APPLICATION FORM FOR LUMPSUM / SIP INVESTMENTS



Application No.

Form	Distributor Code /	ARN			Sub-c	distrib	utor c	ode	/ AF	RN / S	Sol ID				Sei	rial N	Num	ber,	Date	e ar	nd Ti	ime	Sta	mp	
Ĕ	ARN-56003 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.																								
	1. EXISTING INVESTOR'S FOLIO NUMBER																								
		(If you have an existing folio number with KYC validated, please mention the number here and skip to section 6. Mode of holding will be as per existing folio number.)																							
	2. FIRST APPLICANT'S DETAILS																								
	Name of 1st Applicant	should match	with PAN	l card)															Tit	tle	M	r.	M	s. 🗆	M/s
	Date of Birth													linor" (Refer Instruction 6) ("Attach mandatory documents as per instructions.)											
	PAN* (1st Applicant/Guardian) *Mandatory. Refer Instruction 5.		Attached [^]							rth Certificate School Certificate/Mark sheet															
		card co				Guardian named below is Father							,					poin [.]	ted	^					
	Name of the Guardian if	KYC Acl f minor /						idual	ls / P	oA F	lolder	name)	PoA PAN											
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	City							Stat	te									Pin	Cod	e	+				\vdash
	Email ID (Refer instruction 11a)													Mob	ile +	- 91			004						\vdash
	STD Code	Tel (Off	ice)					Т	el (Re	si)															
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	3. JOINT APPLICANT	T'S DE1	AILS					M	lode	Of H	olding	(Please	√)		Joint	(Defa	ult)	An	yon	ео	r Su	rviv	or	Si	ngle
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	PAN (2nd applicant)				End	close	A	ttest	ted P	AN c	ard co	ру	KY	C Ac	knov	vled	gme	nt*		*1	/landat	ory.	Refer I	nstruct	tion 5.
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	Email ID Name of 3rd Applicant (Should matc	h with PAI	N Card)										Mob	ile +	-91			Tit	le	Mr	r. [Ms	s. 🗆	M/s
		Should matc	h with PAI	N Card)										Mob	ile +	+91			Tit	le	Mr	r. 🗆	Ms	;. 🔲	M/s
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	Name of 3rd Applicant (Should matc	h with PAI	V Card)	End	close	☐ At	ttest	ted P	AN c	ard co	рру	KY	C Ad		wled	gme	nt*	Tit						
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Toll Free 1800 3000 3300 Website www.axismf.com customerservice@axismf.com

Additional documents attached for Third Party payments. Refer instructions.



Form 2

Distributor Code / ARN	Sub-distributo	r code / ARN / Sol	Serial Number, Date and Time Stamp									
ARN-56003 Upfront commission shall be paid directly by the investor to the Al	MFI registered distributor based on the investor	r's assessment of various factors i	ncluding the service render	red by the distributor	r.							
1. APPLICANT'S PERSONAL DETAILS (MANDATORY)												
Application Form No. (For New Applicants)		OR	Folio No (For Existing). g Unit holders)								
Sole / First Applicant Unitholder	First Name		Middle Name			Last Name						
Email ID	For	receiving statements ove	r email instead of p	ost								
PAN 1st A	Applicant	2nd Ap	plicant			3rd Applicant						
Enclose (Please ✓)	N card KYC Letter	Attested PAN	card KYC	Letter	Attested	PAN card KYC Letter						
2. DECLARATION AND SIGNA	TURE (To be signed by ALL UN	IIT HOLDERS if mode of	nolding is 'joint')									
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 D D M M Y Y												
X Sole/ 1st Unit Holder	X	2nd Unit Holder		х		nit Holder						
3. AUTO DEBIT AUTHORISAT	ION BY BANK ACCOL	INT HOLDERS										
The Manager	ION DI BANK ACCO	JAT HOLDERO										
Name of Bank	Brand	ch			City							
I / We authorize Axis Mutual Func (Standing Instruction) as per the det		vice providers, to	debit my acco	ount throug	gh ECS (Deb	it) clearing / Direct debit						
A) Folio No. / Application No.			Scheme / Pla	<u> </u>								
B) Account Number			SIP Auto Deb	oit Date	(29th, 30	Oth & 31st not available) (dd) Monthly						
	inna Gormant Good	h Canadit	SIP Installme	nt Amount		₹ (Min.500)						
C) Account Type (Please ✓) Sav	rings Current Cash	h Credit	SIP Auto Deb		F	From M M Y Y						
D) 9-Digit MICR Number of the Bank	& Branch		(minimum 36 months	s)	Т	O M M Y Y						
Please fill in the `To' date only if no. of installments have been specified in the SIP Application Form, otherwise leave blank. 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.												
	.ME(S) & SIGNATURE(S) O	OF BANK ACCOUN	F HOLDER(S) A	AS IN BANK	RECORDS							
Name(s) Sole/1st Bank Acco	unt Holder	2nd Bank Accou	ınt Holder		3rd Ba	nk Account Holder						
Signature(s)												
XX Sole/1st Bank Acco	ount Holder XX	2nd Bank Accou	int Holder	X	X 3rd Ba	nk Account Holder						
Date D D M M Y Y	(To be signed by all hole	ders if mode of operation	of Bank Account is	s 'Joint')								
ATTESTED BY THE BANKER (Mandatory, if your First SIP Installment is through a I / We certify that the signature of		he bank account d	etails are corr	ect as per	our records.	Stamp & Signature						
FOR OFFICE USE ONLY (not to be f	illed in by investor)	We confirm tha our records.	t we have tak	en the abo	ve ECS / Au	to Debit instructions on						
Recorded on D D M M		Stamp of Bank	Branch Manag	ger								
Recorded by		Signature										
Credit A/c No		Name										