

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTER ONLY.

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Name of the Guardian for case of minor please attach proof of date of birth) POA (Centract person for non individuals / PoA hadder name Guardian (FOA PAN	(As in PAN card/KYC records)												
Name of the Guardian fin case of minor plases attach proof of date of birth) PDA (Contact person for non individuals (PAA holder name)  Country of Birth  Place of Birth  Place of Birth  Place of Birth  Place of Birth  Proportion  Correspondence address Presented Address Place on the Address of Birth Certificate  Correspondence address Presented Address Place on the Address of Birth Certificate  Correspondence address For Filin/Rish Plog  City  State  Country  Per Code  City  State  Country  Per Code  Final  Status  Resident Individual  Proprietor  Trust  Company  NPO  Company  Are you FATCA Compliant Please rick any anal 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  Permissible documents are  Peason (PEP)  Resident in Desidence  Permissible documents are  Peason (PEP)  Resident in Desidence  Resident in Desidence  Resident in Desidence  Resident in Residence	Refer 10							Date of	hirth				
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For Investments "On behalf of Minor"   Surfer   11     Birth Certificate   School Certificate   Passport   Other   Guardian named above is   Father   Mother   Court Appointed													
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Occupation   Pyt. Sector Service   Public Sector   Gov. Service   Housewife   Defence   Professional   Retired   Busines   Agriculture   Student   Forex Dealer   Other   Specify    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   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   Specify    Forex Annual Income   OR Networth* in 7   Second Account the information   Person (PEP)   Related to   Not   Applicable   Applicable   Politically Exposed   Related to   Applicable   Applicable   Account type   Savings   NRO   NRE   Current   FCNR   Others   Specify   to pay for the purchase   Axis Income Saver   Axis Midcap Fund   Axis Triple Advantage Fund   Axis Equity Fund   Axis Focused 25 Fund   Axis Equity Fund   Axis Eq			etor	=				Society	☐ FII	Const		RI	
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PAN  Date of birth  Date of birth  Country of Birth  Status  Resident Individual  NRI  PIO  Doccupation  Pvt. Sector Sei  Professional  Are you FATCA Complia  Address of tax residence  Type of address given at KRA  Permissible documents are  Are you a tax resident of a	Place o  dual Proprietor HUF Mi Partnership Firm Trust Corvice Public Sector Gov. Service Business Agriculture Student  int (Please tick any one) Yes would be taken as available in Residential or Business Residential or Bu	Gross Annual OR Net-worth Housewife Defence Retired Forex Dealer Other Specify  No (if no, please fill below details)  KRA database. In case of any change please applesidential Business Registered Office PAN Card Govt. ID Card Driving License  Tax identification number  SIP Registration Mandate - NACH for SIP investm	Nationality  I Income    I Income
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Country of Birth  Status Resident Indivi  NRI PIO  Occupation Pvt. Sector Ser  Professional  Are you FATCA Complia  Address of tax residence  Type of address given at KRA  Permissible documents are  Are you a tax resident of a	Place o  dual Proprietor HUF Mi Partnership Firm Trust Corvice Public Sector Gov. Service Business Agriculture Student  int (Please tick any one) Yes would be taken as available in Residential or Business Ri Passport Election ID Card  any country other than India? Yes  country*  ter (Compulsory for MICRO Investments)	Gross Annual OR Net-worth Housewife Defence Retired Forex Dealer Other Specify  No (if no, please fill below details)  KRA database. In case of any change please applesidential Business Registered Office PAN Card Govt. ID Card Driving License (es No (If yes, please indicate all countries in which you are resident  Tax identification number  SIP Registration Mandate - NACH for SIP investm Multiple Bank Accounts Registration form (if you	Nationality  I Income   * in ₹   Politically Exposed   Related to   Not   Applicable
Date of birth    Date of birth   D   M	Place o  dual Proprietor HUF Mi Partnership Firm Trust Corvice Public Sector Gov. Service Business Agriculture Student  int (Please tick any one) Yes  would be taken as available in Residential or Business R Passport Election ID Card  any country other than India?  Country'  ster (Compulsory for MICRO Investments)	Gross Annual OR Net-worth Housewife Defence Retired Forex Dealer Other Specify  No (if no, please fill below details)  KRA database. In case of any change please applesidential Business Registered Office PAN Card Govt. ID Card Driving License  'es No (If yes, please indicate all countries in which you are resident  Tax identification number  SIP Registration Mandate - NACH for SIP investm Multiple Bank Accounts Registration form (if you from any of the accounts) Relationship proof between Guardian and Minor ( Additional documents attached for Third Party p	Nationality  I Income    I Income



7 BANK ACCOUNT DETAILS	FOR PAY-OUT (Mandatory. Refer 6 and avail of Mu	Multiple Bank Registration Facility.) (Please attach	cancelled cheque copy or latest bank account states	ment.) (All fields are mandatory)					
Bank Name									
Bank A/c No.		Type 🗆 Cu	rrent 🗌 Savings 🗌 NRO 🗌 NRE 🛭	FCNR Others Specify					
Branch Name		City		Pin					
IFSC Code (11 digit)*	N.	MICR Code (9 digit)*	*Mentio	ned on your cheque leaf					
3 INVESTMENT & PAYMENT DETAILS (Investors applying under Direct Plan must mention "Direct" against scheme name, refer 2) (All fields are mandatory)									
Payment type Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')									
Scheme Option Sub Option Dividend Frequency (Quarterly/ Half Yearly/ Annual)*  # Dividend Re-Investment is not available for Axis Long Term Equity Fund * Applicable only for Axis Income Save									
8A LUMP SUM Do not submit SIP Regis	stration Mandate - NACH (Form 2)								
Mode Cheque DD Axis	Bank Debit Mandate (Please fill section 6.)	Cheque / DD no.		Dated D D M M Y Y					
Amount (figures) (words)									
Pay-in A/c no.		Drawn o	n bank /						
Account type Savings NRC  SB SIP (SIP Registration details (Form 2) with	O  NRE Current FCNR Others  th Form 1	Specify branch n	ame						
Monthly SIP Amount (figure) (words)									
	SIP frequency (tick ✓ any one) Monthly Yearly (Default Frequency Monthly)  Northly Yearly (Default Frequency Monthly)  Preferred Debit Date (Any date except 29th, 30th and 31th) (ref 13(b))  If no debit date is mentioned default date would be considered as 7th of every month.								
SIP period Start Date M M Y	End Date M M Y Y OR		o If end date is not mentioned ther						
				(Dec 2099).					
	Mode	t Mandate (Please fill section 3.) Dated		IDD					
Drawn on bank / branch name Cheque / DD no.									
9 NOMINATION DETAILS (All fields are mandatory) (Refer 18)									
	First Nominee	Second N	lominee	Third Nominee					
Name (as in PAN card/KYC records)									
PAN									
Date of Birth	D D M M Y Y	Y D D M M	Y Y Y Y D D	M M Y Y Y					
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 Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder					
10 DECLARATION AND SIGNA	ATURE								
Having read and understood the content of the SID / SAI of the scheme, 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 (trait 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 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 - 1 / 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 Ordinary / FCNR account. I/We confirm that details provided by me/us are true and correct.									
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.									
First / Sole Applicant / Guardian	Second Applicant	Thi	ird Applicant	Power of Attorney Holder					
Date: D D M M Y Y	Place :								