FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



Application No.

PLEASE READ THE INSTI	RUCTIONS BEFORE FILLIN	IG UP THE FORM. All sec	tions to be co	mpleted in ENGL	ISH in BL/	ACK / BLUE	COLOUP	RED INK an	d in BLOCK	LETTER	iS.)					
Distributor ARN	Sub-Distributor ARN	Internal Sub-Br	oker / Sol ID	Employee C	ode	EUIN	ı	RIA CODE^ Serial No., Date & Time St								
ARN-55371	ARN					EUIN-E0	26687									
· I/We, have invested in the scher	directly by the investor to the AN ne(s) of Axis Mutual Fund under f Axis Mutual Fund, to the above	Direct Plan. I/We hereby give my	our consent to sh							ır investm	ents unde	r Direct F	Plan(s) of			
ransaction is executed witho nanager/sales person of the abo	the EUIN box has been intention ut any interaction or advice ove distributor/sub broker or no ed by the employee/relationship	by the employee/relationship twithstanding the advice of in-	First / Sol	le Applicant / ardian	Seco	nd Applicant	t	Third	Applicant	Pi	Power of Attorney H					
TRANSACTION CHAI	RGES FOR APPLICAT	IONS ROUTED THROU	JGH DISTRI	BUTORS/AGE	NTS ONI	LY (Refer Ins	struction No.	20)								
I confirm that I am a fire	st time investor across Mut	ual Funds. OR	I confirm tha	t I am an existing	investor in	Mutual Fun	ds.									
	psum) amount is ₹ 10,000/- ill be deducted from the subs								investor) or ₹	: 100/- (f	or invest	or other	r than fi			
	OR'S FOLIO NUMBER	· ·		IT TYPE (Please	0				MODE OF	HOLDI	NG					
(If you have an existing please mention here	g folio with KYC validated, and skip to section 6/7.)	LUMP SUM		UMP SUM WITH S			(in case of	f Demat Purcha	se Mode of Holdi	ng should b	e same as	in Demat	Account)			
		LUMP SUM WIT	H STP 🗌 S	INGLE CHEQUE M	ULTIPLE S	CHEMES	☐ Sing	le 🗆	Joint (Defau	lt)	Anyo	ne or S	urvivor			
1 APPLICANT INFO	DRMATION (MANDAT	ORY) (In case of investment "Or	n behalf of Minor", F	Please Refer Instruction	no. 11.)											
FIRST / SOLE APPLICAN																
PAN (Mandatory)		Date of Birth	D D M	M Y Y Y	γ cν	YC No.			4 digit CKYO	C. Numbe	r					
	Optional	Date Of Dillil		wi i I I	L L L K	10 140.			r aigit ONT	. 190111110						
Aadhaar No.	Орципат		Mobile No.													
Address																
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State			City						Pin Coo	le						
Email ID																
	OPT-IN' to receive physical o	opies of scheme Annual Rep	port or Abridged	d summary.												
SECOND APPLICANT	Mr. Ms. M/s.															
PAN (Mandatory)		Date of Birth	D D M	M Y Y Y	Y CK	YC No.			14 digit CKY0	3 Numbe	r					
Aadhaar No.	Optional															
THIRD APPLICANT	Mr. Ms. M/s.															
PAN (Mandatory)		Date of Birth	D D M	M Y Y Y	A CK	YC No.			4 digit CKY(C Numbe	r	$\overline{\Box}$				
Aadhaar No.	Optional				J OK	10 110.										
	case First / Sole Applicant is	minor) / CONTACT PERSO	N - DESIGNATI	INN / Poa Hoi der	R (In case o	ıf Non-indivi	idual Inves	stors)								
Mr. Ms. M/s.	Cust I not / Outc Applicant is	, minory , contract i Endo	DEGIGNATI	ION / I OA IIOEBEI	T (III GUGG G	or ivon maivi	iddai iiivoo	510137								
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PAN (Mandatory)				M Y Y Y	Y CK	YC No.			4 digit CKY0	; Numbe	r					
Aadhaar No.	Optional	M	lobile No.													
Relationship Of Guardian (Re	efer Instruction No. 11)	Er	mail ID													
Proof of the Relationship	with Minor Birth Ce	rtificate 🗌 School Certific	ate Passpo	ort Other				Spec	cify							
TAX STATUS (Applicable	for First / Sole Applicant)														
Resident Individual	FIIs NRI - NRO	HUF Club / Society	y 🗆 PIO	Body Corpor	ate 🗌	Minor	Govern	ment Body	☐ Trust	\square N	RI - NRE	P	Bank &			
Sole Proprietor	Partnership Firm 🔲 QFI	Provident Fund	Others			S	pecify									
6 DEBIT MANDATE	(For Axis Bank A/c only.) To be proce	essed in CMS software under client c	code "AXISMF"	TO BE DETACHED BY	Y KARVY & PRES	SENTED TO AXIS E	BANK CMS	Application	on No.							
/ We	Name	of the account holder(s)			au	thorise you	to debit m	y/our accou	nt no. Dat	e D	D	M M	Υ			
			Account type	e 🗌 Savings 🗌 N	IRO 🗌 NRI	E Curren	t 🗌 FCNF	R 🗌 Others	Specify		to pay fo	or the pr	urchas			
	Axis Long Term Equity F															
	d, Axis Multicap Fund,	Axis Dynamic Equity F	und ∟Axis Eq	uity Hybrid Fund L		III Cap Fund vords)	ı∟ Axis G	rowth Oppo	ortunities Fur	id UK	AXIS MF	Multip	oie Scl			
			e*	Consul Account		v 01 u 0 J				-1.0	6 H. C.					
Signature	e of First Account Holder		Signature of	f Second Account Ho	older		Signature of Third Account Holder									
ACKNOWLEDGME	NT SLIP Received subject to r	ealisation, verification and conditi	ons, an application	n for purchase of Units	as mentioned	d in the applica	ation form.	Application	on No.							
From																
Cheque no.	Date	Amount			Scheme											

OCCUPATION [Please tick (🗸)]	l															
FIRST APPLICANT	Private Sector Serv			ent Service	Business Prof	essional 🗌 Agricu	ılturist 🗌	Retired		Housew						
SECOND APPLICANT	Private Sector Servi			ent Service	Business Prof	essional 🗌 Agrico	Ilturist 🗌	Retired		House						
THIRD APPLICANT	Private Sector Serv			ent Service	Business Prof	essional 🗌 Agrico	ılturist 🗌	Retired	_ H	Housev						
GROSS ANNUAL INCOME [Plea	ase tick (√)]															
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SECOND APPLICANT	Below 1 Lac	1-5 Lacs 5-1	0 Lacs	> 25 Lacs	- 1 Crore > 1 (Crore OR Net Worth		<u>-</u>								
THIRD APPLICANT	Below 1 Lac	1-5 Lacs 5-1	0 Lacs	> 25 Lacs	- 1 Crore > 1 C	Crore OR Net Worth										
For Individuals		For Non-Individu	ıal Investors (Companies,	Trust. Partners	shin etc.)				·							
I am Politically Exposed Pers	non					a Listed Company:			Voc							
I am Funtically Exposed Fers	SUII	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company:														
I am Related to Politically Ex	xposed Person	Foreign Exchange	Money Charger Services						Yes	N						
☐ I am not related to Political	ly Exposed Person		Lottery Casino Services						Yes	N						
		Money Lending / P	awning						Yes	N						
3 FATCA AND CRS DE	TAILS FOR INDIVIDU	ALS (Including Sole P	roprietor. Refer Instruction No. 23)													
he below information is required	for all applicants/guardian															
	Place/City o	f Birth	Country of B	irth		Country of Citizens	hip / Natio	nality								
First Applicant / Guardian					☐ Indian ☐ U	.S. Others										
First Applicant / Guardian Second applicant					☐ Indian ☐ U	0										
•••						.S. Others										
Second applicant	ou assessed for Tax) in any	other country outs	ide India?	lo [Please tick	☐ Indian ☐ U	.S. Others										
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5 NOMINAT	TION DETAILS	§ (Mandat	ory) (Refer In	struction	No. 18)																												
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8 BANK AC	COUNT DET/	AILS FO	OR PAYO	DUT ((Please no	te th	at as pe	er SEBI	Regula	tions i	t is ma	andato	ry for	investo	rs to	provide	their	r bank	accour	nt detai	ils. Ref	er Ins	truction	No.	6)								
— □ Tick here a	nd don't fill th	ne secti	on belov	w, if tl	he Bar	nk a	acco	unt d	letai	ls fo	or Pa	ay-O	uts	shoul	d b	e sa	me	as t	he b	ank	acco	oun	t det	ails	me	enti	oned	d in	sec	tio	7C.		
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9 DECLARA	TION AND S	IGNATI	URE																														
Having read and und regulations governin Notifications or Dire nor have been induc completed by me/us redemption and unde competing Schemes on the website of the transactions/ non-col/We confirm that I/l only.) with your fund Non Resident Extern CERTIFICATION: I COMPLETE, I / We also AADHAAR DECLAI our Aadhaar number information with the	ng the scheme. I/W citives of the provi- ced by any rebate to the satisfactio ertake such other to of various Mutual ee AMC / Fund. I /V tommercial transac We do not have an d house. For NRIs tal / Non Resident (I / We have unders: I / We have unders: O confirm that I / W RATION: I / We he r(s) in accordance	e hereby c sions of the or gifts, c n of the N action wi: Funds an Ve give my tions/ proi y existing only -1/W tood the in a have rea with the int compan	declare that he Income directly or flutual Func th such fun nongst whi y consent t motions/ pc Micro SIP/ le confirm t FCNR acco of formation d and unde ide my/our Aadhaar A	t the am Tax Act, indirecti d, (I/we I ds that ch the S o AMC otential /Lumpsu that I am ount. I/W requirer rstood t consen ct, 201	ount inv, Anti Moly in mahereby a may be Scheme i and its a investm um inves of the FATC t in acco 6 (and no firm).	rester oney king authorized to the control of the c	ed in the y Laun y Laun y Laun y Laun y Laun y I this i orize the ingreed by the sents who has a sent y when the sents who has a sent y when the sent y when t	he schi dering investi the Mu by the l commo contac other c hich to idents tails pr (read Terms ith Aad s made	eme iss ment. Itual F law.) T ended ct me (commu gethe of Ind orovider along and C dhaar e there heir R	throis, Ant I/We und, The A to me over p nicater wit ian n with Condit Act,	ugh le i Corrector confitorer (RN he) us. phone (ion/r h the fation the F tions	egitim ruption firm the deem nolder . I / we e, SM mater e curre nality/ s are t FATC/ belov 6 and no d PM	nates nn La hat t the f has e give S, er ial irr rue a A & (regul LA. I	source ws or a he funds in funds in disclose e my / o mail or respect pplicat n and t ind corn CRS Ins d hereb ations / We h	only any c ds ir nves sed t any tive any tive tion what l rect. struc y ac mad ereb	and dother a nvested in vested in o me/onsen other of my will restricted in vested in	does applied in the fus a set to bloc sult have	not in icable the Sche II the collected to a cking print aggressited the collected the	nvolve e laws Schen me, ir comm ct pers addre prefer gregat ted fu or (i) c or cor ose or	e designer de la composition della composition d	gned for ted by gally to gur of ns (tra data of invests with estme rom a that to ting, s for sh	or the the colon the a colon the a colon the a colon the the the the the ir	e purp Gover igs to ipplica mmiss ormat nt rela Custor exceed d thro ig and g/disc	ose nme me/ int, a sion ion ited mer ling ling ugh	of the of the of the of the of the of the or an of the or an of the of	e con Indi I eve e app y ot es a rend OOC oved vali the	ntrave a fron ent "K blicabl her m ibed in nd/or ce Reg i in a y bank I by m dating with	ention time (now le NA) (now l	n of a e to ti y Your V pre priva priva cction I Appli channe AN.	ny A ime. r Cu: r Cu: evail bble cy p pmm Facil els o cati er(s)	ct, Rule l/we ha tomer' ng on t o him f olicy w unication ty. e for M r from t	es, Reeve no ve no proce he da or the nich is on per iicro ir unds uue, co ii) upq g der	egulation of receiv cess is nate of su e differe s availab rtaining nvestme in my/ o orrect, a
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