

COMMON APPLICATION FORM

FOR FIRST TIME INVESTORS FOR LUMP SUM 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

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, 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, 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 Portfolio Manager.

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.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20)
 I confirm that I am a first time investor across Mutual Funds. **OR** I confirm that I am an existing investor across Mutual Funds. **Unit Holding Option**
 In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as Physical Mode Demat Mode (in case of Demat, please fill sec 7) applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

01  **MY DETAILS** (To be filled in Block Letters. Please provide the following details in full) (In case of investment "On behalf of minor", Please refer instruction No. 11)

Existing folio number I/We want to create new Folio (Instruction No. 26)

My Name (Name in the folio will be modified or overwritten as per the Name provided in the attached PAN card) PAN/PEKRN (1st Applicant) KYC

My Guardian's Name (if minor)/POA/Contact Person (For Non-individuals) PAN/PEKRN (Guardian/POA) KYC

On behalf of Minor (*Attach Mandatory Documents as per instructions) Date of Birth Minor's DDMMYYYY Date of Birth Proof attached*

Guardian named is Father Mother Court Appointed Guardian named is


02  **JOINT APPLICANTS (IF ANY) DETAILS**

Mode of Operation Single Joint Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of minor investments).

2nd Applicant Name (Name in the folio will be modified or overwritten as per the Name provided in the attached PAN card) PAN/PEKRN (Second applicant) KYC

3rd Applicant Name (Name in the folio will be modified or overwritten as per the Name provided in the attached PAN card) PAN/PEKRN (Third applicant) KYC

MFD / EUIN holder/ sub-distributor is not related to the 1st holder. If yes, declare that joint holders details provided in this form belongs to (tick any one): Spouse Children Siblings Parents

03  **MY CONTACT DETAILS** (As per KYC records. To be filled in Block Letters) (For electronic communication, Please refer instruction No. 17)

Address Type (Mandatory) Residential & Business Residential Business Registered Office

Address

City State Pin Code

Add overseas address (Mandatory for NRI / FII Applicants)

City Country Pin Code

Email ID and Mobile number should pertain to First Holder only.


Mobile No. Tel No. Email ID (CAPITAL letters only)

I declare that Email address provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

I declare that Mobile Number provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

If above any option is not ticked (✓) or selected then (Self) option is considered as a default.

I wish to receive Scheme Account Statement along with Annual Report & Abridged Summary: Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper & contribute towards a greener & cleaner environment.)

04  **BANK ACCOUNT DETAILS** (Avail Multiple Bank Registration Facility) (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

My Bank Name

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

Branch Address

City State Pin Code

IFSC code: (11 digit) MICR code (9 digit) (This is a 9 digit number next to your cheque number)

LEI Code Valid up to DDMMYYYY Note: LEI code mandatory to provide if transaction value is equal to or exceeds ₹ 50 crore limit, with LEI proof.

(Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied in case of no information, ambiguity or discrepancy). If the investment is in multiple schemes, "The Cheque/ DD should be drawn favouring "Axis MF Multiple Schemes"

Full Scheme/Plan/Option	Amount/Each SIP Amount	SIP Date	Frequency	SIP Period	TOP-UP Facility (Optional) Only available for Monthly SIP
<input type="checkbox"/> LUMPSUM <input type="checkbox"/> SIP Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Scheme Name _____ Option _____	₹ _____ Less DD charges _____	DD (If left blank 7 th will be considered as the default date) Any date between 1 st to 28 th	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Day _____ <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Yearly	Start Date: M M Y Y Y Y End Date: M M Y Y Y Y Maximum Duration of 40 years	Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly Amount ₹ _____ in figures _____ in words <input type="checkbox"/> Dynamic TOP-UP
<input type="checkbox"/> LUMPSUM <input type="checkbox"/> SIP Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Scheme Name _____ Option _____	₹ _____ Less DD charges _____	DD (If left blank 7 th will be considered as the default date) Any date between 1 st to 28 th	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Day _____ <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Yearly	Start Date: M M Y Y Y Y End Date: M M Y Y Y Y Maximum Duration of 40 years	Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly Amount ₹ _____ in figures _____ in words <input type="checkbox"/> Dynamic TOP-UP
<input type="checkbox"/> LUMPSUM <input type="checkbox"/> SIP Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Scheme Name _____ Option _____	₹ _____ Less DD charges _____	DD (If left blank 7 th will be considered as the default date) Any date between 1 st to 28 th	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Day _____ <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Yearly	Start Date: M M Y Y Y Y End Date: M M Y Y Y Y Maximum Duration of 40 years	Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly Amount ₹ _____ in figures _____ in words <input type="checkbox"/> Dynamic TOP-UP

The minimum amount for Axis TOP-UP facility is ₹ 500/- and in multiples of ₹ 1/- for all schemes except Axis Long Term Equity Fund the minimum amount is ₹ 500/- and in multiples of ₹ 500/- thereafter.

Payment through NACH (Attach NACH form) OTM Reference No. _____ (if one time mandate are registered)
 OR Documents attached to avoid Third Party Payment Rejection, if applicable: Bank Certificate, for DD Third Party Declarations

Payment Details

First Cheque Date: DDMMYYYY Amount: _____ Cheque No. _____
 Bank Name: _____ Account No. _____
 IFSC Code: _____ MICR Code: _____
 RTGS/ NEFT/ Funds Transfer: _____
 If source of payment bank is same as above bank details tick here.

Details	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee Name			
PAN			
Allocation (%)			
Relationship with Investor*			
Nominee date of birth	DDMMYYYY	DDMMYYYY	DDMMYYYY
Guardian Name (in case of Minor)			
Relationship of Guardian with Minor (in case nominee is minor)			
Nominee Address			
Nominee/Guardian Signature			

OR I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

(Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c held with the depository participant) Refer Instruction No. 19.

NSDL: Depository Participant Name _____ DP ID: I N _____
 Beneficiary Ac No. _____
 CDSL: Depository Participant Name _____
 Beneficiary Ac No. _____
 Enclosed Client Master Transaction / Statement Copy / DIS Copy

Tax Status details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian	Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian		
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NRI/PIO/OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sole Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Minor through Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Non Individual	<input type="checkbox"/> Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership		Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Trust	<input type="checkbox"/> Society	<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> AOP	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> FPI	Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> In case of Non-Profit Entity (refer point no 21)				Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Others (Please specify)				Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
We are falling under "Non-Profit Organization" (NPO) which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).					Politically Exposed Person (PEP) details				Is a PEP	Related to PEP	Not Applicable
<input type="checkbox"/> YES <input type="checkbox"/> NO					1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, please quote Registration No. of Darpan portal of Niti Aayog. (refer point no 21)					2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					Whole-time Directors/Turstees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Applicant	KIN No. (If KYC done via CKYC)	DOB/DOI*	Gender
First Applicant		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
Second Applicant		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
Third Applicant		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
Guardian or POA*		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female

*Date of Birth - Mandatory if CKYC ID mentioned. *G: Guardian; POA: Power Of Attorney DOB: Date of Birth and DOI: Date of Incorporation

Details	Second Applicant	Third Applicant	G or POA
Mobile No.			
Email Id.			
Relationship with Investor			

I declare that Email address provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

I declare that Mobile Number provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

If above any option is not ticked (✓) or selected then (Self) option is considered as a default.

I/We Name of the account holder(s)

authorise you to debit my/our account no.

Account type Savings NRO NRE Current FCNR Others Specify

to pay for the purchase of Scheme Name OR Axis MF Multiple Schemes

Amount (in Figures) (in words)

Signature of First Account Holder Signature of Second Account Holder Signature of Third Account Holder

Date* *Date is mandatory

Received from

Scheme Name Plan Option

Amount Cheque/DD No. Date

Bank & Branch details

74252059

Stamp & Signature

Details	Sole/ 1st Applicant	2nd Applicant	3rd Applicant	Guardian/POA
Place & Country of Birth				
Nationality				
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes: Mandatory to enclose FATCA /CRS Annexure

12 **DECLARATION AND SIGNATURE** (For declaration and signature, please refer point number 4)

Having read and understood the content of the SID / KIM of the scheme and SAI of the Axis Mutual Fund (The Fund), I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/us. I/we give my / our consent to collect personal data or information as prescribed in the privacy policy which is available on the website of the AMC / Fund. I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro investment only) with your fund house. For NRIs only - I / We confirm that I am / we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non Resident External / Non Resident Ordinary / FCNR account. I/We confirm that details provided by me/us are true and correct.

I/ We give my consent to Axis Asset Management Company Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/ our Aadhaar number(s) (if provided) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

CERTIFICATION: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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Date Place

13 **QUICK CHECKLIST**

- KYC acknowledgement letter (Compulsory for MICRO Investments) Self attested PAN card copy Plan / Option / Sub Option name mentioned in addition to scheme name
- 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)
- Email id and mobile number provided for online transaction facility SIP Registration Form for SIP investments Relationship proof between guardian and minor (if application is in the name of a minor)
- FATCA Declaration Additional documents attached for Third Party payments. Refer instruction No. 7.

 https://ifaconnect.axismf.com/#/home	  Scan the QR code to download the new AxisMF App 	  www.axismf.com https://www.axismf.com/corporate/Login.aspx	 To stay up to date with your mutual fund investments, connect with us on our WhatsApp number. Sent us a 'Hi' on 7506771113 from your registered mobile number to have your queries answered.	  <ul style="list-style-type: none"> Facebook.com/AxisMutualFund Twitter.com/AxisMutualFund LinkedIn.com/company/Axis-Mutual-Fund YouTube.com/AxisMutualFund
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SYSTEMATIC TRANSFER PLAN (STP)

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

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, 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, 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 Portfolio Manager.

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.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer instruction No. 20)
 I confirm that I am a first time investor across Mutual Funds. **OR** I confirm that I am an existing investor across 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.

1 Applicant Details

Folio No.

Sole / 1st Unitholder (as in PAN Card / KYC records)

Guardian's Name (as case of minor)

1st Holder PAN

2nd Holder PAN

3rd Holder PAN

2 SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 4 working days before the 1st due date for transfer).

From Scheme* Plan Direct Regular

Option (tick ✓) Growth IDCW Reinvestment IDCW Payout IDCW Frequency

To Scheme Plan Direct Regular

Option (tick ✓) Growth IDCW Reinvestment IDCW Payout IDCW Frequency

Systematic Transfer Plan (STP) (Ref. Instruction 5)

Capital Appreciation Systematic Transfer Plan (CapSTP) (Ref instruction 6)

<p>Transfer Frequency (Please tick (✓) any one of the below frequencies)</p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Weekly* (Monday To Friday) Day of transfer <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Fortnightly (Every Alternate Wednesday)</p> <p><input type="checkbox"/> Monthly \$ <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th</p> <p><input type="checkbox"/> Quarterly \$ <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th</p>	<p>Transfer Frequency (Please tick (✓) any one of the below frequencies)</p> <p><input type="checkbox"/> Weekly (Monday To Friday) * Day of transfer <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Monthly \$ (Please tick (✓) any one)</p> <p><input type="checkbox"/> Quarterly \$ <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th</p> <p>*Please ref instruction no. 12.</p>
Transfer Instalment ₹ <input style="width: 100%;" type="text"/>	No. of Instalments <input style="width: 100%;" type="text"/> OR Transfer Period From <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> (First Instalment) (Last Instalment)

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / we hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s). I / We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I / We have understood the details of the Scheme(s) & I / we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / we hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the Law.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

For NRIs only: I / We confirm that I am / we are Non Residents of Indian nationality / origin and that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR account.

I / We confirm that details provided by me / us are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder
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ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Folio No. <input style="width: 100%;" type="text"/>	Investor Name <input style="width: 100%;" type="text"/>	Stamp & Signature
From Scheme <input style="width: 100%;" type="text"/>	To Scheme <input style="width: 100%;" type="text"/>	
Amount <input style="width: 100%;" type="text"/>	Frequency <input style="width: 100%;" type="text"/>	

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.
- 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
- 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.
- STP offers unit holders the following two Plans:
 - Systematic Transfer Plan (STP)
 - Capital Appreciation Systematic Transfer Plan (CapSTP)

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

Systematic Transfer Plan (STP) offers transfer 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.

- 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, 15th or 25th of 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.
- 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.
- 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.
- In case Day of Transfer has not been indicated under STP- Weekly frequency, Wednesday shall be treated as Default day.
- 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.
- 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 commencement date.

- Please refer below table for min. no. of instalments and minimum amount per installment:

STP Frequency	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 Transferee scheme is Axis Long Term Equity Fund, minimum STP amount is ₹500.

- In respect of STP, the Load Structure prevalent at the time of enrolment shall govern the investors during the tenure of the STP.
- 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.
- 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.
- 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.
- 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, in case where the balance amount in a folio is less than the STP/CapSTP amount, the entire amount will be transferred to the transferee scheme.
- 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.
- 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 website www.axismf.com

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

Investor Name

PAN

I/We hereby confirm that above stated entity / organization is falling under "**Non-profit organization**" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Registration Number of DARPAN portal

If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

I/We hereby confirm that the above stated entity / organization is **NOT** falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries or any other statutory authorities to facilitate single submission / update & for regulatory purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Date

Place