FORM 1 - FOR LUMP SUM / SIP INVESTMENTS

AXIS MUTUAL FUND

Application No.

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY. **Sub-Distributor ARN RIA CODE^** Serial No., Date & Time Stamp **Distributor ARN** Internal Sub-Broker / Sol ID **Employee Code EUIN** ΔRN F 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 1/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 First / Sole Applicant / The interest committee the committee of the above intentionally left banks of lines as instruction and secured without any interaction or advice by the employee/featonship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/feationship manager/sales person of the distributor/sub broker. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer 20) In case the subscription amount is ₹ 10,000 I confirm that I am a first time investor across Mutual Funds. 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 an existing investor in Mutual Funds. UNIT HOLDING OPTION (To be filed in case of demat holding only) 2 EXISTING INVESTOR'S FOLIO NUMBER (If you have an existing folio with KYC validated, please mention here and skip to section 6/8.) DEMAT MODE PHYSICAL MODE Demat Account Details of First / Sole Applicant Folio Number (Name should be as per demat account) Depository Participant Name 3 INVESTMENT TYPE (Please tick any one) DP ID CDSL Beneficiery ID LUMP SUM LUMP SUM WITH SIP | LUMP SUM WITH STP NSDL Beneficiery ID Note: Please attach copy of Client Master List. MODE OF HOLDING (in case of Demat Purchase Mode of Holding should be same as in Demat Account) ☐ Single Anyone or Survivor Joint (Default) FIRST APPLICANT'S DETAILS (Non-individual invertors please fill in FATCA / CRS, UBO annexure and attach along with application form) Ref. 9 & 22. All fields are mandatory. Female Male Name (1st) (As in PAN card/ KYC/ Aadhaar records) PAN (Minor/1st Holder) KIN (Refer 8A) ☐ CKYC FORM ☐ SUPPLEMENTARY CKYC FORM Ref. 10 Aadhaar No. (Ref. 23) Date of birth (Minor / 1st Holder) Father's Name (as per Aadhaar records) 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 Guardian Aadhar No. Country of Birth Place of Birth Nationality For Investments "On behalf of Minor" (Refer 11) 🗌 Birth Certificate 🗌 School Certificate 🔲 Passport 🔲 Other 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 Country Pin Code Fmail Mobile Tel Proprietor HUF Status Minor __ PIO Resident Individual __ FII __ NRI Society Partnership Firm Trust Company NPO* Other Other than NPC Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Other 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 $\ \square$ 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 Gross Annual Income < 1L 1-5L 5-10L 10-25L > 25L < 1L __1.5L __5.10L __10.25L __> 25L __25L.1C __> 1C | Is the entity involved in any of the following: Foreign Exchange/ Money Changer Yes No Net-worth* in ₹ as on Gaming/ Gambling/ Lottery Yes No *Not older than one year Politically Exposed Related to Money Lending/ Pawning Yes No Person (PEP) a PEP Any other information Continued Overlea 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 authorise you to debit my/our account no. Account type Savings NRO NRE Current FCNR Others to pay for the purchase of Axis Equity Fund Amount 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

| Country [#] | | | | | Tax identification number [%] | | | | | | | | Identification type (TIN or Other, please specify) | | | | | | |
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| #To also include USA, where the indivi | | | | se Tax Idei | ntification | n Number is i | not available, | kindly provi | ide its funct | ional equi | /alent \$ | | | | Gen | nder | Male | ☐ Fe | male |
| Vame (2nd) (As in PAN card/ CYC/ Aadhaar records) | | | | | | | | | | | | | | | | | | | |
| ather's Name | | | | | | | | | | | | | | | Email | | | | |
| PAN (Ref. 10) | | | | KIN (Refer 8A) | | | | | | | | | | ☐ CKY | C FORM | I 🗌 SL | IPPLEME | NTARY C | (YC F |
| Aadhaar No. (Ref. 23) | | | | | | | | | | | | | | | | | | | |
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| Are you FATCA Compli | | | Yes | | | | lease fill b | | | | | | | | | | | | |
| Address of tax residenc Type of address given at KR/ Permissible documents are | | Business | Resi | idential | | Busines | ss _ | Registe | ered Offic | се | | | - | | | Others | | specify | |
| Are you a tax resident of | f any country other | than India | a? Yes | . No | (If yes | | | | | esident fo | r tax purpo | | | | | | | | |
| Country" | | | | | | Tax ide | entificatio | n numbe | er [%] | | | l | denti | fication | ı type (T | IN or C | ther, plea | se specif | y) |
| THIRD APPLICANT'S ame (3 rd) (As in PAN card/(C/ Aadhaar records) | | | USA %In ca: | se Tax Idei | ntification | n Number is i | not available, | kindly provi | ide its funct | ionai equi | valent \$ | | | | Gen Email | nder | ☐ Male | ☐ Fe | male |
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| 7 BANK ACCOUNT DETAILS | EUB DV/ | ∕₋∩IIT (Ma | andatory Refe | er 6 and ava | ail of Multinle Bar | k Renistratio | nn Facility) (| Please attac | h cancelled | cheque conv | or latest han | k account | statement |) (All fields a | e mandatory | r) | |
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| 8 INVESTMENT & PAYMENT | T DETAIL | S (Investors | applying unde | er Direct Pla | n must mention " | Direct" agaiı | nst scheme n | ame, refer 2 |) (All fields | are mandatory | y) | | | | | | |
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| 8A LUMP SUM Do not submit SIP Regis | | | | | | Ohama | / DD | | | | | | | D [| | 1 1 | |
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| 9 NOMINATION DETAILS (All f | fields are manda | atory) (Refer 18 | 8) | | | | | | | | | | | | | | |
| | | Fi | irst Nomin | 100 | | | | Second | Nomine | е | | | | Third | Nominee | | |
| Name (as in PAN card/KYC records) | | | | | | | | | | | | | | | | | |
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| Date of Birth | D D | M | M Y | Υ | Y | D | D N | IVI | Υ | ΥΥ | Υ | D | D | M M | Υ | Y | Υ |
| Relationship with Investor | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | |
| Guardian Name (in case Nominee is a Minor) | | | | | | | | | | | | | | | | | |
| Signature (Guardian in case Nominee is a Minor) | | | | | | | | | | | | | | | | | |
| Allocation % (Total to be 100%) | | | | | | | | | | | | | | | | | |
| Unit Holder's Signature If you do not wish to nominate sign here. | First / | Sole Applic | ant / Guard | dian | | Second Ap | pplicant | | | Third | Applicant | i | | Pov | er of Atto | rney Holde | er |
| 10 DECLARATION AND SIGNA | ATURE | | | | | | | | | | | | | | | | |
| Having read and understood the content of scheme. I/We hereby declare that the an Notifications or Directives of the provision not received nor have been induced by an Customer" process is not completed by napplicable NAV prevailing on the date of scommission or any other mode), payable to existing Micro SIP/Lumpsum investments house. For NRIs only - I / We confirm that Resident External / Non Resident Ordinary CERTIFICATION I / We have understood the information recomplete. I / We also confirm that I / We have | mount inves ns of the Inco ny rebate or me/us to the such redem to him for the s which toge I am/ we are / FCNR acco | ted in the some Tax Ac and the satisfaction and under the end of t | scheme is ct, Anti Morctly or indictly or indictly or indictly on of the Nundertake scompeting the current dents of Inconfirm tha | through oney Laund irectly in Mutual Fo such othe g Schemes at applicat adian natio at details | legitimate so dering Laws, making this i und, (I/we he er action with s of various N tion will resul onality/origin provided by n the FATCA & | ource only Anti Corru nvestmen reby auth n such fun lutual Fur t in aggre and that ne/us are t | r and does uption Lav it. I/We co orize the ids that m ids among gate inve I/We have true and co tructions) | not invo es or any of nfirm that Mutual Fray be rec st which thents e remitted rrect. | olve designated the fund, to right the fund, to right the School the School funds from t | gned for th olicable law nds investe edeem the the law.) ⁷ eme is being g ₹ 50,000 om abroad | ne purpos es enacted ed in the S funds inv The ARN g recomm I in a year through a | e of the (d by the (Scheme, rested in holder h ended to (Applic approved | contrav Governm legally the Scl as disclo me/ us. able for I banking | vention of nent of Indi belongs to heme, in fa osed to mo . I/We conf Micro invo g channels | any Act, a from tin me/us. In avour of t e/us all th irm that I estment o or from f | Rules, Rene to time. I event "Kine applicate commiss (We do not not), with unds in my | gulations, I/we have now Your int, at the sions (trail t have any your fund // our Non |
| AADHAAR DECLARATION | | | | | | | | , | | | | | | | | | |
| I/ We hereby provide my/our consent in ac number(s) in accordance with the Aadhaa information with the asset management co | ar Act, 2016 | 3 (and regul | lations mad | de thereu | inder) and PN | ILA. I/ We | hereby p | ovide my | our con | sent for sh | aring/disc | closing o | f the Aa | idhaar nun | nber(s) ind | luding den | r Aadhaar nographic |
| First / Sole Applicant / Guardian | | | Seco | ond Applic | eant | | | Т | hird Appl | licant | | | | Power o | Attorney | Holder | |
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