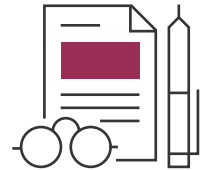


# COMMON APPLICATION FORM

(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 **AALPS**  
ARN **ARN-181211**

Sub-Distributor  
ARN

Internal Sub-Broker/  
Sol ID

Application No.

EUIN **E**

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.

**EXISTING INVESTOR'S FOLIO NUMBER** (If you have an existing folio with KYC validated, please mention here and skip to section 4)

**MODE OF HOLDING** (in case of Demat Purchase Mode of Holding should be same as in Demat Account)

**Unit Holding Option**

Folio number

☐ Single ☐ Joint (Default)

☐ Physical Mode ☐ Demat Mode

☐ I/ We want to create new Folio (Instruction No. 26)

☐ Anyone or Survivor

(in case of Demat, please fill sec 6)

## 1. YOUR PERSONAL DETAILS (MANDATORY) (In case of investment "On behalf of minor", Please refer instruction No. 11)

First Applicant	Mr. Ms. M/s.	FIRST APPLICANT		Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O
PAN (Mandatory)					
DOB	D D M M Y Y Y Y	CKYC No. (Optional)	14 digit CKYC Number		
Address					
City	State		Pincode		
Mobile	Email ID*				
Occupation Details	<input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student <input type="checkbox"/> Others <input type="text"/> Specify				
Gross Annual Income (₹)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore Net worth (Mandatory for Non - Individuals) ₹ <input type="text"/> as on D D M M Y Y Y Y				

Email ID provided pertains to ☐ Self ☐ Family Member\* ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Siblings  
 Mobile No. provided pertains to ☐ Self ☐ Family Member\* ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Siblings  
☐ I / we hereby prefer to 'OPT-IN' to receive physical copies of scheme Annual Report or Abridged summary. (Refer Instruction No. 25)

## 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)

Name of the bank					
Branch Address					
City	State		Pincode		
Account No.					
Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others <input type="text"/> Specify				
IFSC Code (11 digit)	MICR Code (9 digit)				
LEI Code	Valid up to		D D M M Y Y Y Y		

Note: Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors. refer Instruction No. 27.

Second Applicant	Mr.	Ms.	M/s.	SECOND APPLICANT										Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O
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PAN (Mandatory)													
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DOB	D	D	M	M	Y	Y	Y	Y	CKYC No. (Optional)					1	4	d	i	g	i	CKYC Number					
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Address																							
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City											State											Pincode						
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Occupation Details	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Student	<input type="checkbox"/> Others	<input type="text" value="Specify"/>

Gross Annual Income (₹)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore
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Third Applicant	Mr.	Ms.	M/s.	THIRD APPLICANT										Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O
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PAN (Mandatory)													
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DOB	D	D	M	M	Y	Y	Y	Y	CKYC No. (Optional)					1	4	d	i	g	i	CKYC Number					
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Address																							
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City											State											Pincode						
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Occupation Details	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Student	<input type="checkbox"/> Others	<input type="text" value="Specify"/>

Gross Annual Income (₹)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore
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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.	GUARDIAN										Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O
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PAN (Mandatory)													
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DOB	D	D	M	M	Y	Y	Y	Y	CKYC No. (Optional)					1	4	d	i	g	i	CKYC Number					
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Address																							
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City											State											Pincode						
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Occupation Details	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculture
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Student	<input type="checkbox"/> Others	<input type="text" value="Specify"/>

Gross Annual Income (₹)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore
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Relationship Of Guardian (Refer Instruction No. 11)	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Court Appointed Guardian
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Email ID																							
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Proof of the Relationship with Minor	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Others	<input type="text" value="Specify"/>
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TAX STATUS (Applicable for First / Sole Applicant)	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FII	<input type="checkbox"/> NRI-NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club / Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate
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<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body	<input type="checkbox"/> Trust	<input type="checkbox"/> NRI - NRE	<input type="checkbox"/> Bank & FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> QFI	<input type="checkbox"/> Provident Fund
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<input type="checkbox"/> Others	<input type="text" value="Specify"/>
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For Individuals	For Non-Individual Investors (Companies, Trust, Partnership etc.)	
<input type="checkbox"/> I am a Politically Exposed Person	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am related to a Politically Exposed Person	Foreign Exchange / Money Charger Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am not related to Politically Exposed Person	Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Money Lending / Pawning	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor. Refer Instruction No. 23)

The below information is required for all applicants/guardian.

	Place / City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____

**Are you a tax resident (i.e., are you assessed for tax) in any other country outside India?**

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries.

☐ Yes ☐ No

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Address Type
First Applicant / Guardian				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business
Second Applicant				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business
Third Applicant				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business

Overseas Address														
							City							
State				Country				Zipcode						

For Non Individual investors Annexure I and Annexure II are available on the website of AMC i.e. [www.axismf.com](http://www.axismf.com) or at the Investor Service Centres (ISCs) of Axis Mutual Fund.

### 3. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 18)

Details	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee Name			
PAN			
Allocation (%)			
Relationship with Investor			
Nominee date of birth			
Guardian Name (in case of 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.

#### 4. INVESTMENT DETAILS (Investors applying under Direct Plan must select "DIRECT" against scheme name, Refer Instruction No. 2.)

Sr. No.	Scheme	Plan	Option	Amount
1		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		

## 5. PAYMENT DETAILS

☐ Non-Third Party Payment    ☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Axis Bank Debit Mandate <small>(Please fill section 9.)</small>	Date	<div style="display: flex; justify-content: space-between;"> <span>D</span><span>D</span><span>M</span><span>M</span><span>Y</span><span>Y</span><span>Y</span><span>Y</span> </div>	Cheque / DD No.	<div style="display: flex; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span> </div>
Amount <small>(in figures)</small>	<div style="display: flex; align-items: center;"> <input style="width: 150px;" type="text"/> <span style="margin-left: 20px;">(in words)</span> <input style="width: 350px;" type="text"/> </div>				
Pay-in A/c No.	<div style="display: flex; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>				
Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others				Specify
IFSC code (11 digit)	<div style="display: flex; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>				MICR Code (9 digit) <div style="display: flex; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>
Drawn on bank / branch name & address					

## 6. DEMAT ACCOUNT DETAILS (OPTIONAL)

(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.

<b>NSDL:</b>	Depository Participant Name		DP ID:	I	N						
	Beneficiary A/c No.										

<b>CDSL:</b>	Depository Participant Name	
	Beneficiary A/c No.	

Enclosed ☐ Client Master ☐ Transaction / Statement Copy / DIS Copy

## 7. 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 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 (ii) 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	D	D	M	M	Y	Y	Y	Y	Place	
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