

# Form 1

Distributor Code / ARN	Sub-distributor code / ARN / SoI ID	Serial Number, Date and Time Stamp
ARN-13308		
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.		
1. EXISTING INVESTOR'S FOLIO NUMBER		
(If you have an existing folio number with KYC validated, please mention the number here and skip to section 6. Mode of holding will be as per existing folio number.)		
2. FIRST APPLICANT'S DETAILS		
Name of 1st Applicant (should match with PAN card)		Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s
Date of Birth		
PAN*(1st Applicant/Guardian) *Mandatory. Refer Instruction 5.		
Enclose (Please ✓) <input type="checkbox"/> Attested PAN card copy <input type="checkbox"/> KYC Acknowledgment*		
For Investments "On behalf of Minor"(Refer Instruction 6) (*Attach mandatory documents as per instructions.) Proof of Date of Birth Attached^ <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Certificate/Mark sheet <input type="checkbox"/> Passport <input type="checkbox"/> Any other _____		
Guardian named below is <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed^		
Name of the Guardian if minor / Contact Person for non individuals / PoA Holder name	PoA PAN	
Correspondence Address / Overseas Address (For FIIs/NRIs/PIOs)		
City	State	Pin Code
Email ID (Refer instruction 11a)	Mobile +91	
STD Code	Tel (Office)	Tel (Resi)
Status of Sole / 1st Applicant (Please ✓) <input type="checkbox"/> Resident Individual <input type="checkbox"/> Proprietor <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Society <input type="checkbox"/> FII <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Other Specify _____		
Occupation (of 1st / Sole Applicant) <input type="checkbox"/> Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Other Specify _____		
MICRO SIP (Refer instruction 5b.) Type of Supporting Document	ID Document Number	
3. JOINT APPLICANT'S DETAILS		
Mode Of Holding (Please ✓) <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Single		
Name of 2nd Applicant (Should match with PAN Card)		Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s
PAN (2nd applicant)	Enclose <input type="checkbox"/> Attested PAN card copy <input type="checkbox"/> KYC Acknowledgment*	*Mandatory. Refer Instruction 5.
Email ID	Mobile +91	
Name of 3rd Applicant (Should match with PAN Card)		Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s
PAN (3rd applicant)	Enclose <input type="checkbox"/> Attested PAN card copy <input type="checkbox"/> KYC Acknowledgment*	*Mandatory. Refer Instruction 5.
Email ID	Mobile +91	
4. BANK ACCOUNT DETAILS FOR PAY-OUT (Mandatory. Refer instruction 4 and avail of Multiple Bank Registration Facility.)		
Bank Name	A/c Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others Specify _____	
Bank A/c No.		
Branch Address	City	Pin
IFSC Code (11 digit)*	MICR Code (9 digit)*	*Mentioned on your cheque 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.)		
TO BE DETACHED BY THE REGISTRAR (KARVY) AND PRESENTED TO AXIS BANK CMS DEPARTMENT		
Date D D M M Y Y *To be processed in CMS software under client code "AXISMF"	Application No.	
I/ We	authorise you to debit my/our account no.	
to pay for the purchase of <input type="checkbox"/> Axis Tax Saver Fund		
<input type="checkbox"/> Axis Income Saver <input type="checkbox"/> Axis Triple Advantage Fund <input type="checkbox"/> Axis Midcap Fund <input type="checkbox"/> Axis Equity Fund Please debit an amount of ₹ (in figures)		
₹ (in words)		
Signature of Account Holder		
ACKNOWLEDGMENT SLIP (To be filled in by the investor)		
Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.		
From	Application No.	
Cheque no.	Date	Amount
Scheme		
Stamp & Signature		

**6. INVESTMENT & PAYMENT DETAILS**Payment type (Please ✓) ☐ Non-Third Party Payment ☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Scheme 1	Plan	Option	Dividend Frequency (Quarterly/ Half Yearly/ Annual)*
Scheme 2	Plan	Option	Dividend Frequency (Quarterly/ Half Yearly/ Annual)*
Scheme 3	Plan	Option	Dividend Frequency (Quarterly/ Half Yearly/ Annual)*

\*Applicable only for Axis Income Saver

☐ **ONE TIME LUMP SUM INVESTMENT** (Do not submit SIP Auto Debit Form for lump sum investments)Payment mode ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Debit Mandate^

(^Facility available for Axis Bank account holders only. Please fill in section 5. The Debit Mandate can be used to invest in one scheme at a time only.)

	SCHEME 1	SCHEME 2	SCHEME 3
Investment amount (₹)			
Cheque / DD / RTGS / NEFT No.			
Cheque / DD / RTGS / NEFT date	DD / MM / YY	DD / MM / YY	DD / MM / YY
Drawn on bank / branch name			
Pay-in bank account no. (For cheques only)			
Account type (Please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others Specify	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others Specify	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others Specify

☐ **SIP INVESTMENT** (normal SIP)☐ **MICRO SIP INVESTMENT** (Provide 'Type of Supporting Document' & 'ID Document Number' under section 2. Refer instruction 5b.)Monthly SIP amount ₹  (in figures) ₹  (in words)**First SIP Installment details**Mode of payment ☐ Cheque / DD ☐ Electronic Debit (Facility available for Axis Bank account holders only. Please fill in section 5.)Cheque / DD no.  Cheque / DD date Drawn On **Second and subsequent SIP Installment details**SIP period ☐ Till you instruct Axis Mutual Fund to discontinue or  no. of installments from  to\* 

\*Please fill only if no. of installments have been specified. Otherwise leave blank.

Preferred date for monthly debit (Pick any date except 29th, 30th and 31st of the month.) ☐ SIP through post-dated cheques-Cheque Nos.  From  To  Date From  To ☐ SIP through Electronic Auto Debit (Please fill and attach the SIP Auto Debit Form along with this form)**7. NOMINATION DETAILS** (Nomination is advisable. If you do not wish to nominate, tick here ☐. Refer instructions.)

	Name	Date of Birth	Address	Guardian Name (in case Nominee is a Minor)	Guardian Signature (in case Nominee is a Minor)	Allocation %
Nominee 1						
Nominee 2						
Nominee 3						
						Total = 100%

**8. DECLARATION AND SIGNATURE**

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, 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 understood the details of the Scheme & 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 (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. I / We confirm the I / We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro SIP investment only.) 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	Power of Attorney Holder

**QUICK CHECKLIST AND ENCLOSURES**

- |  |  |
|--|--|
| <input type="checkbox"/> KYC acknowledgement letter copy attached                            | <input type="checkbox"/> Multiple Bank Accounts Registration form attached (if you want to register multiple bank accounts so that future payments can be made from any of the accounts) |
| <input type="checkbox"/> Self attested PAN card copy attached                                | <input type="checkbox"/> Nomination facility opted   |
| <input type="checkbox"/> Email id provided for a greener planet                              | <input type="checkbox"/> Form signed by all applicants   |
| <input type="checkbox"/> Email id and mobile number provided for online transaction facility | <input type="checkbox"/> Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached   |
| <input type="checkbox"/> Plan / Option name mentioned in addition to scheme name             | <input type="checkbox"/> Additional documents attached for Third Party payments. Refer instructions.   |
| <input type="checkbox"/> SIP Auto Debit Form attached for SIP investments                    |  |

**AXIS MUTUAL FUND****Toll Free** 1800 3000 3300**Website** www.axismf.com**Email** customerservice@axismf.com

Form 2

Distributor Code / ARN	Sub-distributor code / ARN / Sol ID	Serial Number, Date and Time Stamp
ARN-13308		

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.

**1. APPLICANT'S PERSONAL DETAILS (MANDATORY)**

Application Form No. (For New Applicants)		OR	Folio No. (For Existing Unit holders)	
Sole / First Applicant Unitholder				
	First Name		Middle Name	Last Name
Email ID	For receiving statements over email instead of post			
PAN	1st Applicant	2nd Applicant	3rd Applicant	
Enclose (Please ✓)	<input type="checkbox"/> Attested PAN card <input type="checkbox"/> KYC Letter	<input type="checkbox"/> Attested PAN card <input type="checkbox"/> KYC Letter	<input type="checkbox"/> Attested PAN card <input type="checkbox"/> KYC Letter	

**2. 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 authorise Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement. 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.

Date      

<input checked="" type="checkbox"/> Sole/ 1st Unit Holder	<input checked="" type="checkbox"/> 2nd Unit Holder	<input checked="" type="checkbox"/> 3rd Unit Holder
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**3. AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS**

The Manager Name of Bank	Branch	City
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I / We authorize Axis Mutual Fund, acting through its service providers, to debit my account through ECS (Debit) clearing / Direct debit (Standing Instruction) as per the details given here:

A) Folio No. / Application No.	Scheme / Plan / Option
B) Account Number	SIP Auto Debit Date (29th, 30th & 31st not available) (dd)
C) Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit	Frequency Monthly
D) 9-Digit MICR Number of the Bank & Branch	SIP Installment Amount ₹ (Min.500)
	SIP Auto Debit Period (minimum 36 months)
	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please fill in the 'To' date only if no. of installments have been specified in the SIP Application Form, otherwise leave blank.

I / We declare that the particulars furnished above are correct. 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.

**NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS**

Name(s)	Sole/1st Bank Account Holder	2nd Bank Account Holder	3rd Bank Account Holder
Signature(s)	<input checked="" type="checkbox"/> Sole/1st Bank Account Holder	<input checked="" type="checkbox"/> 2nd Bank Account Holder	<input checked="" type="checkbox"/> 3rd Bank Account Holder

Date       (To be signed by all holders if mode of operation of Bank Account is 'Joint')**ATTESTED BY THE BANKER**

(Mandatory, if your First SIP Installment is through a Demand Draft / Pay Order)

I / We certify that the signature of account holder(s) and the bank account details are correct as per our records.

Stamp &amp; Signature

**FOR OFFICE USE ONLY (not to be filled in by investor)**

Recorded on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	We confirm that we have taken the above ECS / Auto Debit instructions on our records.
Recorded by	Stamp of Bank Branch Manager
Credit A/c No.	Signature
	Name