

COMMON APPLICATION FORM

For first time investors for Lumpsum Investments / SIP Investments / Zero Balance folio registration.

(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-4464** Sub-Distributor ARN Internal Sub-Broker/Sol ID

Application No.

EUIN **E032737** Employee Code RIA CODE ^

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 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 <input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode (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)	<input type="text"/>	Aadhaar No. (Optional)	<input type="text"/>		
DOB	D D M M Y Y Y Y	CKYC No. (Optional)	<input type="text"/>	14 digit CKYC Number	<input type="text"/>
Address	<input type="text"/>				
City	State	Pincode			<input type="text"/>
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 belongs to Self / Family Member (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

Branch Address

City State Pincode

Account No.

Account type Savings Current NRE NRO FCNR Others Specify

IFSC code (11 digit) MICR Code (9 digit)

Second Applicant Mr. Ms. M/s. SECOND APPLICANT Gender M F O

PAN (Mandatory) Aadhaar No. (Optional)

DOB CKYC No. (Optional)

Address

City State Pincode

Occupation Details Pvt. Sector Service Public Sector Service Govt. Service Business Professional Agriculturist
 Retired Housewife Forex Dealer Student Others Specify

Gross Annual Income (₹) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Crore > 1 Crore

Third Applicant Mr. Ms. M/s. THIRD APPLICANT Gender M F O

PAN (Mandatory) Aadhaar No. (Optional)

DOB CKYC No. (Optional)

Address

City State Pincode

Occupation Details Pvt. Sector Service Public Sector Service Govt. Service Business Professional Agriculturist
 Retired Housewife Forex Dealer Student Others Specify

Gross Annual Income (₹) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Crore > 1 Crore

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 M F O

PAN (Mandatory) Aadhaar No. (Optional)

DOB CKYC No. (Optional)

Address

City State Pincode

Occupation Details Pvt. Sector Service Public Sector Govt. Service Business Professional Agriculture
 Retired Housewife Forex Dealer Student Others Specify

Gross Annual Income (₹) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Crore > 1 Crore

Relationship Of Guardian (Refer Instruction No. 11) Mother Father Court Appointed Guardian

Email ID

Proof of the Relationship with Minor Birth Certificate School Certificate Passport Others Specify

TAX STATUS (Applicable for First / Sole Applicant) Resident Individual FII NRI-NRO HUF Club / Society PIO Body Corporate
 Minor Government Body Trust NRI - NRE Bank & FI Sole Proprietor Partnership Firm QFI Provident Fund
 Others Specify

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)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		

 I/We DO NOT wish to nominate and sign here

You/ Sole Applicant

Second Applicant

Third Applicant

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	Plan	Option	Amount
1		<input type="checkbox"/> Direct <input type="checkbox"/> Regular		
2		<input type="checkbox"/> Direct <input type="checkbox"/> Regular		
3		<input type="checkbox"/> Direct <input type="checkbox"/> Regular		
Total		In words		In figures

