## FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



Application No.

PLEASE READ THE INST	RUCTIONS BEFORE FILLIN	IG UP THE FORM. All sec	tions to be co	mpleted in ENGLISH in	BLACK / BLU	E COLOURED INK	and in BL	.OCK LETTERS.)				
Distributor ARN	Sub-Distributor ARN	Internal Sub-Br	oker / Sol ID	Employee Code	EUII	N RIA C	ODE^	Serial No., Date & Time Stamp				
ARN <b>165491</b>	ARN				E0905	35						
I/We, have invested in the sche	   directly by the investor to the AN   me(s) of Axis Mutual Fund under   of Axis Mutual Fund, to the above	Direct Plan. I/We hereby give my/	our consent to sh					my/our investments under Direct Plan(s) of a				
ransaction is executed with nanager/sales person of the al	the EUIN box has been intention out any interaction or advice love distributor/sub broker or no led by the employee/relationship	by the employee/relationship twithstanding the advice of in-	First / Sol	e Applicant / Sardian	econd Applican	t Th	ird Applica	nt Power of Attorney Holder				
TRANSACTION CHA	RGES FOR APPLICAT	ONS ROUTED THROU	JGH DISTRI	BUTORS/AGENTS (	NLY (Refer In	struction No. 20)						
n case the subscription (lum	rst time investor across Mut psum) amount is ₹ 10,000/- vill be deducted from the subs	or more and your Distributor	has opted to re		s, ₹ 150/- (for	first time mutual fu	ınd investo	r) or ₹ 100/- (for investor other than firs				
<b>EXISTING INVEST</b>	OR'S FOLIO NUMBER	l I	NVESTMEN	T TYPE (Please tick any o	ne)		MODE	OF HOLDING				
(If you have an existi please mention her	ng folio with KYC validated, e and skip to section 6/7.)	LUMP SUM	Ll	UMP SUM WITH SIP		(in case of Demat Pu	rchase Mode o	of Holding should be same as in Demat Account)				
		LUMP SUM WIT	H STP S	INGLE CHEQUE MULTIPL	E SCHEMES	☐ Single	☐ Joint	(Default) Anyone or Survivor				
1 APPLICANT INF	ORMATION (MANDAT	ORY) (In case of investment "Or	n behalf of Minor", P	Please Refer Instruction no. 11.)								
FIRST / SOLE APPLICAN	IT Mr. Ms. M/s.											
PAN (Mandatory)		Date of Birth	D D M	M Y Y Y Y	CKYC No.		14 digit	CKYC Number				
Aadhaar No.	Optional		Mobile No.									
	Ориони		WIODIIC NO.									
Address												
			]									
State			City				Pi	in Code				
Email ID	ORT III											
	OPT-IN' to receive physical of	opies of scheme Annual Rep	oort or Abridged	1 summary.								
SECOND APPLICANT	Mr. Ms. M/s.											
PAN (Mandatory)		Date of Birth	D D M	M Y Y Y Y	CKYC No.		14 digit	CKYC Number				
Aadhaar No.	Optional											
THIRD APPLICANT	Mr. Ms. M/s.											
PAN (Mandatory)		Date of Birth	D D M	M Y Y Y Y	CKYC No.		14 digit	CKYC Number				
Aadhaar No.	Optional											
GUARDIAN DETAILS (In	case First / Sole Applicant is	minor) / CONTACT PERSO	N - DESIGNATI	ION / PoA HOLDER (In ca	se of Non-indiv	ridual Investors)						
Mr. Ms. M/s.												
		Date of Birth	D D M	M V V V V	OKYO N		1/L didie	CKYC Number				
PAN (Mandatory)	0.00			M Y Y Y Y	CKYC No.		TH UIGHT	CNTC NUMBER				
Aadhaar No.	Optional		obile No.									
Relationship Of Guardian (R	efer Instruction No. 11)	Er	nail ID									
Proof of the Relationship	with Minor Birth Ce	rtificate 🗌 School Certific	ate 🗌 Passpo	ort Other		S	pecify					
TAX STATUS (Applicable	e for First / Sole Applicant	)										
Resident Individual		HUF Club / Society		☐ Body Corporate	Minor	Government Bo	dy 🗌 T	rust NRI - NRE Bank & F				
Sole Proprietor	Partnership Firm 🔲 QFI	Provident Fund	Others			Specify						
6 DEBIT MANDATE	(For Axis Bank A/c only.) To be proce	essed in CMS software under client c	ode "AXISMF"	TO BE DETACHED BY KARVY &	PRESENTED TO AXIS	BANK CMS Applica	ation No.					
/ We	Name	of the account holder(s)			authorise you	to debit my/our ac	count no.	Date D D M M Y Y				
				e 🗌 Savings 🗌 NRO 🗌				pecify to pay for the purchase				
								sed 25 Fund, $\square$ Axis Arbitrage Funes Fund OR $\square$ Axis MF Multiple Sche				
	figures)	AVIS DAIIUINE EMUITA L	unu <u>AXIS</u> EQL	uity Hybrid Fulid LAXIS (	(words)	ALL MAIS GIOWIII U	pportunitie	STUIN ON MANS INT MUNUPLE SCHE				
	re of First Account Holder		Signature of	F Second Account Holder	/		Signature	of Third Account Holder				
Signatur	o or ringe Account HOIDE		orginature 01	Josepha Account Holder			orginature t	7 Time Account Holder				
ACKNOWLEDGME	NT SLIP Received subject to r	ealisation, verification and conditi	ons, an application	for purchase of Units as ment	ioned in the applic	ation form. Applic	ation No.					
From												
Cheque no.	Date	Amount		Scheme	)							

OCCUPATION [Please tick (🗸)]			Please Refer Instruction No. 11)									
	☐ Private Sector Serv	vice Public Se	ctor Service Governm	ent Service	Business Pr	rofessiona	l Agric	ulturist	Ret	ired	House	
FIRST APPLICANT	Student Fore	x Dealer 🔲 Othe	rs									
SECOND APPLICANT	Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Forex Dealer Others											
THIRD APPLICANT	Private Sector Serv		ctor Service Governm ers	ent Service 🗌	Business P	rofessiona	l Agric	ulturist	Ret	ired 🗌	House	
GROSS ANNUAL INCOME [Plea	ase tick (√)]											
FIRST APPLICANT	□ Below 1 Lac     □ 1.5 Lacs     □ 5-10 Lacs     □ 10-25 Lacs     □ > 25 Lacs · 1 Crore     □ > 1 Crore       Net worth (Mandatory for Non · Individuals Rs.     □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □											
SECOND APPLICANT	Below 1 Lac	1-5 Lacs	0 Lacs	> 25 Lacs	- 1 Crore >	1 Crore C	OR Net Worth	1				
THIRD APPLICANT	Below 1 Lac	1-5 Lacs 5-1	O Lacs 10-25 Lacs	> 25 Lacs	- 1 Crore >	1 Crore C	OR Net Worth	וו				
For Individuals		For Non-Individu	ıal Investors (Companies,	Trust. Partners	ship etc.)							
I am Politically Exposed Pers	son		isted Company or Subsidia		•	y a Listed	I Company:			Yes	N	
_ , ,			ch mandatory UBO Declarat	ion)	•	,						
☐ I am Related to Politically Ex	cposed Person		Money Charger Services							Yes	_ N	
☐ I am not related to Political	y Exposed Person	Gaming / Gambling Money Lending / P	/ Lottery / Casino Services							Yes Yes		
		money zenamy, .	g									
ne below information is required	1. ,		Country of D	irth		Count	ry of Citizon	ohin / Na	tionalit	v		
First Applicant / Guardian	Place/City o	JI DII (III	Country of B	irui		Gouiiti	ry of Citizen	SIIIh / ING	llollall	У		
					Indian I	II C	Othoro					
•							Others _					
Second applicant					☐ Indian ☐	U.S.	Others _					
Second applicant Third applicant	uı assessed for Taxl in any	other country outs	ide India? Ves 1	No [Please tick	☐ Indian ☐	U.S.	_					
Second applicant		,		-	☐ Indian ☐ ☐ Indian ☐	U.S. [	Others _					
Second applicant Third applicant re you a tax resident (i.e., are yo		ich you are a Reside		e you are a Citize	☐ Indian ☐ ☐ Indian ☐	U.S. [ Card Hold	Others _	dent in th		ctive coun		
Second applicant Third applicant re you a tax resident (i.e., are yo	es (other than India) in whi	ich you are a Reside	nt for tax purpose i.e. wher	e you are a Citize	Indian In	U.S. [ Card Hold	Others _	dent in th	ne respec	ctive coun		
Second applicant  Third applicant  re you a tax resident (i.e., are yo 'YES' please fill for ALL countries)	es (other than India) in whi	ich you are a Reside	nt for tax purpose i.e. wher	e you are a Citize	Indian In	U.S. [ Card Hold	Others Others	dent in th	ne respec ess Typ gistered	ctive coun	itries.	
Second applicant  Third applicant  re you a tax resident (i.e., are yo 'YES' please fill for ALL countrie  First Applicant / Guardian	es (other than India) in whi	ich you are a Reside	nt for tax purpose i.e. wher	e you are a Citize	Indian In	U.S. [ U.S. [ Card Hold	Others _ Others _ ler / Tax Resi	dent in th	ne respec ess Typ gistered	otive cour  ne  Office [	itries.	
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5 NOMINATION DETAILS (Mandatory) (Refer Instruction No. 18)																																	
Sr. No.						PAN									loca	tion	on Relationship with Investor						Guardian Name (in case of Minor)						Guardian Signature				
1							T							1																			
2												Ī		1																			
3							Ī	Ī	Ī					1																			
I/\	We DO NOT w																																
First / Sole Applicant					Second Appli									olicant	cant							Third Applicant											
7A PAYMENT TYPE																																	
	Non-Third P	arty Payment	Third Part	y Paym	nent	(Refer in	struct	tion no.	7 and a	ittach	'Third P	arty	Paymer	ıt Declar	ation	Form')																	
7B	INVEST	MENT DETAI	LS Refer Instruction	n No. 22)																													
5	Gr. No.			Schem	10										Plan								Opti	on					Amount				
	1.																																
	2.																																
	3. 4.																																
	Total										In wo	ords	S																	n figur	es		
7C	I РДУМЕ	NT DETAILS																															
70	7C PAYMENT DETAILS  Mode Cheque DD Axis Bank Debit Mandate (Please fill section 6.) Cheque / DD no. Dated Da																																
			Axis Bank Debit	Manda	ate (	(Please fill	-					Ul	neque	חט n	0.											Date	d	D	D	IVI	VI	YY	
	nount (figures)	)					(	words			1	_		1	7				.														
Pay-in A/c no. Drawn on bank / branch name &																																	
Account type Savings NRO NRE Current FCNR Others Specify address  IFSC Code (11 Digit) MICR Code (9 Digit)																																	
II.	SC Code (11 Di	igit)			_				IVIIC	n u	oue (9	Digit	τ)								_												
8	BANK ACC	COUNT DETA	ILS FOR PAY	/OUT	(Ple	ease note	that a	s per S	EBI Reg	ulatio	ns it is n	nand	datory fo	r investo	ors to	provide	their b	ank a	ccount de	etails. R	efer Ins	structio	n No.	6)									
	ick here ar	nd don't fill the	e section belo	ow, if	the	e Bank	aco	coun	t det	ails	for P	ay	/-Out	shou	ld b	oe sai	me a	s th	e ban	k ac	coun	ıt de	tail	s me	enti	onec	l in	sect	ion	7C.			
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IFSC	Code (11 Digit)							N	IICR C	Code	(9 Digit)																						
9	DECLARA <sup>-</sup>	TION AND SI	GNATURE																														
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, (liwe hereby authorize the Mutual Fund, to redeem 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, the third is a policial to the satisfaction of the Mutual Fund, the scheme is being recommended to me/us. I/We also the satisfaction 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 communications promotions/ pomotions/ potentia																																	
Date :		Guardian M M Y	Y Place	: [			econ	iu Aþ[	licant								Third	Аррі	ncaill							L.0//	vel (	n All	or rie	/ Holde	-		