

**(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 <sup>^</sup>	Serial No., Date & Time Stamp
ARN <b>8812</b>	ARN			E <b>285030</b>		

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.

<sup>^</sup>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 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 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.) <input style="width: 100%;" type="text"/>	<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)  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 CKYC No.  14 digit CKYC Number

Aadhaar No.  Mobile No.

Address

State  City  Pin Code

Email ID

**SECOND APPLICANT** Mr. Ms. M/s.

PAN (Mandatory)  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 CKYC No.  14 digit CKYC Number

Aadhaar No.

**THIRD APPLICANT** Mr. Ms. M/s.

PAN (Mandatory)  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 CKYC No.  14 digit CKYC Number

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 

D	D	M	M	Y	Y	Y	Y
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 CKYC No.  14 digit CKYC Number

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  Specify

**TAX STATUS (Applicable for First / Sole Applicant)**

Resident Individual  FII's  NRI - NRO  HUF  Club / Society  PIO  Body Corporate  Minor  Government Body  Trust  NRI - NRE  Bank & FI  
 Sole Proprietor  Partnership Firm  QFI  Provident Fund  Others  Specify

**6 DEBIT MANDATE** (For Axis Bank A/c only.) To be processed in CMS software under client code "AXISMF" **Application No.** \_\_\_\_\_

TO BE DETACHED BY KARVY & PRESENTED TO AXIS BANK CMS

I/ We  Name of the account holder(s) authorise you to debit my/our account no.  Date 

D	D	M	M	Y	Y
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Account type  Savings  NRO  NRE  Current  FCNR  Others  Specify 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

Amount  (figures)  (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

Cheque no.	Date	Amount	Scheme
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Stamp & Signature





# FORM 2 - MULTIPLE SIP WITH TOP-UP FORM



Application No.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
ARN <b>8812</b>	ARN			E <b>285030</b>		

Upront 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 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

<input type="checkbox"/> First / Sole Applicant / Guardian	<input type="checkbox"/> Second Applicant	<input type="checkbox"/> Third Applicant	<input type="checkbox"/> Power of Attorney Holder
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### TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY

I confirm that I am a first time investor across Mutual Funds.  I confirm that I am an existing investor in Mutual Funds.

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

### 1 Applicant Details

Folio No.

**Sole / 1st Unitholder** (as in PAN Card / KYC records)

**Guardian's Name** (as case of minor)  First Name  Middle Name  Last Name

1st Holder PAN  1st Applicant  2nd Holder PAN  2nd Applicant  3rd Holder PAN  3rd Applicant

### 2 SIP DETAILS

Scheme / Plan / Option	Frequency	SIP Date (DD)	Enrollment Period (MMYY)	SIP Amount	TOP-UP Facility (Optional) Only available for Monthly SIP*	
					Frequency	Amount
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	<input type="text"/> <input type="text"/> Default SIP Date 7th	From <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"/> OR <input type="checkbox"/> 1 2 9 9	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in figures <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in figures <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in words <input type="checkbox"/> As & when
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	<input type="text"/> <input type="text"/> Default SIP Date 7th	From <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"/> OR <input type="checkbox"/> 1 2 9 9	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in figures <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in figures <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in words <input type="checkbox"/> As & when
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	<input type="text"/> <input type="text"/> Default SIP Date 7th	From <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"/> OR <input type="checkbox"/> 1 2 9 9	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in figures <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in figures <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in words <input type="checkbox"/> As & when

### 3 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/ We 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 / NACH (National Automated Clearing House). 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.

This is to inform you that I/We have registered for making payment towards my investments in Axis Mutual Fund by debit to my/ our account directly or through ECS (Debit Clearing) / NACH (National Automated Clearing House). I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

I hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Axis Mutual Fund using this facility.

Sole/ 1st Unit Holder / POA      x      2nd Unit Holder      x      3rd Unit Holder

**AXIS MUTUAL FUND** UMRN  Bank use  Date

Tick (✓)  CREATE  MODIFY  CANCEL

Sponsor Bank Code  Bank use  Utility Code  Bank use

I/We hereby authorize **Axis Mutual Fund** to debit (tick ✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank a/c number

with Bank  Name of customers bank  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when presented      DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1  Folio No.  Phone No.

Reference 2  All Schemes of Axis Mutual Fund      Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

**PERIOD**

From

To

Or  Until Cancelled

Signature Primary Account holder       Signature of Account holder       Signature of Account holder

1.  Name as in bank records      2.  Name as in bank records      3.  Name as in bank records

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

**MANDATORY FIELDS:** • Instrument Date • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank records

### ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No.  Investor Name  Stamp & Signature