reax. It's axis.

AXIS MUTUAL FUND

Application form and KIM for:

- Axis Equity Fund
- Axis Long Term Equity Fund Axis Midcap Fund
- Axis Income Saver

- Axis Triple Advantage Fund

How to use this form?		
	To make a lump sum investment	To make an SIP investment
New Applicants	Use Form 1 only	Use Form 1 and Form 2
Existing Investors	Use Form 1 only	Use Form 2 only
If you are not KYC certified	Also submit KYC Application Form	Also submit KYC Application Form

Distributor Code	/ ARN	Sub-distributor code / ARN / Sol ID					Serial Number, Date and Time Stamp					
ARN-10520												
		e AMFI registered distributor based on the investor's assessment of various factors including the										
TRANSACTION CHAR												
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In case the subscription amount is ₹ 1 issued against the balance amount inv	vested.	Distributor has opted to receive	i ransaction Gnarges,	the same are dedu	ctible as applica	able from the pul	rcnase/ subcri	ption amoun	t and paya	ible to the Distr	ibutor. UI	IITS
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PAN*(1st Applicant/Guardian)			Proof of Da	te of Birth		rth Certifi			Certifi	icate/Mar	k she	et
Mandatory. Refer Instruction 5. Enclose (Please ✓)	Attested PAN	L card copy	Attached []			ssport	,					
	KYC Acknow		Guardian na	amed belov	∕is ∐Fa	ther	Mother	Co	urt Ap	pointed [^]		
Name of the Guardian	if minor / Con	tact Person for non	individuals /	PoA Holde	er name	PoA	PAN					
Correspondence Addr	ess / Overseas	Address (For FIIs/NRIs/P	10s)									
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Additional documents attached for Third Party payments. Refer instructions.



Toll Free	1800 3000 3300
Website	www.axismf.com
Email	customerservice@axismf.com

Form 2





Distributor Code / ARN Su	ub-distributo	r code / ARN / Sol ID	Serial Number, Date and Time Stamp
ARN-10520			
Upfront commission shall be paid directly by the investor to the AMFI registered distributo Tick whichever is applicable : New SIP registration			
1. APPLICANT'S PERSONAL DETAILS (MAI	NDATORY)		
Application Form No. (For New Applicants)		OR Folio (For Ex	No. sting Unit holders)
Sole / First Applicant Unitholder	First Name	Middle Na	me Last Name
Email ID	For	eceiving statements over email instead	of post
PAN 1st Applicant		2rd Applicant	3rd Applicant
Enclose (Please) Attested PAN card K</td <td>YC Letter</td> <td>Attested PAN card K</td> <td>YC Letter Attested PAN card KYC Letter</td>	YC Letter	Attested PAN card K	YC Letter Attested PAN card KYC Letter
2. DECLARATION AND SIGNATURE (To be s	signed by ALL UN	IT HOLDERS if mode of holding is 'joint)
bank account towards payment of SIP instalment	ts through an	Electronic Debit arrangement	acting through it's service providers to debit my / ou . If the transaction is delayed or not effected at all fo onsible. I/We will also inform Axis Mutual Fund abou Date
X Sole/ 1st Unit Holder	х	2nd Unit Holder	X 3rd Unit Holder
3. AUTO DEBIT AUTHORISATION BY BA	NK ACCOU	INT HOLDERS	
Name of Bank	Brand	h	City
I / We authorize Axis Mutual Fund, acting thro (Standing Instruction) as per the details given her		ice providers, to debit my a	ccount through ECS (Debit) clearing / Direct debi
A) Folio No. / Application No.		Scheme	
		Plan	
		Option	
B) Account Number		SIP Auto Debit Date	(29th, 30th & 31st not available) (DD)
		Frequency	Monthly
C) Account Type (Please ✓)		SIP Installment Amount	Please refer to KIM for min. installment amount
Savings Current Cash Credit		SIP Auto Debit Period (minimum 30 months)	From M M Y Y To M M Y Y
D) 9-Digit MICR Number of the Bank & Branch		Till you instruct Axis Mutual Fund to di	continue. nstallments have been specified in the SIP Application Form.
I / We declare that the particulars furnished abo	ve are correc		d or not effected at all for reasons of incomplete o
			o inform Axis Mutual Fund about any changes in my
	NATURE(S) O	F BANK ACCOUNT HOLDER(5) AS IN BANK RECORDS
Name(s) Sole/1st Bank Account Holder		2nd Bank Account Holder	3rd Bank Account Holder
Signature(s)			
XX Sole/1st Bank Account Holder	xx	2nd Bank Account Holder	XX 3rd Bank Account Holder
Date D D M M Y Y (To be	signed by all hold	lers if mode of operation of Bank Accou	nt is 'Joint')
ATTESTED BY THE BANKER (Mandatory, if your First SIP Installment is through a Demand Draft / Pay I / We certify that the signature of account hol		ne bank account details are c	orrect as per our records. Stamp & Signature
FOR OFFICE USE ONLY (not to be filled in by in	vestor)	We confirm that we have our records.	aken the above ECS / Auto Debit instructions on
Recorded on D D M M Y Y		Stamp of Bank Branch Ma	nager
Recorded by		Signature	
Credit A/c No.		Name	