

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN <b>24863</b>	ARN			E <b>E043887</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.

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 20) 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 UNIT HOLDING OPTION** (To be filled in case of demat holding only) **2 EXISTING INVESTOR'S FOLIO NUMBER**

DEMAT MODE  PHYSICAL MODE

(If you have an existing folio with KYC validated, please mention here and skip to section 6/8.)

Demat Account Details of First / Sole Applicant (Name should be as per demat account)

Folio Number

Depository Participant Name

**3 INVESTMENT TYPE** (Please tick any one)

NSDL	DP ID	IN	CDSL	Beneficiary ID
	Beneficiary ID			Note: Please attach copy of Client Master List.

LUMP SUM  LUMP SUM WITH SIP  LUMP SUM WITH STP

**4 MODE OF HOLDING** (in case of Demat Purchase Mode of Holding should be same as in Demat Account)

Single  Joint (Default)  Anyone or Survivor

**5 FIRST APPLICANT'S DETAILS** (Non-individual investors please fill in FATCA / CRS, UBO annexure and attach along with application form) Ref. 9 & 22. All fields are mandatory.

Gender  Male  Female

Name (1<sup>st</sup>) (As in PAN card/KYC records)

PAN (Minor / 1st Holder) Refer 10

Father's Name Date of birth (Minor / 1st Holder)

Name of the Guardian (in case of minor please attach proof of date of birth) / POA (Contact person for non individuals / PoA holder name) Guardian / PoA PAN

Country of Birth Place of Birth Nationality

For Investments "On behalf of Minor" (Refer 11)  Birth Certificate  School Certificate  Passport  Other  Specify Guardian named above is  Father  Mother  Court Appointed

Correspondence address (Please note: Address will be replace as per KYC records)

City State Country Pin Code

Overseas address (For FIIs/NRIs/PIOs)

City State Country Pin Code

Email Mobile Tel.

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

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

Are you FATCA Compliant (Please tick any one)  Yes  No (if no, please fill below details)

**Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes**

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others  specify

Gross Annual Income OR Net-worth* in ₹ *Not older than one year Any other information	INDIVIDUALS <input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L	as on <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY	NON-INDIVIDUALS <input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L <input type="checkbox"/> 25L-1C <input type="checkbox"/> > 1C	as on <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY	Is the entity involved in any of the following: 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
	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable				

...Continued Overleaf

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

Account type  Savings  NRO  NRE  Current  FCNR  Others  Specify to pay for the purchase of

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

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

Stamp & Signature