APPLICATION FORM FOR LUMPSUM / SIP INVESTMENTS



Application No.

- 1													
	Distributor Code / ARN	Sub-distri	butor cod	e / ARN	/ Sol ID		Seri	al Num	ber, Da	te and	Time S	tamp)
Form	ARN-13308	the AMELyapistavad distributes because the	inucator's sesses	ment of verious	o footovo includin	a the envise ver	davad bu tha diatribut						
	Upfront commission shall be paid directly by the investor to 1. EXISTING INVESTOR'S F	-	investor's assessi	ment of variou	s factors includin	g the service ren	dered by the distribut	or.					
		(If you have an existing folio nu	umber with KYC	validated,	olease mention	the number h	ere and skip to se	ction 6. Mo	ode of holdi	ng will be a	ıs per exist	ng folio	number
	2. FIRST APPLICANT'S DET	AILS											
	Name of 1st Applicant (should mate	n with PAN card)							Т	itle	Mr.	Ms.	M/s
	Date of Birth						or"(Refer Instruct						
	PAN*(1st Applicant/Guardian) *Mandatory. Refer Instruction 5.		Proof of Attache		I BIRTH		sport Any		11001 C	ertinca	le/iviari	Sile	et
		d PAN card copy knowledgment*	Guardian named below is \square Father										
	Name of the Guardian if minor		n individua	als / Po	A Holder	name	PoA PA	N					
	Correspondence Address / Ove	rseas Address (For Fils/NRIs/	PIOs)										
	City		Sta	ate					Pin Co	de			
	Email ID (Refer instruction 11a)						Mobile +	91					
	STD Code Tel (0f	iice)		Tel (Resi)									
	Status of Sole / 1st Applicant (F	'lease ✓) Resident Indi	vidual	Prop	rietor	HUF	Minor	So	cietv	FII		N	RI
	PIO Partnership Firm	Trust Company		Othe	er				,				
	Occupation (of 1st / Sole Applicant)	Service Housewife	Defence	Profe	essional	Retired	Busines	s Ag	ricultur	e Ot	her	Spec	cify
	MICRO SIP (Refer instruction 5b.) Type	e of Supporting Docum	nent				ID Docume	ent Nur	nber				
	(2nd applicant) Email ID	Enclose	g	otou i A	V card co	эру <u> </u>	C Acknow Mobile +				datory. Re	or moti	
	Name of 3rd Applicant (Should mate	h with PAN Card)							Т	itle	Mr.	Ms.	M/s
	PAN (3rd applicant)	Enclose	Enclose Attested PAN card copy KY					YC Acknowledgment* *Mandatory. Refer Instruction 5.					
	Email ID							Mobile +91					
	4. BANK ACCOUNT DETAIL	S FOR PAY-OUT (Mar	ndatory. Refe	r instructio	n 4 and ava	il of Multiple	Bank Registra	tion Facili	ty.)				
	Bank Name												
	Bank A/c No.			А	/c Type	Current	Savings	NRO	NRE	FCNF	R Oth	ers	
	Branch Address												
				City					Р	in			
	IFSC Code (11 digit)*		MIC	CR Cod	e (9 digit)*				*M	entioned o	n your ched	ue leaf	
	5. DEBIT MANDATE (For Axis Bank account holders only. To be used to invest in one scheme at a time only. Refer instruction 3d.)												
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Toll Free 1800 3000 3300 Website www.axismf.com customerservice@axismf.com

Additional documents attached for Third Party payments. Refer instructions.



Form 2

Distributor Code / ARN	Sub-distributo	r code / ARN / So	Serial Number, Date and Time Stamp						
ARN-13308 Upfront commission shall be paid directly by the investor to the AMFI regis:	tered distributor based on the investor	's assessment of various factors	including the service rende	red by the distributo	or.				
1. APPLICANT'S PERSONAL DETA									
Application Form No. (For New Applicants)		OR	Folio No (For Existing	O. g Unit holders)					
Sole / First Applicant Unitholder	First Name		Middle Name				Last Name	3	
Email ID	For	receiving statements ov	er email instead of	oost					
PAN 1st Applica	nt	2rd A	oplicant				3rd Applic	ant	
Enclose (Please ✓)	d KYC Letter	Attested PAN	card KYC	Letter	A1	ttested	PAN card	☐ KYC	Letter
2. DECLARATION AND SIGNATUR	E (To be signed by ALL UN	IT HOLDERS if mode of	holding is 'joint')						
I / We declare that the particulars furnish bank account towards payment of SIP insreasons of incomplete or incorrect informany changes in my bank account.	stalments through an	Electronic Debit a	rrangement. If	the transa	ction i	is delay	ed or not ef	fected a tual Fun	at all for d about
X Sole/ 1st Unit Holder	X	2nd Unit Holder		X			nit Holder		
3. AUTO DEBIT AUTHORISATION	BY BANK ACCOL	INT HOLDERS							
The Manager	DI BANK ACCCC	NAT TIOLDLING							
Name of Bank	Brand				City				
I / We authorize Axis Mutual Fund, act (Standing Instruction) as per the details g		vice providers, to	debit my acco	ount throu	gh EC	CS (Deb	it) clearing	/ Direc	t debit
A) Folio No. / Application No.			Scheme / Pla	n / Option					
B) Account Number			SIP Auto Del	bit Date		(29th, 30	oth & 31st not		(dd)
			nt Amount			Monthly ₹ (Min.500)			
C) Account Type (Please ✓) Savings	Current Cash	SIP Auto Debit Period			From M M Y Y				
D) 9-Digit MICR Number of the Bank & B	ranch		(minimum 36 month	s)		Т	o M M		
I / We declare that the particulars furnisi incorrect information, I / we would not he bank account.	old the user institution	on responsible. I /	We will also in	eblank. or not effec nform Axis	cted a Mutu	it all for al Fund	reasons of	incomp	olete or
	5) & SIGNATURE(S) O			AS IN BAN	K REC				
Name(s) Sole/1st Bank Account Ho	older	2nd Bank Acco	unt Holder			3rd Ba	nk Account H	older	
Signature(s)									
XX Sole/1st Bank Account He	older XX	2nd Bank Acco	unt Holder	х	X	3rd Ba	nk Account H	older	
Date D D M M Y Y	(To be signed by all hold	ders if mode of operation	n of Bank Account i	s 'Joint')					
ATTESTED BY THE BANKER (Mandatory, if your First SIP Installment is through a Demant I / We certify that the signature of accordance.)		ne bank account (details are corr	rect as per	our r	ecords.	Stamp	& Signatu	ire
FOR OFFICE USE ONLY (not to be filled	in by investor)	We confirm that we have taken the above ECS / Auto Debit instruction our records.					ns on		
Recorded on D D M M Y Y		Stamp of Bank	Branch Manag	ger					
Recorded by		Signature							
Credit A/c No		Name							