments) | SIP Registration Mandate | | | | | | | |
| ☐ Self attested PAN card copy | | | Multiple Bank Accounts F from any of the accounts) | (egistration form | (if you want to register m | ultiple bank accoun | ts so that fut | ure payment: | s can be made | |
| Email id and mobile number prov | rided for online transaction | n facility \Box | Relationship proof betwee | | | | attached | | | |
| ☐ Plan / Option / Sub Option name | mentioned in addition to s | cheme name | Additional documents att FATCA Declaration. | ached for Third Pa | arty payments. Refer inst | truction No. 7. | | | | |
| | | Easylnvest https://weize.exisor.cen | EasyCatt" SERENCE EasySMS | EasyApp SNS EasyApp 10 72120 16633 | Risk Managed | | | | | |

| D. | Sr. Nominee Name | | PAN | | | | Relationship with | Guardian Name | Guardian Signature |
|---|---|--|--|---|--|---|--|--|--|
| | | | | | | (%) | Investor | (in case of Minor) | 9 |
| | | | | | | | | | |
| | | | | | | | | | |
| IAN- DO NO | Turish to accept and also have | | | | | | | | |
| I/We DU NU | T wish to nominate and sign here | | | | | | | | |
| | First / Sole Applicant | | | Se | cond Ap | plicant | | Third Appl | cant |
| INVEST | MENT & PAYMENT DETAIL | LS | | | | | | | |
| ment type | Non-Third Party Payment | Third Party Pay | ment (Refer instruc | tion no. 7 and | attach 'Ti | hird Party Payment De | claration Form') | | |
| eme | | | Plan | | | Option | | | y (Quarterly/ Half Yearly/ Ann |
| Multiple Inv | /estments (Refer Instruction No. 22) | | | | | # Dividend Re-Inv | estment is not available for Axis Long | Term Equity Fund *Applicable as per the sch | eme. Please refer SID of the respective so |
| Sr. No. | | Scheme | | | | | Plan | Option | Amount |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| Total | | | | In wor | rds | | | | In figures |
| LUMP SUM | | | | | 0.1 | | | | |
| Mode 🔙 Cl | | t Mandate (Please fil | _ | | Cheque | / DD no. | | Dated | D D M M Y |
| Amount (figu | | | (words) | | | | | | |
| Pay-in A/c no | 0. | | | | | branc | n on bank / h name & | | |
| Account type | e Savings NRO NRE | ☐ Current ☐ F | CNR Others | | Specify | addre | SS | | |
| IFSC Code (1 | 11 Digit) | | MICE | R Code (9 Di | igit) | | | | |
| SIP (SIP Re | gistration details (Form 2) with Form | 1 | | | | | | | |
| Monthly SIP | Amount (figure) | | | (words) | | | | | |
| SIP frequenc | cy (tick ✓ any one) ☐ Monthly ☐ | Yearly (Default Fre | equency Monthly) | Preferred | Debit D | ate (Any date exc | ept 29th, 30th and 31th) (ref 1 | | ate is mentioned default date of as 7th of every month. |
| SIP period § | Start Date M M Y Y Er | nd Date M M | y y OR | ☐ End | date (ref | f 13(i)) 1 2 | | not mentioned then the SIP dered for perpetuity (Dec 2099). | |
| First SIP In | stallment details Mode | Cheque / DD | Axis Bank Debi | t Mandate | (Please fil | I section 6.) Da | ted D D M M | ү ү | |
| Drawn on ha | nk / branch name | • | | | | | | Cheque / DD no. | |
| | | | | | | | | 5.10400 / 22 1101 | |
| BANK A | ACCOUNT DETAILS FOR PA | YOUT (Please note | that as per SEBI Regu | lations it is ma | indatory fo | or investors to provide | their bank account details. Refe | r Instruction No. 6) | |
| Tick here | and don't fill the section bel | ow, if the Bank | account deta | ils for Pa | ay-Out | should be sa | me as the bank acco | unt details mentioned i | n section 7B. |
| me of the Ba | nk | | | | | | | | |
| nch Address | | | | | | | | | |
| | City | | | | | | | Pin Code | |
| | | | | | | | | | |
| ount No. | | | | | | Accoun | t Type 🗌 Savings 🔲 | Current NRE NRO | FCNR Others |
| count No. C Code (11 Dig | git) | | MICR Co | de (9 Digit) | | Accoun | t Type Savings | Current NRE NRO | FCNR Others |
| C Code (11 Dig | RATION AND SIGNATURE | | MICR Co | ode (9 Digit) | | Accoun | t Type Savings U | Current NRE NRO | FCNR Others |
| DECLAR ing read and u lare that the a lncome Tax A ctly or indirec d, (l/we hereb ds that may bi ch the Schem 000 in a year roved banking RTIFICATION We have un ders firm that I / We DHA AR DECI We hereby prov | RATION AND SIGNATURE understood the content of the SID / SAI amount invested in the scheme is throug ict, Anti Money Laundering Laws, Anti tly in making this investment. I/We con by authorize the Mu tual Fund, to redeen re required by the law.) The ARN holder le is being recommended to me/ us. I/We (Applicable for Micro investment only, channels or from funds in my/ our Non stood the information requirements of t e have read and understood the FATCA of LARATION ride my/our consent in accordance with | gh legitimate source Corruption Laws or a firm that the funds in the funds in the funds invested has disclosed to me a confirm that I/We do with your fund hou Resident External / No this Form (read along & CRS Terms and Co h Aadhaar Act, 201 | nereby apply for unionly and does not in any other applicable in the Schin t | ts of the sci nvolve designed have enace e laws enace eme, legally avour of the sions (trail time Micro S 1 / We confir rry / FCNR a CRS Instruct hereby accounted | gned for steed by the belongs applicate applicate commissing processing the belongs are the steed at the steed applications and the steed applications are t | ave read and unde the purpose of the the Government of to me/us. In event int, at the applicab ion or any other m sum investments am/ we are Non R I/We confirm that of the defendance of the confirm ame. r (i) collecting, sto | rstood the terms, condition contravention of any Act, India from time to time. I/w "Know Your Customer" pile NAV prevailing on the dadel, payable to him for the which together with the cuesidents of Indian national details provided by me/us a that the information providenting and usage (ii) validation. | s, details, rules and regulations (Rules, Regulations, No tification we have not received nor have be ocess is not completed by me/us te of such redemption and unde e different competing Schemes irrent application will result in a (lity/origin and that I/We have rei true and correct. led by me/us on this Form is true, ing/authenticating and (ii) upd at | governing the scheme. I/We he sor Directives of the provision induced by any rebate or to the satisfaction of the Nortake such other action with of various Mutual Funds am ggregate investments exceen itted funds from abroad the correct, and complete. I/Wing my/our Aadhaar numbe |
| DECLAR ing read and u lare that the a Income Tax A ctly or indirec d, (I/we hereb ds that may bi ch the Schem 000 in a year roved banking RTIFICATION //e have unders firm that I / We DHA AR DECI //e hereby prov ordance with hagement com | RATION AND SIGNATURE understood the content of the SID / SAI amount invested in the scheme is throug ct, Anti Money Laundering Laws, Anti ttly in making this investment. I/We con by authorize the Mutual Fund, to redeen the required by the law.) The ARN holder the is being recommended to me/ us. I/We (Applicable for Micro investment only, the channels or from funds in my/ our Non to stood the information requirements of the have read and understood the FATCA of LARATION | gh legitimate source Corruption Laws or: ifirm that the funds in the funds in the funds in wested has disclosed to me confirm that I/We d) with your fund hou Resident External / N this Form (read along & CRS Terms and Co h Aadhaar Act, 201 ns made thereunder) (s)and their Registra | nereby apply for unionly and does not is any other applicable in the Schin the Scheme, in flus all the commisson on thave any exisse. For NRIs only-lon Resident Ordina with the FATCA & Inditions below and PMLA. I/ We is any only with the FATCA & Inditions below and PMLA. I/ We is any only and only and pmLA. I/ We is any only any on | its of the sc nvolve desig e laws enac eme, legally avour of the sions (trail c ting Micro S I / We confii rry / FCNR a CRS Instruc hereby acce | gned for steed by the belongs a application of the belongs sommissing the belongs are the belongs and the belongs are the salander, for the purpose the belongs are the purpose the belongs are the belongs ar | ave read and unde the purpose of the the Government of to me/us. In even tn, at the applicab ion or any other m sum investments am/ we are Non R I/We confirm that of the confirm that of | rstood the terms, condition contravention of any Act, India from time to time. I/w. "Know Your Customer" pile NAV prevailing on the dode, payable to him for the which together with the culesidents of Indian national details provided by me/us a that the information providence or ingle of the Aad | s, details, rules and regulations (Rules, Regulations, Notification we have not received nor have be ocess is not completed by me/us te of such redemption and unde e different competing Schemes rrent application will result in ag litylorigin and that I/We have re- re true and correct. led by me/us on this Form is true, ing/authenticating and (ii) upd at haar number(s) including demog my PAN. | governing the scheme. I/We he sor Directives of the provision induced by any rebate or to the satisfaction of the Nortake such other action with of various Mutual Funds am ggregate investments exceen inted funds from abroad the correct, and complete. I/Wing my/ our Aadhaar number |