

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>83753</b>	ARN			E <b>E069272</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  
 Demat Account Details of First / Sole Applicant (Name should be as per demat account) \_\_\_\_\_  
 Depository Participant Name \_\_\_\_\_

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

NSDL	DP ID	IN	CDSL	Beneficiary ID

Note: Please attach copy of Client Master List.

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

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  Proprietor  HUF  Minor  Society  FII  NRI  PIO  
 Partnership Firm  Trust  Company  NPO\*  Other  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

INDIVIDUALS		NON-INDIVIDUALS	
Gross Annual Income OR Net-worth* in ₹	<input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L	Gross Annual Income OR Net-worth* in ₹	<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
*Not older than one year	as on DD MM YYYY	as on DD MM YYYY	
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable			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

...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 \_\_\_\_\_

Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country <sup>#</sup>	Tax identification number <sup>%</sup>	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### SECOND APPLICANT'S DETAILS (All fields are mandatory)

Gender  Male  Female

Name (2<sup>nd</sup>) (As in PAN card/KYC records)

Father's Name

PAN  Mobile  Email

Date of birth  Enclose  Attested PAN card copy  KYC Acknowledgment (Refer 8)

Country of Birth  Place of Birth  Nationality

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

INDIVIDUALS

Gross Annual Income OR  as on

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

Net-worth\* in ₹  \*Should not be older than one year Any other information

Politically Exposed Person (PEP)  Related to a PEP  Not Applicable

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

Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country <sup>#</sup>	Tax identification number <sup>%</sup>	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### THIRD APPLICANT'S DETAILS (All fields are mandatory)

Gender  Male  Female

Name (3<sup>rd</sup>) (As in PAN card/KYC records)

Father's Name

PAN  Mobile  Email

Date of birth  Enclose  Attested PAN card copy  KYC Acknowledgment (Refer 8)

Country of Birth  Place of Birth  Nationality

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

INDIVIDUALS

Gross Annual Income OR  as on

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

Net-worth\* in ₹  \*Should not be older than one year Any other information

Politically Exposed Person (PEP)  Related to a PEP  Not Applicable

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

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Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country <sup>#</sup>	Tax identification number <sup>%</sup>	Identification type (TIN or Other, please specify)

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### QUICK CHECKLIST

- KYC acknowledgement letter (Compulsory for MICRO Investments)
- Self attested PAN card copy
- Email id and mobile number provided for online transaction facility
- Plan / Option / Sub Option name mentioned in addition to scheme name
- SIP Registration Mandate - NACH for SIP investments
- 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)
- Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached
- Additional documents attached for Third Party payments. Refer instructions.
- FATCA Declaration.

 <b>EasyInvest</b> https://online.axismutual.com Invest online without any prior registration.	 <b>EasyCall</b> 1800 221322 / 1800 3000 3300 Buy / Sell units without PINs or Passwords.	 <b>EasySMS</b> SMS HELP to 91210 10033 Invest or Sell units without PINs or Passwords.	 <b>EasyApp</b> SMS HELP to 91210 10033 Invest or Sell units without PINs or Passwords.	 <b>Risk Managed Products</b>
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\*Buy means purchase and \*Sell means redemption of units of Axis Mutual Fund schemes.

