AXIS MUTUAL FUND

THERE'S ALWAYS SOLUTION

COMMON APPLICATION FORM

Form 1

Date D D M M Y Y Application No

Distributor Code / ARN No	Sub-distributor Code / ARN No / Sol ID	Serial Number, Date and Time Stamp

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.

1 EXISTING FOLIO NUMBER _____ *Existing Investors - Please fill in Sections 1, 9, 10,11 and 13 only*

2 UNIT HOLDER INFORMATION

Name of the First Applicant / Corporate Investor **Date of Birth** D D M M Y Y

Mr/ Ms/ M/s/ Dr/ Minor

PAN (mandatory) Enclosed - ☐ PAN Proof ☐ KYC Letter *Refer instruction related to PAN & KYC*

Name of the Second Applicant

Mr/ Ms/ M/s/ Dr

PAN (mandatory) Enclosed - ☐ PAN Proof ☐ KYC Letter *Refer instruction related to PAN & KYC*

Name of the Third Applicant

Mr/ Ms/ M/s/ Dr

PAN (mandatory) Enclosed - ☐ PAN Proof ☐ KYC Letter *Refer instruction related to PAN & KYC*

Name of the Guardian (in case of a minor)

Mr/ Ms/ M/s/ Dr

PAN (mandatory) Enclosed - ☐ PAN Proof ☐ KYC Letter *Refer instruction related to PAN & KYC*

Name of the Power of Attorney Holder

Mr/ Ms/ M/s

PAN (mandatory) Enclosed - ☐ PAN Proof ☐ KYC Letter *Refer instruction related to PAN & KYC*

3 STATUS OF FIRST APPLICANT ☐ Resident Individual ☐ Bank ☐ HUF ☐ Proprietor ☐ Minor ☐ Society ☐ FII ☐ Partnership Firm ☐ NRI ☐ PIO ☐ Trust ☐ Company ☐ Other _____ (specify)

4 MODE OF OPERATION ☐ Single ☐ Joint ☐ Anyone or Survivor *(Default option is Joint)*

5 OCCUPATION *(of First/ Sole Applicant)* ☐ Service ☐ Housewife ☐ Defence ☐ Professional ☐ Retired ☐ Business ☐ Agriculture ☐ Other _____ (specify)

6A CONTACT DETAILS - FIRST APPLICANT/ GUARDIAN/ CORPORATE *(PO Box address is not sufficient. Mobile number and email id is mandatory to avail of online facility.)*

Contact Person (In case of Non Individual Investor)

Address

City

State Pincode Landline No

Mobile (Holder 1)* Email (Holder 1)*

Mobile (Holder 2)* Email (Holder 2)*

Mobile (Holder 3)* Email (Holder 3)*

** Mandatory to transact using online transaction mode on our website www.axismf.com*

6B OVERSEAS ADDRESS *(Mandatory in case of NRIs/ FIIs) (PO Box address is not sufficient. Investors residing overseas & with PO Box address must provide their Indian address)*

Address

City State Pincode

Mobile Landline No

Email

7 CONTACT & ADDRESS OF POWER OF ATTORNEY HOLDER *(PO Box address is not sufficient)*

Address

City State Pincode

Mobile Landline No

Email

AXIS MUTUAL FUND - DEBIT MANDATE

10A DEBIT MANDATE *(For Axis Bank account holders only)* Date D D M M Y Y Application No

TO BE DETACHED BY THE REGISTRAR (KARVY COMPUTERSHARE PVT. LTD.) AND PRESENTED TO AXIS BANK CMS BRANCH

To CMS DEPARTMENT - Axis Bank*

I/ We _____ Name of the account holder(s)

authorise you to debit my/ our account no _____ to pay for the

purchase of **Axis Treasury Advantage Fund / Axis Liquid Fund / Axis Equity Fund / Axis Tax Saver Fund** *(Strike off those not applicable)*

Please debit an amount of Rs (in figures) _____ Rs (in words) _____

Signature of Account Holder(s) as per bank records / Authorised Signatory(ies)

***To be processed in CMS software under client code "AXISMF"**

AXIS MUTUAL FUND - ACKNOWLEDGMENT SLIP *(To be filled in by the investor)* **Application No**

Received from Mr/ Ms/ M/s/ Dr

an application for purchase of units in ☐ **Axis Treasury Advantage Fund** ☐ **Axis Liquid Fund** ☐ **Axis Equity Fund** ☐ **Axis Tax Saver Fund**

Option ☐ Growth ☐ Dividend Payout# ☐ Dividend Re-investment Option | Dividend Frequency ☐ Daily ☐ Weekly ☐ Monthly

#Not available for Daily Dividend Frequency *Applicable for Axis Treasury Advantage Fund & Axis Liquid Fund*

for Rs (in figures) _____ on Date D D M M Y Y vide Instrument no _____

Stamp & Signature

Form 1

8 MODE OF CORRESPONDENCE

(Where the investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive correspondence through physical mode instead of e-mail are requested to ✓) Email communication will help save paper & the planet. ☐ I/ We wish to receive all communication through physical mode in lieu of email.

9 BANK ACCOUNT DETAILS OF FIRST/ SOLE APPLICANT

(Refer "Bank Details" under Instructions. Please enclose a copy of a cancelled cheque)

Name of Bank _____ Branch _____

City _____ State _____ Account No _____

Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others _____ (specify)

MICR code* _____ IFSC code** _____

**Mandatory for dividend payout via ECS (The 9 digit code appears on your cheque next to the cheque number) **Mandatory for credit via RTGS/ NEFT (11 digit code also found on your cheque leaf.)*

10 PAYMENT OPTIONS

(Please ✓ either Cheque payment or RTGS/ NEFT)

☐ **Cheque** ☐ **RTGS** ☐ **NEFT** ☐ **Debit Mandate** *(For Axis Bank A/c holders only. Also fill the section 10A)*

Cheque/DD UTR (for RTGS/ NEFT) No _____ Cheque/DD Date D D M M Y Y

Drawn on (Bank/ Branch Name) _____

Cheque Issuer Name _____ In case cheque is issued by person other than the investor

Total amount Rs (In figures) inclusive of DD charges if any _____

Rs (In words) inclusive of DD charges if any _____

DD Charges Rs (In figures) if any _____

11 INVESTMENT DETAILS

☐ **Axis Treasury Advantage Fund** ☐ **Axis Liquid Fund** ☐ **Axis Equity Fund** ☐ **Axis Tax Saver Fund**

Option ☐ Growth ☐ Dividend Payout# ☐ Dividend Re-investment Option | Dividend Frequency ☐ Daily ☐ Weekly ☐ Monthly

#Not available for Daily Dividend Frequency | *Applicable for Axis Treasury Advantage Fund & Axis Liquid Fund*

12 NOMINATION DETAILS

I/We _____ do hereby nominate the under mentioned person to receive the units to my/ our credit in this folio no. in the event of my/ our death. I/ We also understand that all payments and settlements made to such Nominee, and signature of the Nominee acknowledgment receipt thereof shall be a valid discharge by the AMC/ Mutual Fund/ Trustee.

Nominee's Name _____

Relationship _____

Address _____

In case Nominee is a Minor

Name of Guardian _____

Address of Guardian _____

Date of Birth D D M M Y Y Y Y Signature of Guardian _____

In case of more than one nominee, kindly submit multiple nomination (maximum 3 nominees) forms. Extra nomination forms can be obtained from the nearest ISC or Registrar or from the AMC website.

13 DECLARATION AND SIGNATURES

Having read and understood the content of the SID/ SAI of the scheme, I/ we hereby apply for units of the scheme. I have read and understood the terms, conditions, 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 understood the details of the Scheme & 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 (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/ us. **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.

First/ Sole Applicant/ Guardian	Second Applicant
Third Applicant	Power of Attorney Holder

CHECKLIST

Documents as listed below are to be submitted along with the Application Form *(as applicable to your specific case)*

Document submitted. Kindly (✓)	Sr No	Documents	Individuals	Companies	Trusts	Societies	Partnership Firms	FIIs	NRIs	Investments through POA
	1	Resolution/ Authorisation to invest		✓	✓	✓	✓	✓		
	2	List of Authorised Signatories with Specimen Signature(s)		✓	✓	✓	✓	✓		✓
	3	Memorandum & Articles of Association		✓						
	4	Trust Deed			✓					
	5	Bye-Laws				✓				
	6	Partnership Deed					✓			
	7	Notarised Power of Attorney								✓
	8	Account Debit Certificate in case payment is made by DD from NRE/ FCNR A/c where applicable						✓	✓	
	9	PAN Proof (not required for existing investors)	✓	✓	✓	✓	✓	✓	✓	✓
	10	KYC acknowledgment letter (required if not already submitted, for investments of Rs 50,000 or more)	✓	✓	✓	✓	✓	✓	✓	✓
	11	Copy of cancelled Cheque	✓	✓	✓	✓	✓	✓	✓	✓

All documents in 1 to 6 above should be originals or true copies certified by the Director/ Trustee/ Company Secretary/ Authorised Signatory/ Notary Public/ Partner as applicable. Originals will be handed over after verification.

Axis Asset Management Company Limited

Investment Manager to Axis Mutual Fund

11th Floor, Nariman Bhavan, Vinay K Shah Marg, Nariman Point, Mumbai 400 021, India.

Tel 91 22 3940 3300 **Fax** 91 22 2204 0130 **Toll Free** 1800 3000 3300 **Email** customerservice@axismf.com **www.**axismf.com