

Application No.

Form 1

Distributor Code / ARN	Sub-distributor code / ARN / Sol ID	Serial Number, Date and Time Stamp
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 card) Title  Mr.  Ms.  M/s

Date of Birth 

D	D	M	M	Y	Y
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**For Investments "On behalf of Minor"** (Refer Instruction 6) (^ Attach mandatory documents as per instructions.)

PAN\* (1st Applicant/Guardian)  Proof of Date of Birth Attached^  Birth Certificate  School Certificate/Mark sheet

Enclose (Please ✓)  Attested PAN card copy  KYC Acknowledgment\*  Passport  Any other  Guardian named below is  Father  Mother  Court Appointed^

Name of the Guardian if minor / Contact Person for non individuals / PoA Holder name PoA PAN

Correspondence Address / Overseas Address (For Fills/NRIs/PIOs)

City State Pin Code

Email ID (Refer instruction 11a) Mobile +91

STD Code Tel (Office) Tel (Resi)

Status of Sole / 1st Applicant (Please ✓)  Resident Individual  Proprietor  HUF  Minor  Society  FII  NRI

PIO  Partnership Firm  Trust  Company  Other

Occupation (of 1st / Sole Applicant)  Service  Housewife  Defence  Professional  Retired  Business  Agriculture  Other

MICRO SIP (Refer instruction 5b.) Type of Supporting Document  ID Document Number

**3. JOINT APPLICANT'S DETAILS**

Mode Of Holding (Please ✓)  Joint (Default)  Anyone or Survivor  Single

Name of 2nd Applicant (Should match with PAN Card) Title  Mr.  Ms.  M/s

PAN (2nd applicant)  Enclose  Attested PAN card copy  KYC Acknowledgment\* \*Mandatory. Refer Instruction 5.

Email ID Mobile +91

Name of 3rd Applicant (Should match with PAN Card) Title  Mr.  Ms.  M/s

PAN (3rd applicant)  Enclose  Attested PAN card copy  KYC Acknowledgment\* \*Mandatory. Refer Instruction 5.

Email ID Mobile +91

**4. BANK ACCOUNT DETAILS FOR PAY-OUT (Mandatory. Refer instruction 4 and avail of Multiple Bank Registration Facility.)**

Bank Name A/c Type  Current  Savings  NRO  NRE  FCNR  Others

Bank A/c No. City Pin

Branch Address MICR Code (9 digit)\* \*Mentioned on your cheque leaf

IFSC Code (11 digit)\* City Pin

IFSC Code (11 digit)\* MICR Code (9 digit)\* \*Mentioned on your cheque leaf

**5. DEBIT MANDATE (For Axis Bank account holders only. To be used to invest in one scheme at a time only. Refer instruction 3d.)**

TO BE DETACHED BY THE REGISTRAR (KARVY) AND PRESENTED TO AXIS BANK CMS DEPARTMENT

Date 

D	D	M	M	Y	Y
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\*To be processed in CMS software under client code "AXISMF" Application No.

I/ We  authorise you to debit my/our account no.

to pay for the purchase of  Axis Tax Saver Fund

Axis Income Saver  Axis Triple Advantage Fund  Axis Midcap Fund  Axis Equity Fund Please debit an

amount of ₹ (in figures)  ₹ (in words)  Signature of Account Holder

**ACKNOWLEDGMENT SLIP (To be filled in by the investor)**

Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From  Application No.

Cheque no.	Date	Amount	Scheme

Stamp & Signature

**6. INVESTMENT & PAYMENT DETAILS**Payment 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)*

\*Applicable only for Axis Income Saver

 **ONE TIME LUMP SUM INVESTMENT** (Do not submit SIP Auto Debit Form for lump sum investments)Payment mode  Cheque  DD  RTGS  NEFT  Debit Mandate<sup>^</sup>  
(<sup>^</sup>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 / RTGS / NEFT No.			
Cheque / DD / RTGS / NEFT 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	<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	<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

 **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 details**Mode of payment  Cheque / DD  Electronic Debit (Facility available for Axis Bank account holders only. Please fill in section 5.)Cheque / DD no.  Cheque / DD date Drawn On **Second and subsequent SIP Installment details**SIP period  Till you instruct Axis Mutual Fund to discontinue or  no. of installments from  to\* 

\*Please fill only if no. of installments have been specified. Otherwise leave blank.

Preferred date for monthly debit (Pick any date except 29th, 30th and 31st of the month.)  SIP through post-dated cheques-Cheque Nos.  From  To  Date From  To  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.)

	Name	Date of Birth	Address	Guardian Name (in case Nominee is a Minor)	Guardian Signature (in case Nominee is a Minor)	Allocation %
Nominee 1						
Nominee 2						
Nominee 3						
						<b>Total = 100%</b>

**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                    |  |



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