

relax. IT'S AXIS.



Application form and KIM for:

- Axis Equity Fund
- Axis Long Term Equity Fund
- Axis Income Saver
- Axis Triple Advantage Fund
- Axis Midcap 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 |

6. INVESTMENT & PAYMENT DETAILSPayment type (Please ✓) ☐ Non-Third Party Payment ☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form')

| Scheme 1 | Plan | Option | Dividend Frequency (Quarterly/ Half Yearly/ Annual)* |
|----------|------|--------|--|
| Scheme 2 | Plan | Option | Dividend Frequency (Quarterly/ Half Yearly/ Annual)* |
| Scheme 3 | Plan | Option | Dividend Frequency (Quarterly/ Half Yearly/ Annual)* |

☐ **ONE TIME LUMP SUM INVESTMENT** (Do not submit SIP Auto Debit Form for lump sum investments)

*Applicable only for Axis Income Saver

Payment mode ☐ Cheque ☐ DD ☐ Debit Mandate^

(^Facility available for Axis Bank account holders only. Please fill in section 5. The Debit Mandate can be used to invest in one scheme at a time only.)

SCHEME 1

SCHEME 2

SCHEME 3

| | | | |
|---|---|----------|----------|
| Investment amount (₹) | | | |
| Cheque / DD No. | | | |
| Cheque / DD date | DD/MM/YY | DD/MM/YY | DD/MM/YY |
| Drawn on bank / branch name | | | |
| Pay-in bank account no. (For cheques only) | | | |
| Account type (Please ✓) | <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 | |

☐ **DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT** (Refer instruction 13. Not applicable for SIP investment). Name should be as available in demat account.☐ NSDL ☐ CDSL

Depository Participant Name

Depository Participant (DP) ID

Beneficiary Account Number

☐ **SIP INVESTMENT** (normal SIP)☐ **MICRO SIP INVESTMENT** (Provide 'Type of Supporting Document' & 'ID Document Number' under section 2. Refer instruction 5b.)

Monthly SIP amount ₹

(in figures)

₹

(in words)

First SIP Installment detailsMode of payment ☐ Cheque / DD ☐ Debit Mandate (Facility available for Axis Bank account holders only. Please fill in section 5.)

Cheque / DD no.

Cheque / DD date

DDMMYY

Drawn On

Second and subsequent SIP Installment detailsSIP period ☐ Till you instruct Axis Mutual Fund to discontinue or no. of installments from MMYY to* MMYY

Preferred date for monthly debit (Pick any date except 29th, 30th and 31st of the month.)

DD

*Please fill only if no. of installments have been specified. Otherwise leave blank.
Minimum 30 instalments☐ SIP through post-dated cheques-Cheque Nos.

From

To

Date From DDMMYY To DDMMYY

☐ SIP through Electronic Auto Debit (Please fill and attach the SIP Auto Debit Form along with this form)**7. NOMINATION DETAILS** (Nomination is advisable. If you do not wish to nominate, tick here ☐. Refer instructions 10.)

| | Name | Date of Birth | Address | Guardian Name (in case Nominee is a Minor) | Signature (Guardian in case Nominee is a Minor) | Allocation % |
|-------------------------|------|---------------|---------|---|---|--------------|
| Nominee 1 | | | | | | |
| Nominee 2 | | | | | | |
| Nominee 3 | | | | | | |
| Unit Holder's Signature | | | | | | Total = 100% |

8. DECLARATION AND SIGNATURE

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. I/We confirm the I/We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding 50,000 in a year (Applicable for Micro SIP investment only) 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 |
|-----------------------------------|------------------|-----------------|--------------------------|

QUICK CHECKLIST AND ENCLOSURES

- | | |
|--|--|
| <input type="checkbox"/> KYC acknowledgement letter copy attached | <input type="checkbox"/> Multiple Bank Accounts Registration form attached (if you want to register multiple bank accounts so that future payments can be made from any of the accounts) |
| <input type="checkbox"/> Self attested PAN card copy attached | <input type="checkbox"/> Nomination facility opted |
| <input type="checkbox"/> Email id provided for a greener planet | <input type="checkbox"/> Form signed by all applicants |
| <input type="checkbox"/> Email id and mobile number provided for online transaction facility | <input type="checkbox"/> Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached |
| <input type="checkbox"/> Plan / Option name mentioned in addition to scheme name | <input type="checkbox"/> Additional documents attached for Third Party payments. Refer instructions. |
| <input type="checkbox"/> SIP Auto Debit Form attached for SIP investments | |



Toll Free 1800 3000 3300

Website www.axismf.com

Email customerservice@axismf.com

Form 2

| Distributor Code / ARN | Sub-distributor 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 distributor based on the investor's assessment of various factors including the service rendered by the distributor. Tick whichever is applicable : <input type="checkbox"/> New SIP registration by new investor <input type="checkbox"/> New SIP registration by existing investor <input type="checkbox"/> Change in Bank details by investor | | |
| 1. APPLICANT'S PERSONAL DETAILS (MANDATORY) | | |
| Application Form No. <input style="width: 100px;" type="text"/> OR Folio No. <input style="width: 100px;" type="text"/> <small>(For New Applicants) (For Existing Unit holders)</small> | | |
| Sole / First Applicant Unitholder <input style="width: 100px;" type="text"/> First Name <input style="width: 100px;" type="text"/> Middle Name <input style="width: 100px;" type="text"/> Last Name <input style="width: 100px;" type="text"/> | | |
| Email ID <input style="width: 100px;" type="text"/> For receiving statements over email instead of post <input style="width: 100px;" type="text"/> | | |
| PAN <input style="width: 100px;" type="text"/> 1st Applicant <input style="width: 100px;" type="text"/> 2nd Applicant <input style="width: 100px;" type="text"/> 3rd Applicant <input style="width: 100px;" type="text"/> | | |
| Enclose (Please ✓) <input type="checkbox"/> Attested PAN card <input type="checkbox"/> KYC Letter <input type="checkbox"/> Attested PAN card <input type="checkbox"/> KYC Letter <input type="checkbox"/> Attested PAN card <input type="checkbox"/> KYC Letter | | |
| 2. DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint') | | |
| I / We declare that the particulars furnished here are correct. I authorise Axis Mutual Fund acting through it's service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Axis Mutual Fund about any changes in my bank account. | | |
| Date <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> | | |
| X Sole/ 1st Unit Holder | X 2nd Unit Holder | X 3rd Unit Holder |
| 3. AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS | | |
| The Manager Name of Bank <input style="width: 100px;" type="text"/> Branch <input style="width: 100px;" type="text"/> City <input style="width: 100px;" type="text"/> | | |
| I / We authorize Axis Mutual Fund, acting through its service providers, to debit my account through ECS (Debit) clearing / Direct debit (Standing Instruction) as per the details given here: | | |
| A) Folio No. / Application No. <input style="width: 100px;" type="text"/> B) Account Number <input style="width: 100px;" type="text"/> C) Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit D) 9-Digit MICR Number of the Bank & Branch <input style="width: 100px;" type="text"/> | Scheme <input style="width: 100px;" type="text"/> Plan <input style="width: 100px;" type="text"/> Option <input style="width: 100px;" type="text"/> SIP Auto Debit Date <input style="width: 100px;" type="text"/> (29th, 30th & 31st not available) (DD) Frequency <input style="width: 100px;" type="text"/> Monthly SIP Installment Amount <input style="width: 100px;" type="text"/> Please refer to KIM for min. installment amount SIP Auto Debit Period (minimum 30 months) From <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> To <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> | <input type="checkbox"/> Till you instruct Axis Mutual Fund to discontinue. Please fill in the 'To' date only if no. of installments have been specified in the SIP Application Form. |
| I / We declare that the particulars furnished above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / we would not hold the user institution responsible. I / We will also inform Axis Mutual Fund about any changes in my bank account. | | |
| NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS | | |
| Name(s) <input style="width: 100px;" type="text"/> Sole/1st Bank Account Holder | <input style="width: 100px;" type="text"/> 2nd Bank Account Holder | <input style="width: 100px;" type="text"/> 3rd Bank Account Holder |
| XX Sole/1st Bank Account Holder | XX 2nd Bank Account Holder | XX 3rd Bank Account Holder |
| Date <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> (To be signed by all holders if mode of operation of Bank Account is 'Joint') | | |
| ATTESTED BY THE BANKER <small>(Mandatory, if your First SIP Installment is through a Demand Draft / Pay Order)</small> I / We certify that the signature of account holder(s) and the bank account details are correct as per our records. | | Stamp & Signature |
| FOR OFFICE USE ONLY (not to be filled in by investor) | | |
| Recorded on <input style="width: 100px;" type="text"/> Recorded by <input style="width: 100px;" type="text"/> Credit A/c No. <input style="width: 100px;" type="text"/> | We confirm that we have taken the above ECS / Auto Debit instructions on our records. Stamp of Bank Branch Manager Signature Name | |