

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.)

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
ARN 81619	ARN			E 067413		

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(s) of all the below mentioned scheme(s) of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser.

<input type="checkbox"/> "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 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 (Refer Instruction No. 20)

☐ 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.

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.) <div></div>	<input type="checkbox"/> LUMP SUM <input type="checkbox"/> LUMP SUM WITH SIP <input type="checkbox"/> LUMP SUM WITH STP <input type="checkbox"/> SINGLE CHEQUE MULTIPLE SCHEMES	(in case of Demat Purchase Mode of Holding should be same as in Demat Account) <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> 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.						
PAN (Mandatory)	<div></div>	Date of Birth	<div></div>	CKYC No.	<div></div>	14 digit CKYC Number	<div></div>
Aadhaar No.	<div></div>	Optional	<div></div>	Mobile No.	<div></div>		
Address	<div></div>						
State	<div></div>	City	<div></div>	Pin Code	<div></div>		
Email ID	<div></div>						
<input type="checkbox"/> I / we hereby prefer to 'OPT-IN' to receive physical copies of scheme Annual Report or Abridged summary.							

SECOND APPLICANT	Mr. Ms. M/s.						
PAN (Mandatory)	<div></div>	Date of Birth	<div></div>	CKYC No.	<div></div>	14 digit CKYC Number	<div></div>
Aadhaar No.	<div></div>	Optional	<div></div>				
THIRD APPLICANT	Mr. Ms. M/s.						
PAN (Mandatory)	<div></div>	Date of Birth	<div></div>	CKYC No.	<div></div>	14 digit CKYC Number	<div></div>
Aadhaar No.	<div></div>	Optional	<div></div>				

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)	<div></div>	Date of Birth	<div></div>	CKYC No.	<div></div>	14 digit CKYC Number	<div></div>
Aadhaar No.	<div></div>	Optional	<div></div>	Mobile No.	<div></div>		
Relationship Of Guardian (Refer Instruction No. 11)	<div></div>	Email ID	<div></div>				

Proof of the Relationship with Minor ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Other Specify

TAX STATUS (Applicable for First / Sole Applicant)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FIs	<input type="checkbox"/> NRI - NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club / Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body	<input type="checkbox"/> Trust	<input type="checkbox"/> NRI - NRE	<input type="checkbox"/> Bank & FI
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> QFI	<input type="checkbox"/> Provident Fund	<input type="checkbox"/> Others	<div></div> Specify						

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	<div></div>	Name of the account holder(s)	<div></div>	authorise you to debit my/our account no.	Date	<div></div>
<div></div>	<div></div>	Account type	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others	<div></div>	Specify	to pay for the purchase of
<input type="checkbox"/> Axis Bluechip Fund, <input type="checkbox"/> Axis Long Term Equity Fund, <input type="checkbox"/> Axis Regular Saver Fund, <input type="checkbox"/> Axis Triple Advantage Fund, <input type="checkbox"/> Axis Midcap Fund, <input type="checkbox"/> Axis Focused 25 Fund, <input type="checkbox"/> Axis Arbitrage Fund, <input type="checkbox"/> Axis Equity Saver Fund, <input type="checkbox"/> Axis Multicap Fund, <input type="checkbox"/> Axis Dynamic Equity Fund <input type="checkbox"/> Axis Equity Hybrid Fund <input type="checkbox"/> Axis Small Cap Fund <input type="checkbox"/> Axis Growth Opportunities Fund OR <input type="checkbox"/> Axis MF Multiple Schemes						
Amount	<div></div>	(figures)	<div></div>	(words)		
Signature of First Account Holder			Signature of Second Account Holder		Signature of Third Account Holder	

ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. Application No.

From	<div></div>			<div></div>
Cheque no.	Date	Amount	Scheme	
<div></div>	<div></div>	<div></div>	<div></div>	
Stamp & Signature				

2 KYC DETAILS (Refer Instruction No. 8. In case of investment "On behalf of Minor", Please Refer Instruction No. 11)

OCCUPATION [Please tick (✓)]

FIRST APPLICANT	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others
SECOND APPLICANT	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others
THIRD APPLICANT	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others

GROSS ANNUAL INCOME [Please tick (✓)]

FIRST APPLICANT	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore Net worth (Mandatory for Non - Individuals Rs. <input style="width: 60px;" type="text"/>) as on <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> [Not older than 1 year]
SECOND APPLICANT	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth <input style="width: 80px;" type="text"/>
THIRD APPLICANT	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth <input style="width: 80px;" type="text"/>

For Individuals	For Non-Individual Investors (Companies, Trust, Partnership etc.)	
<input type="checkbox"/> I am Politically Exposed Person	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am Related to Politically Exposed Person	Foreign Exchange / Money Charger Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am not related to Politically Exposed Person	Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Money Lending / Pawning	<input type="checkbox"/> Yes <input type="checkbox"/> 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			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Second applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Third applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> 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/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Address Type
First Applicant / Guardian				<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Second applicant				<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Third applicant				<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

'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

NSDL: Depository Participant Name		DPID No.	I	N						Beneficiary A/c No.					
CDSL: Depository Participant Name										Beneficiary A/c No.					
Enclosed	<input type="checkbox"/> Client Master <input type="checkbox"/> Transaction/ Statement Copy/ DIS Copy														

QUICK CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> KYC acknowledgement letter (Compulsory for MICRO Investments) | <input type="checkbox"/> SIP Registration Mandate - NACH for SIP investments |
| <input type="checkbox"/> Self attested PAN card copy | <input type="checkbox"/> 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) |
| <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 / Sub Option name mentioned in addition to scheme name | <input type="checkbox"/> Additional documents attached for Third Party payments. Refer instruction No. 7. |
| | <input type="checkbox"/> FATCA Declaration. |

-  **EasyInvest**
<https://online.easym.com>
 Invest online without any prior registration.
-  **EasyCall**
 1800 212322 / 1800 3000 3300
 Buy / Sell units without PINs or Passwords.
-  **EasySMS**
 SMS HELP to 97120 10033
 Transact and get help details on the go.
-  **EasyApp**
 SMS EASYAPP to 97120 10033
 to download. Invest with ease on your Android smartphones.
-  **Risk Managed Products**

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NOMINATION DETAILS

(Mandatory) (Refer Instruction No. 18)

Sr. No.	Nominee Name	PAN	Allocation (%)	Relationship with Investor	Guardian Name (in case of Minor)	Guardian Signature
1		<div></div>				
2		<div></div>				
3		<div></div>				

☐ I/We DO NOT wish to nominate and sign here

First / Sole Applicant

Second Applicant

Third Applicant

7A

PAYMENT TYPE

☐ Non-Third Party Payment

☐ Third Party Payment (Refer instruction no. 7 and attach 'Third Party Payment Declaration Form')

7B

INVESTMENT DETAILS

Refer Instruction No. 22)

Sr. No.	Scheme	Plan	Option	Amount
1.				
2.				
3.				
4.				
Total		In words		In figures

7C

PAYMENT DETAILS

Mode ☐ Cheque ☐ DD ☐ Axis Bank Debit Mandate (Please fill section 6.)

Cheque / DD no. Dated

D

D

M

M

Y

Y

Amount (figures) (words)

Pay-in A/c no.

Account type ☐ Savings ☐ NRO ☐ NRE ☐ Current ☐ FCNR ☐ Others

Specify

IFSC Code (11 Digit) MICR Code (9 Digit)

Drawn on bank / branch name & address

8

BANK ACCOUNT DETAILS FOR PAYOUT

(Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

☐ Tick here and don't fill the section below, if the Bank account details for Pay-Out should be same as the bank account details mentioned in section 7C.

Name of the Bank

Branch Address

City Pin Code

Account No. Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

IFSC Code (11 Digit) MICR Code (9 Digit)

9

DECLARATION AND SIGNATURE

Having read and understood the content of the SID / KIM of the scheme and SAI of the Axis Mutual Fund (The Fund), 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 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 related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotions/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer 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: I / 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 Applicant

Third Applicant

Power of Attorney Holder

Date :

D

D

M

M

Y

Y

Place :