

COMMON APPLICATION FORM

APPLICATION NO. 74252059

FOR FIRST TIME INVESTORS FOR LUMPSUM INVESTMENTS / SIP INVESTMENTS.

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM, ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLACK/BLUE COLOURED INK & IN BLOCK LETTERS)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE^	PMR (Portfolio Manager's Registration) Number ^^	Serial No., Date & Time Stamp
pfront commission sh	nall be paid directly by the inve	estor to the AMFI registered die	stributor based on the inv	vestor's assessment of v	arious factors including t	he service rendered by the distrib	outor. ^I/We, have invested in the
ansactions data feed	/portfolioholdings/NAVetc.	in respect of my/our investmen	nts under Direct Plan of a	all schemes of Axis Mutu	ial Fund, to the above me	respect of my/our investments u ect Plan. I/We hereby give my/or ntioned SEBI Registered Portfoli	o Manager.
						on or advice by the employee aship manager/sales person of	
You/ Sole A	.pplicant /Guardian	Second	Applicant	Th	ird Applicant	Power of	Attorney Holder
I confirm that In case the subscr	at I am a first time inves ription amount is ₹ 10,00	CATIONS THROUGH DIS tor across Mutual Funds 00 or more and your Distr mount and payable to the D	i. OR I confirmation library last on the library last option last	m that I am an exist receive Transaction	ing investor across Charges, the same ar	e deductible as Physica	olding Option al Mode Demat Mod emat, please fill sec 7)
01 🙏 N	MY DETAILS (To be f	illed in Block Letters. Please	provide the following d	etails in full)	(In case of inve	stment "On behalf of minor", Pl	
Existing folio nur	mber				☐ I/ We want	to create new Folio (Instruc	tion No. 26)
My Name (Name i	n the folio will be modified o	or overwritten as per the Nar	ne provided in the attac	ched PAN card)	5	PAN/PEKRN (1st	Applicant) KY
M 6 P . J M						PANYPEYENYO	
My Guardian's N	ame (if minor)/POA/Con	tact Person (For Non-indiv	riduais)			PAN/PEKRN (Gua	ırdian/POA) [KY0
On behalf of Min	or (*Attach Mandatory Do	cuments as per instructions)	Date of Birt	h Minor's	DMMYY	Y Y Date of	Birth Proof attached*
Guardian named		other Court Appo				n named is	
	humand humand	rs (IF ANY) DETAIL					
Mode of Operati		oint Either or Su be modified or overwritten a				n case of minor investments PAN/PEKRN (Sec	, p.,
Ziiu Applicant 14	arrie (rearrie in the follo will	be modified of over written a	3 per the realic provide	culture attached 1 Are	·		
3rd Applicant Na	ame (Name in the folio will)	be modified or overwritten a	s per the Name provide	d in the attached PAN	card)	PAN/PEKRN (Thi	rd applicant) KY
MFD / EUIN hold	ler/ sub-distributor is no	ot related to the 1st hold	er.	Flair			
		d in this form belongs to (tick		e Children	Siblings	Parents	
03 P	AY CONTACT DET	「AILS (As per KYC record	ls. To be filled in Block I	etters)	, (Fc	or electronic communication. Pl	ease refer instruction No. 17
Address Type (Ma		, , , , , , , , , , , , , , , , , , ,		Section 2	gistered Office		
Address Type (Ma	. Residen	ual & business Ke	sideritiai bt	1311/e33 [] Ke	gistered Office	* * * * * * * * * * * * * * * * * * * *	
Address							
City			State			Pin Code	
	dress (Mandatory for NRI /	FII Applicants)	· ·] 1 111 Code	
rida over seus ade	aress (mandatory for filtr)	Triapplicants)					•
City			Country			Pin Code	
<u> </u>	number should pertain to Firs	t Holder only.	', L			1	
Mobile No.		Tel No.		Email ID (CAPITAL letters only)			
I declare that Em	nail address provided in this for	m belongs to (tick any one):		ouse Dependent C		t Siblings Dependent Pare	nts Guardian PMS
L declare that Mo	obile Number provided in this f	form helongs to (tick any one)		ouse Dependent C	hildren Dependent	t Siblings Dependent Pare	nts Guardian PMS
		d then (Self) option is considere		usage of these contact d	etails for any communicat	tion with Axis Mutual Fund.	
I wish to receive	Scheme Account Statement	along with Annual Report & Ab	ridged Summary:	Online (Preferred &	Default) Physical C	opy (Choose online mode to he towards a greener & clear	elp us save paper & contribute er environment.)
	ANII/ ACCOUNT	SETABLE.				(Please note that as per SEBI R	egulations it is mandatory fo
04 <u> </u> E	BANK ACCOUNT	DETAILS (Avail Multipl	é Bank Registration Fa	cility)	investors t	o provide their bank account de	tails, Refer Instruction No.
My Bank Name				-			
Bank A/C No.				A/C Type Sav	rings Current	NRE NRO FCNR	Others
Branch Address							
City			State			Pin Code	
IFSC code: (11 dig	;it)		MICR code (9 d	digit)		(This is a 9 digit number	next to your cheque number
LEI Code			Valid u	pto DDM	MYYYY	Note: LEI code mandatory to equal to or exceeds₹50 crore	provide if transaction value limit, with LEI proof.

Regular Direct	ould be drawn favouring "Axis Full Scheme/P		Amount/Each SIP Amount	SIP Date	Frequency	SIP Period		P-UP Facility y available for Monthly SIP
Regular Direct	LUMPSUM SIP		₹	ОО	Daily	Start Date	,	1
Charges Char	an Regular	Direct		(If left blank	Weekly			
included by the property of th			charges	7th will be considered	Day	l 	Yearly	in words (
Details Documents attached to avoid Third Party Pyment Rejection. If applicable: Bank Certificate, for DD Third Party Declarations Docadis Nominee Advance Details NOMINEE NOMINEE NOMINEE NOMINEE Nominee Advance Details NoMINEE NoMIN	ame	,		default date)		M M Y Y Y -Y		18
LUMPSUM SIP				between 1st				1
LIMPSUM SIP	option			1020		of 40 years		
Account No. Regular Direct Charges Ch	LUMPSUM SIP		₹		Daily	Start Date	7	
theme will be considered to the considered to th	lan Regular	Direct		(If left blank	Weekly			
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theme are a common to the comm	lan Regular	Direct		(If left blank	Weekly	MMYYYY	기물 '	
ame pition			charges	7 th will be	Day	End Date	Yearly	in words
ption	ame			default date)		MMYYYY		
en minimum amount for Avis TOP-UP facility is \$ 500'- and in multiplies of \$ 1/- for all schemes except Axis Long Term Equily Fund the minimum amount is \$ 500'- and in multiplies of \$ 500'- the reafter. — Payment through NACH (Attach NACH form)			-	between 1st				1
Payment through NACH (Attach NACH form)	ption			to 28	L rearry	of 40 years	D D	ynamic TOP-UP
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Tax Status details for	1				ase Tick/ Specify. The application d.)						
	1st Applicant	2nd Applicant	3rd Applicant	Guardian	Occupation details for	1st Applicant	2nd Applica	ant 3rd Applicant	Guardian		
Resident Individual					Private Sector				. 🗆		
NRI/PIO/OCI		<u> </u>			Public Sector						
Sole Proprietorship -		.	÷	-	Government Service						
Minor through Guardian			-	4	Business						
Nam la distrib	Company	Body Co	p	Partnership	Professional						
Non Individual	Trust AOP	Society FI	HUF L	Bank FPI	Agriculturist						
		Non-Profit Enti			Retired						
Others (Please specify)				1	Housewife						
	ofit Organization	" [NPO] which ha	as been constitu	ted r	Student						
We are falling under "Non-Pr or religious or charitable pu ncome-tax Act, 1961 (43 of 1	961), and is registe	ered as a trust or	a society under	the	Others (Please specify)				2.22		
company registration Act, 18 Company registered under the	section 8 of the C	or any similar St Companies Act, 20	ate legislation of 13 (18 of 2013).	ra NO	Politically Exposed Person	on (PEP) details	IsaPEP	Related to PEP	Not Applicab		
f yes, please quote Registratio	on No. of Darpan po	ortal of Niti Aayo	g. (refer point no 21)	1st Applicant						
					2nd Applicant		300				
Gross Annual Income Ra	nge (in ₹)		T = - T ==	, , , , , , , , , , , , , , , ,	3rd Applicant						
Below 1 lac	 	1-5 lac			Guardian 2						
5-10 lac		10-25 lac			Authorised Signatories						
25 lac- 1 cr		1-5 cr			Promoters						
5 - 10 cr	1 4 1 4 1	> 10 cr		<u> </u>	Partners						
(Mandatory for Non Individual) (not older	as on	as on	as on	as on	Karta						
than 1 year)	DDMMYY	DDMMYY	DDMMYY	DDMMYY	Whole-time Directors/T	urstee					
9 🗐 ADDITIO	DNAL INFO	RMATION				(For a	dditional inform	nation Please refer in	struction No. 9		
			170.1.1								
Applica First Appl			KINN	o. (If KYC done via		DOB/DO	l Lulul	Geno	_		
First Appl Second App						D M M Y	Y Y Y	Male	Female		
Third Appl						D M M Y	YYY	Male _	Female		
Guardian or						D M M Y	YYY	Male	Female		
Date of Birth - Mandatory if Ch		I. ^G: Guardian: P	OA: Power Of A	ttorney DOB	: Date of Birth and DOI: Date of		1, 1, 1, 3	Male Male	Female		
Details		nd Applicant		, 550	Third Applicant			G or POA			
Mobile No.								200 may			
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Relationship with											
Relationship with Investor	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				Donandont Children Cr	Donandart Citi	<u>. Пъ </u>	ont Dave to City			
Relationship with	rovided in this form	belongs to (tick any	one):	Self Spouse and approve for usag	Dependent Children [] Ege of these contact details for any c	Dependent Sibling ommunication with			rdian PMS		
Relationship with Investor			ny one)	and approve for usage	e of these contact details for any c Dependent Children [ommunication with Dependent Sibling	Axis Mutual Fur	ent Parents Gua	rdian PMS		
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SYSTEMATIC TRANSFER PLAN (STP)

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Frequency

Stamp & Signature

STP Enrolment Form - Instruction

- The STP Enrolment Form should be completed in English and in Block Letters only. Please tick in the appropriate box, where boxes have been provided. The STP
 Enrolment Form complete in all respects, should be submitted at any of the Official Points of Acceptance of Axis Mutual Fund.
- 2. One STP Enrolment Form can be filled for one Scheme/Plan/Option only.
- Investors are advised to read the Key Information Memorandum(s) (KIMs) and Scheme Information Document(s) (SIDs) of the Transferee Scheme(s) and Statement of
 Additional Information (SAI) carefully before investing. The SIDs / KIMs of the respective Scheme(s) and SAI are available with the ISCs of Axis Mutual Fund,
 brokers/distributors and also displayed at the Axis Mutual Fund website i.e. www.axismf.com
- 4. Unit holders should note that unit holders' details and mode of holding (single, joint, anyone or survivor) in the Transferee Scheme will be as per the existing folio number of the Transferor Scheme, Units will be allotted under the same folio number. Unit holders' names should match with the details in the existing folio number, failing which; the application is liable to be rejected.
- 5. STP offers unit holders the following two Plans:
 - 1. Systematic Transfer Plan (STP)
 - 2. Capital Appreciation Systematic Transfer Plan (CapSTP)

Investor's can opt for any of the above facility.

Systematic Transfer Plan (STP) of ferstransfer facility at Daily, Weekly, Fortnightly, Monthly and Quarterly intervals.

Capital Appreciation STP (CapSTP) offers transfer facility at Weekly, Monthly and Quarterly intervals. If no frequency is chosen, Monthly frequency shall be treated as the Default Frequency.

6. Under the CapSTP-Weekly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum ₹ 500) by way of capital appreciation from Monday to Friday.

Monthly Interval, unit holders will be eligible to transfer the entire capital appreciation amount(minimum ₹ 500) by way of capital appreciation on the 1st, 7th, 10th, 15thor 25thof each month.

Under the CapSTP-Quarterly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum ₹1,000) by way of capital appreciation on the 1st, 7th, 10th, 15th or 25th of the first month of each quarter. The beginning of the quarter could be of any month e.g. January, March, July, September, etc. Please note that no transfers will take place if there is no minimum capital appreciation amount (except for last transfer leading to closure of account). The capital appreciation, if any, will be calculated from the enrolment date of the CapSTP under the folio, till the first transfer date. Subsequent capital appreciation, if any, will be the capital appreciation between the previous CapSTP date(where CapSTP has been processed and paid) and the next CapSTP date.

- 7. The provision of 'Minimum Redemption Amount' as specified in the Scheme Information Document(s) of the respective designated Transferor Schemes and 'Minimum Application Amount' specified in the Scheme Information Document(s) of the respective designated Transferee Schemes will not be applicable for STP.
- 8. Unit holders are required to fill in either the number of instalments or the enrolment period in the enrolment Form, failing which the Form is liable to be rejected.
- 9. In case Day of Transfer has not been indicated under STP-Weekly frequency, Wednesday shall be treated as Default day.
- 10. In case, the Enrolment Period has been filled, but the STP Date and/or Frequency (Monthly/Quarterly) has not been indicated, Monthly frequency shall be treated as Default frequency and 10th shall be treated as Default Date.
- 11. The application for STP/ Cap STP enrolment Monthly & Quarterly Interval should be submitted at least 4 working days and not more than 90 days before the desired
- 12. Please refer below table for min. no. of installments and minimum amount per installment:

STPFrequency	Cycle Date	Minimum Amount* (in ₹)	Minimum Installment
Daily	Monday To Friday	1,000/-	6
Weekly	Monday To Friday	1,000/-	6
Fortnightly	Alternate Wednesday	1,000/-	6
Monthly	1st, 7th, 10th, 15th or 25th	1,000/-	6
Quarterly	1st, 7th, 10th, 15th or 25th	3,000/-	2

If the Transferree scheme is Axis Long Term Equity Fund, minimum STP amount is ₹500.

- $13. \quad In respect of STP, the Load Structure prevalent at the time of enrolment shall govern the investors during the tenure of the STP.$
- 14. A minimum period of 4 working days shall be required for registration under STP. Units will be allotted/redeemed at the applicable NAV of the respective dates of the Scheme on which such investments/withdrawals are sought from the Scheme.
- 15. The AMC reserves the right to introduce STPs at any other frequencies or on any other dates as the AMC may feel appropriate from time to time. In the event that such a day is a Holiday, the transfer would be affected on the next Business Day.
- 16. The requests for discontinuation of STP/CapSTP shall be subject to an advance notice of 4 working days before the next due date for STP.
- 17. STP will terminate automatically if all Units are liquidated or withdrawn from the account or upon the Funds' receipt of notification of death or incapacity of the Unit holder. Further, incase where the balance amount in a folio is less than the STP/CapSTP amount, the entire amount will be transferred to the transferee scheme.
- 18. If STP date/day is a non-Business Day, then the next Business Day shall be the STP Date / Day and the same will be considered for the purpose of determining the applicability of NAV.
- 19. The Trustee reserves the right to change/modify the terms and conditions of the STP. For the updated terms and conditions of STP, contact the nearest ISC or visit our websitewww.axismf.com



DECLARATION FORM FOR OPTING OUT OF NOMINATION IN FOLIO

		Date D.D M M Y Y Y Y
To, Axis Asset Management Compar Axis House, First Floor, C-2, Wadia International Centre, Pandurang Budhkar Marg, Worli, Mumbai - 400 025, India.	ny Limited	
Mutual Fund Folio Number		
Sole / First Holder Name		
Second Holder Name		
Third Holder Name		•
First Unitholder Name	NAME AND SIGNATURE OF UNITHOLDE	
		First Unitholder Signature
Second Unitholder Name		
		Second Unitholder Signature
		Second Officiolder Signature
Third Unitholder Name		Second difficulties signature



Declaration Form of Non-Profit Organization (NPO) (Mandatory for Trusts/Society)

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