

FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



Application No. _____

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.)

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
ARN-55371	ARN			EUIN-E026687		

Upront 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(s) of all the below mentioned scheme(s) 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 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 ROUTED THROUGH DISTRIBUTORS/AGENTS 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 in Mutual Funds.

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

EXISTING INVESTOR'S FOLIO NUMBER	INVESTMENT TYPE (Please tick any one)	MODE OF HOLDING
(If you have an existing folio with KYC validated, please mention here and skip to section 6/7.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> LUMP SUM <input type="checkbox"/> LUMP SUM WITH SIP <input type="checkbox"/> LUMP SUM WITH STP <input type="checkbox"/> SINGLE CHEQUE MULTIPLE SCHEMES	(in case of Demat Purchase Mode of Holding should be same as in Demat Account) <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor

1 APPLICANT INFORMATION (MANDATORY) (In case of investment "On behalf of Minor", Please Refer Instruction no. 11.)

FIRST / SOLE APPLICANT	Mr. Ms. M/s.
PAN (Mandatory)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Mobile No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>
State	<input type="text"/>
City	<input type="text"/>
Pin Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email ID	<input type="text"/>

I / we hereby prefer to 'OPT-IN' to receive physical copies of scheme Annual Report or Abridged summary.

SECOND APPLICANT	Mr. Ms. M/s.
PAN (Mandatory)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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THIRD APPLICANT	Mr. Ms. M/s.
PAN (Mandatory)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.	
PAN (Mandatory)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Mobile No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship Of Guardian (Refer Instruction No. 11)	<input type="text"/>
Email ID	<input type="text"/>

Proof of the Relationship with Minor Birth Certificate School Certificate Passport Other Specify

TAX STATUS (Applicable for First / Sole Applicant)
 Resident Individual FIs NRI - NRO HUF Club / Society PIO Body Corporate Minor Government Body Trust NRI - NRE Bank & FI
 Sole Proprietor Partnership Firm QFI Provident Fund Others Specify

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	<input type="text"/> Name of the account holder(s)	authorise you to debit my/our account no.	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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	<input type="checkbox"/> Axis Bluechip Fund, <input type="checkbox"/> Axis Long Term Equity Fund, <input type="checkbox"/> Axis Regular Saver Fund, <input type="checkbox"/> Axis Triple Advantage Fund, <input type="checkbox"/> Axis Midcap Fund, <input type="checkbox"/> Axis Focused 25 Fund, <input type="checkbox"/> Axis Arbitrage Fund, <input type="checkbox"/> Axis Equity Saver Fund, <input type="checkbox"/> Axis Multicap Fund, <input type="checkbox"/> Axis Dynamic Equity Fund <input type="checkbox"/> Axis Equity Hybrid Fund <input type="checkbox"/> Axis Small Cap Fund <input type="checkbox"/> Axis Growth Opportunities Fund OR <input type="checkbox"/> Axis MF Multiple Schemes			
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	<input type="text"/>			Stamp & Signature
Cheque no.	Date	Amount	Scheme	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

5 NOMINATION DETAILS (Mandatory) (Refer Instruction No. 18)

Sr. No.	Nominee Name	PAN	Allocation (%)	Relationship with Investor	Guardian Name (in case of Minor)	Guardian Signature
1						
2						
3						

 I/We DO NOT wish to nominate and sign here

First / Sole Applicant	Second Applicant	Third Applicant
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7A PAYMENT TYPE
 Non-Third Party Payment Third Party Payment (Refer instruction no. 7 and attach 'Third Party Payment Declaration Form')
7B INVESTMENT DETAILS Refer Instruction No. 22)

Sr. No.	Scheme	Plan	Option	Amount
1.				
2.				
3.				
4.				
Total	In words			In figures

7C PAYMENT DETAILS

Mode Cheque DD Axis Bank Debit Mandate (Please fill section 6.) Cheque / DD no. Dated

Amount (figures) (words)

Pay-in A/c no.

Account type Savings NRO NRE Current FCNR Others Specify

IFSC Code (11 Digit) MICR Code (9 Digit)

Drawn on bank / branch name & address

8 BANK ACCOUNT DETAILS FOR PAYOUT (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)
 Tick here and don't fill the section below, if the Bank account details for Pay-Out should be same as the bank account details mentioned in section 7C.

Name of the Bank

Branch Address

City Pin Code

Account No. Account Type Savings Current NRE NRO FCNR Others

IFSC Code (11 Digit) MICR Code (9 Digit)

9 DECLARATION AND SIGNATURE

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 give my consent to AMC 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/ promotions/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility .

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.

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.

AADHAAR DECLARATION: 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 (ii) updating my/ our Aadhaar number(s) 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.

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