

FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



Application No. _____

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN <input type="text"/>	ARN <input type="text"/>			E <input type="text"/>	

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 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.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer 18) 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.

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

1 EXISTING INVESTOR'S FOLIO NUMBER (If you have an existing folio with KYC validated, please mention here and skip to section 5/6.)

2 FIRST APPLICANT'S DETAILS Title Mr. Ms. M/s

Name (1st)

Date of birth PAN Ref r 9 Enclose Attested PAN copy KYC Acknowledgment / Letter

For Investments "On behalf of Minor" (Refer 10) Birth Certificate School Certificate Passport Other Guardian named below is Father Mother Court Appointed

Name of the Guardian if minor attach proof of date of birth / Contact person for non individuals / PoA holder name Guardian / PoA PAN

Correspondence / Overseas address (For FIIs/NRIs/PIOs)

City State Pin Code

Overseas address Country

Email (Refer 15a) Mobile Tel.

Status Resident Individual Proprietor HUF Minor Society FII NRI PIO Partnership Firm Trust Company Other Specify

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Other Specify

Gross Annual Income OR Net-worth* in ₹ <input type="text"/> as on Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	INDIVIDUALS	<input type="checkbox"/> < 1 L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> > 25 L	<input type="checkbox"/> < 1 L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> > 25 L <input type="checkbox"/> 25 L - 1 C <input type="checkbox"/> > 1 C
	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP	Is the entity involved in any of the following services: <ul style="list-style-type: none"> Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No 	
Any other information <input type="text"/>			

3 JOINT APPLICANT'S DETAILS Mode of Holding Joint (Default) Anyone or Survivor

Name (2nd)

PAN Enclose Attested PAN card copy KYC Acknowledgment (Refer 8) Mobile +91

Name (3rd)

PAN Enclose Attested PAN card copy KYC Acknowledgment (Refer 8) Mobile +91

Email 2nd Email 3rd

4 BANK ACCOUNT DETAILS FOR PAY-OUT (Mandatory. Refer 6 and avail of Multiple Bank Registration Facility.)

Bank Name

Bank A/c No. Type Current Savings NRO NRE FCNR Others Specify

Branch Name City Pin

IFSC Code (11 digit)* MICR Code (9 digit)* *Mentioned on your cheque leaf

5 DEBIT MANDATE (For Axis Bank account holders only. Refer 5d.) To be processed in CMS software under client code "AXISMF" Application No. _____

Date TO BE DETACHED BY KARVY AND PRESENTED TO AXIS BANK CMS DEPARTMENT

I/ We Name of the account holder(s)

authorise you to debit my/our account no. to pay for the purchase of

Axis Long Term Equity Fund Axis Income Saver Axis Triple Advantage Fund Axis Midcap Fund
 Axis Equity Fund Axis Focused 25 Fund

Amount (figures) (words)

Signature of Account Holder

ACKNOWLEDGMENT SLIP (To be filled in by the investor) Application No. _____

Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From

Cheque no.	Date	Amount	Scheme
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Stamp & Signature

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN <input type="text"/>	ARN <input type="text"/>			E <input type="text"/>	

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 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."

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer 18 and any one)

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.

Tick whichever is applicable : New SIP registration by new investor New SIP registration by existing investor Change in Bank details by investor

1 APPLICANT'S PERSONAL DETAILS (MANDATORY)

Application Form No. (For New Applicants) **OR** Folio No. (For Existing Unit holders)

Sole / 1st 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 Attested PAN card KYC Letter Attested PAN card KYC Letter Attested PAN card KYC Letter

2 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')

Date

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. 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.

<input checked="" type="checkbox"/> Sole/ 1st Unit Holder / POA	<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

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. <input type="text"/>	Scheme	
B) Account Number <input type="text"/>	Plan*	
A/c holder's name as in bank records <input type="text"/>	Option	
C) Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit	SIP Auto Debit Date	(29th, 30th & 31st not available) (DD)
D) 9-Digit MICR Number of the Bank & Branch <input type="text"/>	Frequency	Monthly
	SIP Installment Amount	Please refer to KIM for min. installment amount
	SIP Auto Debit Period (minimum 30 months)	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"/>
	<input type="checkbox"/> Till you instruct Axis Mutual Fund to discontinue. Please fill in the 'To' date only if no. of installments have been specified in the Application Form. *Investors applying under Direct Plan must mention "Direct" against scheme name	

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

FOR OFFICE USE ONLY (not to be filled in by investor)	We confirm that we have taken the above ECS / Auto Debit instructions on our records.
Recorded on <input type="text"/>	Stamp of Bank Branch Manager
Recorded by <input type="text"/>	Signature
Credit A/c No. <input type="text"/>	Name