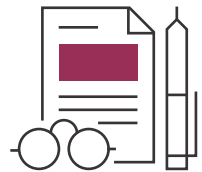


COMMON APPLICATION FORM

(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 ARN **ARN-29181** Sub-Distributor ARN **Hitesh Oza** Internal Sub-Broker/ Sol ID **ARN** Application No. **ARN**

EUIN **E045829** Employee Code **ARN** RIA CODE **ARN**

PMR (Portfolio Manager's Registration) Number **ARN** Serial No., Date & Time Stamp **ARN**

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 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 No. <input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Physical Mode <input type="checkbox"/> Demat Mode (in case of Demat, please fill sec 6)
<input type="checkbox"/> I/ We want to create new Folio (Instruction No. 26)		

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)	<input type="text"/>							
DOB	D D M M Y Y Y Y	CKYC No. (Optional)	<input type="text"/>					
Address <input type="text"/>								
City	<input type="text"/>			State	<input type="text"/>		Pincode	<input type="text"/>
Mobile	<input type="text"/>			Email ID*	<input type="text"/>			
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 (Note: If Email pertains to Family Member please select any one) Spouse Dependent Parents Dependent Children (Refer Instruction No. 25)

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

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	<input type="text"/>							
Branch Address	<input type="text"/>							
City	<input type="text"/>			State	<input type="text"/>		Pincode	<input type="text"/>
Account No.	<input type="text"/>							
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 <input type="text"/>	
IFSC Code (11 digit)	<input type="text"/>			MICR Code (9 digit)	<input type="text"/>			
LEI Code	<input type="text"/>			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.

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

FOR RESIDENT INDIANS

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 _____

FOR NON-RESIDENT INDIANS

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 or at the Investor Service Centres (ISCs) of Axis Mutual Fund.



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

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

<input type="checkbox"/> I/We DO NOT wish to nominate and sign here	You/ Sole Applicant	Second Applicant	Third Applicant
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4. INVESTMENT DETAILS (For multiple schemes ref instruction no. 22) (Investors applying under Direct Plan must select "DIRECT" against scheme name, Refer Instruction No. 2.)

Sr. No.	Scheme Name	Plan	Option [Growth/*IDCW (Dividend) Option]	Amount
1		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		
2		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		
3		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		

*The dividend amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains.

8. QUICK CHECKLIST

- KYC acknowledgement letter (Compulsory for MICRO Investments)
- Self attested PAN card copy
- Plan / Option / Sub Option name mentioned in addition to scheme name
- Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that future payments can be made from any of the accounts)
- Email id and mobile number provided for online transaction facility
- SIP Registration Form for SIP investments
- Relationship proof between guardian and minor (if application is in the name of a minor)
- FATCA Declaration
- Additional documents attached for Third Party payments. Refer instruction No. 7.

 <p>https://ifaconnect.axismf.com/#/home</p>	 <p>Scan the QR code to download the new AxisMF App</p>  <p>GET IT ON Google Play Download on the App Store</p>	 <p>www.axismf.com</p> <p>https://www.axismf.com/corporate/Login.aspx</p>	 <p>To stay up to date with your mutual fund investments, connect with us on our WhatsApp number. Sent us a 'Hi' on 7506771113 from your registered mobile number to have your queries answered.</p>	<p>Follow Us on</p> <p> Facebook.com/AxisMutualFund</p> <p> Twitter.com/AxisMutualFund</p> <p> LinkedIn.com/company/Axis-Mutual-Fund</p> <p> YouTube.com/AxisMutualFund</p>
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9. DEBIT MANDATE (Only for Axis Bank Account holders. Now you don't have to issue a cheque if you hold an Axis Bank Account). To be processed in CMS software under client code "AXISMP"

I/ We **Application No.**

authorise you to debit my/our account no.

Account type Savings NRO NRE Current FCNR Others to pay for the purchase of

Axis Bluechip Fund Axis Long Term Equity Fund Axis Regular Saver Fund Axis Triple Advantage Fund Axis Midcap Fund
 Axis Focused 25 Fund Axis Arbitrage Fund Axis Equity Saver Fund Axis Flexi Cap Fund Axis Balanced Advantage Fund
 Axis Equity Hybrid Fund Axis Growth Opportunities Fund Axis Small Cap Fund Axis ESG Equity Fund Axis Nifty 100 Index Fund
 Axis Special Situations Fund Axis Global Equity Alpha Fund Of Fund Axis Quant Fund Axis Value Fund
 Axis Greater China Equity Fund Of Fund Axis Global Innovation Fund of Fund **OR** Axis MF Multiple Schemes

Amount (in words) (in Figures)

Signature of First Account Holder	Signature of Second Account Holder	Signature of Third Holder
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Date

WE ACKNOWLEDGE YOUR APPLICATION Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From

Cheque No.	Date	Amount	Scheme	Stamp & Signature

Application No.

