FORM 1 - FOR I	LUMPSUM / S	IP INVESTMEN	115	AXIS MUTUAI relax.it/sax		Application No.									
Distributor ARN	Sub-Distributor /	ARN Sol ID / Int	ternal Sub-Broker	Employee Code		EUIN	IIN Serial No., Date & Time Stamp								
ARN	ARN				E										
"///We hereby confirm that the FIII	IN how has been intentionally left his	AMFI registered distributor bas			ng the service re	ndered by th	ne distributor.								
recuted without any interaction or a stributor/sub broker or notwithsta nployee/relationship manager/sales pe	inv box has been intentionally left bia idvice by the employee/relationship anding the advice of in-appropria ercon of the distributor with broker "	manager/sales person of the above teness, if any, provided by the	First / Sole Applicant Guardian	Second Appl	icant	Third	Applicant	P	ower o	of Attorr	ney Holde				
RANSACTION CHARGES	FOR APPLICATIONS THI	ROUGH DISTRIBUTORS O				nfirm that	l am a first	time inves	stor ac	ross Mi	utual Fu				
r more and your Distributor has opted nits will be issued against the balanc	d to receive Transaction Charges, th ce amount invested.	e same are deductible as applicable f	rom the purchase/ subscription amo	ount and payable to the Distribut	or. 🗌 I co	nfirm that	I am an exi	sting inves	stor in	Mutual	Funds.				
1 EXISTING INVES	TOR'S FOLIO NUMBI	R (If you have an existing folio wi	ith KYC validated, please mention h	ere and skip to section 5/6.)											
2 FIRST APPLICAN	IT'S DETAILS							Title	M	lr. 🗌 N	/ls. 🗌 N				
Vame (1 st)															
Date of birth D D M	л м ү ү РАМ Ве	efer 9		Enclose	Attested PAN	сору	🗌 KYC Ac	knowledg	ment /	Letter					
For Investments "On behal	f of Minor" (Refer 10) 🗌 E	Birth Certificate 🗌 School	Certificate 🗌 Passport	Other	Guardian nan	ned below	is 🗌 Fathe	r 🗌 Moth	ner	Court	Appoint				
Name of the Guardian if min	or attach proof of date of	birth / Contact person for no	on individuals / PoA holder	name Gua	ardian / PoA PA	N									
Correspondence / Overseas a	address (For FIIs/NRIs/PIOs)														
City			State				Pin C	ode							
Dverseas address									untry						
Email (Refer 15a)				Mobile											
	lividual 🗌 Proprietor 🗌	HUF 🗌 Minor 🗌 Soc	iety 🗆 FII 🗆 NRI 🗆	PIO Partnership Fi	irm 🗌 Trust			Tel Other		Specify	[
Dccupation Dccupation Pvt. Sector S			1	-			pany 📖		r 🗌 01	ther	Specify				
Any other information		as on Date D D M M		as on Dat volved in any of the follow nbling/ Lottery (casinos, be	ving services: • etting syndicates	s) Yes	No • Mo	ney Lending	g/ Pawr	ning	Yes				
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Scheme								
			Plan			Option	Dividend Fre	quency
LUMP SUM (Fill 6A only)	ICRO LUMP SUM (Fill 6A only)	SIP AXIS BANK DEBIT MA	NDATE (Fill 6B)	ELECTRONIC	AUTO DEBIT	Г (Fill 6B)) SIP (F
6A LUMPSUM (Do not submit SIP Auto	Debit Form)							
Mode Cheque DD Ax	is Bank Debit Mandate (Please fill	section 5.) Cheque / DD no.				Dated D	D M M	Y
Amount (figures)		(words)						
Pay-in A/c no.			Drawn on bank / branch name					
Account type 🗌 Savings 🗌 NRC) 🗆 NRE 🗆 Current 🗆 FCN	NR Others Specify						
GB SIP (For SIP through Electronic Auto Deb	t submit SIP Auto Debit (Form 2) wi	ith Form 1. SIP not available for Axis Liquid	Fund)					
Monthly SIP Amount (figure)		(words)						
Preferred date for monthly debit (Any	date except 29th, 30th and 31st)	D D						
SIP period 🗌 Till you instruct to d	iscontinue or no. of installmen	ıts (Minimum 30	instalments) from MM	γ γ to*	M M Y		only if no. of in specified, else	
First SIP Installment details	Drawn on bank / branch na	me					·	
	is Bank Debit Mandate (Please fill				r	Dated D	р м м	V
					L			Ŷ
DEMAT ACCOUNT DETAILS OF FI	RST / SOLE APPLICANT (Name	e should be as available in demat account. Refer 17						
Pepository Participant (DP) Name								
)PID		Beneficia	ary A/c No.					
NOMINATION DETAILS (Ref	ər 16)							
Name				Guardia	n Namo	Sig	nature	Allee
(Date of Birth if nominee is minor)		Address		(in case Nomir			ian in case e is a Minor)	Alloc
Unit Helder's Constant	irst / Sole Applicant /							
Unit Holder's Signature f you do not wish to nominate sign here.	Guardian	Second Applicant	Third Applican	t	Power	of Attorney	Holder	100
B DECLARATION AND SIGNA	THE		-					
Having read and understood the content of the SID / SA hrough legitimate source only and does not involve des	igned for the purpose of the contravention (we have not received nor have been induce the Mutual Fund, (I/we hereby authorize th RN holder has disclosed to me/us all the cor ro SIP/Lumpsum investments which togeth	n of any Act, Rules, Regulations, Notifications or Dire ed by any rebate or gifts, directly or indirectly in maki ne Mutual Fund, to redeem the funds invested in the S mmissions (trail commission or any other mode), paya her with the current application will result in aggrega	ectives of the provisions of the Income ing this investment. I/We confirm that th cheme, in favour of the applicant, at the able to him for the different competing S ate investments exceeding ₹ 50,000 in	Tax Act, Anti Money ne funds invested in t applicable NAV prev cchemes of various M a year (Applicable fo	Laundering Laws, ne Scheme, legally ailing on the date o utual Funds among Micro investment	Anti Corruption belongs to me/u f such redemption gst which the Sc t only.) with you	Laws or any other s. In event "Know on and undertake s heme is being reco r fund house. For N	applicabl Your Cus uch other mmended IRIs only
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'Buy' means purchased and 'Sell' means redemption of units of Axis Mutual Fund schemes

FORM 2 - SIP AUTO DEBIT FORM (SIP matlab Sleep In Peace[™])

Credit A/c No.



Distribu	utor ARN	Sub-D)istributor A	RN	Sol ID / Inter				ternal Sub-Broker			Employee Code				EUIN					Serial No., Date & Time Stamp								
ARN		ARN														E	E												
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 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 torker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."								G	luardian							Third Applican				nt Power of Attorney Holder							er		
_	that I am a firs						12 UI	ULY (Ke	efer 18	and any o		nfirn	n that l	l am an e	existin	g inv	esto	or in Mu	utua	l Fun	ds.								
In case the subscript	tion amount is ₹ 10,00	10 or more and yo	ur Distributor has	opted to re	eceive Tra	ansaction Cl	-								n amount	and pa	yable 1	to the Dist	ributo	r. Units	will be	issued	against t	he bal	lance an	nount	investe	ad.	
Tick whichever is applicable : New SIP registration by new investor New SIP registration by existing investor Change in Bank details by investor																													
1 APPLIC	CANT'S PER	SONAL DI	etails (M	IANDA	TOR	Y)																							
Application Form No. (For New Applicants)									OR Folio No. (For Existing Un				it hold	t holders)															
Sole / 1st Unit	holder			Fir	rst Nam	10							Midd	lle Name									Last N	ame					
Email ID							F	or rece	eiving s	statemen	ts over	ema	il instea	ad of pos	t														
PAN		1st Applica	nt							2	nd App	lican	t									3rd	Applic	ant					
Enclose	Attested P/	AN card	KYC Letter						Atte	sted PAN	l card		KYC Le	tter						Att	ester	d PAN	V card		KYC	Let	ter		
2 DECLA	RATION ANI	D SIGNAT	TIRF (To h	ie sinn	ed hv		IIT F	ioi de	RS if	f mode	of hol	dina	is 'inir	nt')	_						Dat	ite	n n		M	/	v	V	
I / We declare tl Electronic Debi	hat the particula it arrangement. I bout any changes	rs furnished f the transac	here are corr ction is delaye	rect. I / V	, Ve auth	iorise Axi	is Mu	tual Fu	ind act	ting throu	ıgh its s	servio	ce provio	ders to de							payr	ment (
X	Sole/ 1st U	Init Holder /	POA			x			2	nd Unit I	Holder					x				3rc	d Uni	it Hol	der						
_				B117 B 4				DO			101001									0.10									
—	DEBIT AUTH	IUKISATI	UN RA RY	INK AL		NIHU	LDE	K2																					
The Manage																													
Name of Bank								Branch										City											
I / We authorize	e Axis Mutual Fi	und, acting t	hrough its se	rvice pr	oviders	, to debi	t my	accour	nt thro	ugh ECS	(Debit)	clea	iring / D	irect deb	it (Star	nding	Instr	uction)	as p	er the	; deta	ails gi	ven he	re:					
A) Folio No. /	Application No.									Sche																			
D) Assount N										Plan																			
B) Account N	lumber								Option SIP Auto Debit Date									(29th, 3	20+b	8, 21	et nr	at avs		/חח	1			_	
A/c holder	's name as in ba	ink records									uency		Jale					(2011), c	Joth		onthl		illable)	(DD					
										<u>ا</u>		nent	Amount	t			Pleas	se refer	to k				tallme	nt a	mount				
C) Account T		nt 🗌 C	ash Credit						SIP Auto Debit Period (minimum 30 months)						rom M	m M M Y Y To M M Y Y							_						
D) 9-Digit MI	CR Number of th	he Bank & B	ranch							F	Please fil	l in the	e `To' da	utual Fund Ite only if n	o. of ins	tallme	nts ha						tion For	m.					
I / We declare th	nat the particular	s furnished al	hove are corre	ect If th	e transa	action is (delave	ed or no	nt offo				-	Direct Pla									useriu	netitu	ution r	esno	nsihli		
	orm Axis Mutual I			my bank	сассоці	nt.	,							AS IN BA					10 11	oulu li	01110		030111	ISTIC		copo	1151151	5.17	
Name(s)	So	le/1st Bank	Account Ho	lder / P	0 A					2nd Ba	nk Acc	ount	Holder							3rd B	Bank	Acco	unt Ho	older	r				
Signature(s)																													
	XX So	le/1st Bank	Account Ho	lder / P	0 A		X	X		2nd Ba	nk Acc	ount	Holder				XX			3rd B	Bank	Acco	unt Ho	older	ľ				
Date	D D M M	ΥΥΥ (Τα	o be signed by	all holder	rs if mod	le of oper	ation	of Bank	Accou	nt is 'Joir	1t')																		
(Mandatory, if yo	Y THE BANKER our First SIP Insta that the signatur	llment is throu					tails a	are correct as per our records.								Stamp & Signature													
FOR OFFICE L	USE ONLY (not	to be filled	in by invest	tor)				We co	onfirm	that we	have ta	aken	the abo	ve ECS /	Auto D)ebit	instr	uctions	on o	ur rec	ords								
Recorded on	D D M	M Y Y						Stam	p of Ba	ank Bran	ch Mar	ager																	
Recorded by								Signa	ture																				

Name