

COMMON APPLICATION FORM

FOR FIRST TIME INVESTORS FOR LUMP SUM INVESTMENTS / SIP INVESTMENTS.

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLACK/BLUE COLOURED INK & IN BLOCK LETTERS)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE [^]	PMR (Portfolio Manager's Registration) Number ^{^^}	Serial No., Date & Time Stamp
ARN-83784			E069303				

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. [^]I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^{^^}I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
-------------------------------	------------------	-----------------	--------------------------

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20)

I confirm that I am a first time investor across Mutual Funds. **OR** I confirm that I am an existing investor across Mutual Funds.

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

Unit Holding Option

Physical Mode Demat Mode
(in case of Demat, please fill sec 7)

01 MY DETAILS (To be filled in Block Letters. Please provide the following details in full) (In case of investment "On behalf of minor", Please refer instruction No. 11)

Existing folio number I/ We want to create new Folio (Instruction No. 26)

My Name (Should match with PAN Card) PAN/PEKRN (1st Applicant) KYC

My Guardian's Name (if minor)/POA/Contact Person (For Non-individuals) PAN/PEKRN (Guardian/POA) KYC

On behalf of Minor (*Attach Mandatory Documents as per instructions) Date of Birth Minor's Date of Birth Proof attached*

Guardian named is Father Mother Court Appointed Guardian named is

02 JOINT APPLICANTS (IF ANY) DETAILS

Mode of Operation Single Joint Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of minor investments).

2nd Applicant Name (Should match with PAN Card) PAN/PEKRN (Second applicant) KYC

3rd Applicant Name (Should match with PAN Card) PAN/PEKRN (Third applicant) KYC

MFD / EUIN holder/ sub-distributor is not related to the 1st holder. If yes, declare that joint holders details provided in this form belongs to (tick any one): Spouse Children Siblings Parents

03 MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) (For electronic communication, Please refer instruction No. 17)

Address Type (Mandatory) Residential & Business Residential Business Registered Office

Address

City State Pin Code

Add overseas address (Mandatory for NRI / FII Applicants)

City Country Pin Code

Email ID and Mobile number should pertain to First Holder only.

Mobile No. Tel No. Email ID (CAPITAL letters only)

I declare that Email address provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

I declare that Mobile Number provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

If above any option is not ticked (✓) or selected then (Self) option is considered as a default.

I wish to receive Scheme Account Statement along with Annual Report & Abridged Summary: Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper & contribute towards a greener & cleaner environment.)

04 BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility) (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

My Bank Name

Bank A/C No. A/C Type Savings Current NRE NRO FCNR Others

Branch Address

City State Pin Code

IFSC code: (11 digit) MICR code (9 digit) (This is a 9 digit number next to your cheque number)

LEI Code Valid up to Note: LEI code mandatory to provide if transaction value is equal to or exceeds ₹ 50 crore limit, with LEI proof.

05 | **MY INVESTMENT DETAILS**

(For investments, Please refer instruction No. 1 & 22)

(Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied incase of no information, ambiguity or discrepancy). If the investment is in multiple schemes. "The Cheque/ DD should be drawn favouring "Axis MF Multiple Schemes"

Full Scheme/Plan/Option	Amount/Each SIP Amount	SIP Date	Frequency	SIP Period	TOP-UP Facility (Optional) Only available for Monthly SIP
<input type="checkbox"/> LUMPSUM <input type="checkbox"/> SIP Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Scheme Name _____ Option _____	₹ _____ Less DD charges _____	DD (If left blank 7 th will be considered as the default date) Any date between 1 st to 28 th	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Day _____ <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Yearly	Start Date MMYYYY End Date MMYYYY Maximum Duration of 40 years	Frequency <input type="checkbox"/> Half Yearly ₹ _____ <input type="checkbox"/> Yearly _____ Amount in figures in words <input type="checkbox"/> Dynamic TOP-UP
<input type="checkbox"/> LUMPSUM <input type="checkbox"/> SIP Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Scheme Name _____ Option _____	₹ _____ Less DD charges _____	DD (If left blank 7 th will be considered as the default date) Any date between 1 st to 28 th	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Day _____ <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Yearly	Start Date MMYYYY End Date MMYYYY Maximum Duration of 40 years	Frequency <input type="checkbox"/> Half Yearly ₹ _____ <input type="checkbox"/> Yearly _____ Amount in figures in words <input type="checkbox"/> Dynamic TOP-UP
<input type="checkbox"/> LUMPSUM <input type="checkbox"/> SIP Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Scheme Name _____ Option _____	₹ _____ Less DD charges _____	DD (If left blank 7 th will be considered as the default date) Any date between 1 st to 28 th	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Day _____ <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Yearly	Start Date MMYYYY End Date MMYYYY Maximum Duration of 40 years	Frequency <input type="checkbox"/> Half Yearly ₹ _____ <input type="checkbox"/> Yearly _____ Amount in figures in words <input type="checkbox"/> Dynamic TOP-UP

The minimum amount for Axis TOP-UP facility is ₹ 500/- and in multiples of ₹ 1/- for all schemes except Axis Long Term Equity Fund the minimum amount is ₹ 500/- and in multiples of ₹ 500/- thereafter.

Payment through NACH (Attach NACH form) OTM Reference No. _____ (if one time mandate are registered)

OR Documents attached to avoid Third Party Payment Rejection, if applicable: Bank Certificate, for DD Third Party Declarations

Payment Details

First Cheque Date DDMMYYYY Amount _____ Cheque No. _____

Bank Name _____ Account No. _____

IFSC Code _____ MICR Code _____

RTGS/ NEFT/ Funds Transfer _____

If source of payment bank is same as above bank details tick here.

06 | **NOMINATION DETAILS**

(For nomination, Please refer instruction No. 18)

Details	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee Name			
PAN			
Allocation (%)			
Relationship with Investor*			
Nominee date of birth	DDMMYYYY	DDMMYYYY	DDMMYYYY
Guardian Name (in case of Minor)			
Relationship of Guardian with Minor (incase nominee is minor)			
Nominee Address			
Nominee/Guardian Signature			

OR I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

07 | **DEPOSITORY ACCOUNT DETAILS**

(Optional. To be filled if investor wishes to hold the units in Demat mode).

(For DEMAT details Please refer instruction No. 19)

(Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c held with the depository participant) Refer Instruction No. 19.

NSDL:	Depository Participant Name _____	DP ID: I N _____
	Beneficiary Ac No. _____	
CDSL:	Depository Participant Name _____	
	Beneficiary Ac No. _____	
Enclosed	<input type="checkbox"/> Client Master <input type="checkbox"/> Transaction / Statement Copy / DIS Copy	

Tax Status details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian	Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO/OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor through Guardian	<input type="checkbox"/>	-	-	-	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Individual	<input type="checkbox"/> Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership		Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Trust	<input type="checkbox"/> Society	<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> AOP	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> FPI	Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> In case of Non-Profit Entity (refer point no 21)				Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)					Others (Please specify)				
We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). <input type="checkbox"/> YES <input type="checkbox"/> NO									
If yes, please quote Registration No. of Darpan portal of Niti Aayog. (refer point no 21)									
Gross Annual Income Range (in ₹)									
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 -5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Networth in ₹ (Mandatory for Non Individual) (not older than 1 year)	as on DDMMYY	as on DDMMYY	as on DDMMYY	as on DDMMYY					
Politically Exposed Person (PEP) details					Is a PEP	Related to PEP	Not Applicable		
1st Applicant					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2nd Applicant					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3rd Applicant					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Guardian					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Authorised Signatories					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Promoters					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Partners					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Karta					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Whole-time Directors/Turstees					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

9 **ADDITIONAL INFORMATION**

(For additional information Please refer instruction No. 8A)

Applicant	KIN No. (If KYC done via CKYC)	DOB/DOI*	Gender
First Applicant		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
Second Applicant		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
Third Applicant		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
Guardian or POA^		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female

*Date of Birth - Mandatory if CKYC ID mentioned. ^G: Guardian; POA: Power Of Attorney DOB: Date of Birth and DOI: Date of Incorporation

Details	Second Applicant	Third Applicant	G or POA
Mobile No.			
Email Id.			
Relationship with Investor			

I declare that **Email address** provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

I declare that **Mobile Number** provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

If above any option is not ticked (✓) or selected then (Self) option is considered as a default.

10 **DEBIT MANDATE** (Only for Axis Bank Account holders; Now you don't have to issue a cheque if you hold an Axis Bank Account). To be processed in CMS software under client code "AXISMF"

(For Debit mandate Please refer instruction No. 5 & 22)

I/We Name of the account holder(s) **APPLICATION NO.**

authorise you to debit my/our account no.

Account type Savings NRO NRE Current FCNR Others Specify

to pay for the purchase of Scheme Name OR Axis MF Multiple Schemes

Amount (in Figures) (in words)

Signature of First Account Holder Signature of Second Account Holder Signature of Third Account Holder

Date* **Date is mandatory*

ACKNOWLEDGEMENT SLIP

APPLICATION NO.

Received from

Scheme Name Plan Option

Amount Cheque/DD No. Date

Bank & Branch details

Stamp & Signature



Details	Sole/ 1st Applicant	2nd Applicant	3rd Applicant	Guardian/POA
Place & Country of Birth				
Nationality				
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Mandatory to enclose FATCA /CRS Annexure				



Having read and understood the content of the SID / KIM of the scheme and SAI of the Axis Mutual Fund (The Fund), I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, 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 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 (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/us. I / we give my / our consent to collect personal data or information as prescribed in the privacy policy which is available on the website of the AMC / Fund. I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

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

I / We give my consent to Axis Asset Management Company Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

I / We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/ our Aadhaar number(s) (if provided) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I / We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

CERTIFICATION: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Place <input type="text"/>		



- KYC acknowledgement letter (Compulsory for MICRO Investments) Self attested PAN card copy Plan / Option / Sub Option name mentioned in addition to scheme name Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that future payments can be made from any of the accounts)
- Email id and mobile number provided for online transaction facility SIP Registration Form for SIP investments Relationship proof between guardian and minor (if application is in the name of a minor) FATCA Declaration Additional documents attached for Third Party payments. Refer instruction No. 7.



<https://ifaconnect.axismf.com/#/home>



Scan the QR code to download the new AxisMF App



www.axismf.com

<https://www.axismf.com/corporate/Login.aspx>



To stay up to date with your mutual fund investments, connect with us on our WhatsApp number. Sent us a 'Hi' on 7506771113 from your registered mobile number to have your queries answered.



[Facebook.com/AxisMutualFund](https://www.facebook.com/AxisMutualFund)

[Twitter.com/AxisMutualFund](https://twitter.com/AxisMutualFund)

[LinkedIn.com/company/Axis-Mutual-Fund](https://www.linkedin.com/company/Axis-Mutual-Fund)

[YouTube.com/AxisMutualFund](https://www.youtube.com/AxisMutualFund)

AXIS ATMANIRBHAR SIP - ENROLMENT FORM

APPLICATION NO.
FOR EXISTING / FIRST TIME INVESTORS FOR SIP INVESTMENTS
(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLACK/BLUE COLOURED INK & IN BLOCK LETTERS)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE [^]	PMR (Portfolio Manager's Registration) Number ^{^^}	Serial No., Date & Time Stamp
ARN-83784			E069303				

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. [^]I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^{^^}I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

You/ Sole Applicant	Second Applicant	Third Applicant	Power of Attorney Holder
---------------------	------------------	-----------------	--------------------------

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY

I confirm that I am a first time investor across Mutual Funds. **OR** I confirm that I am an existing investor across Mutual Funds.

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Physical Mode

Unit Holding Option

1. YOUR INFORMATION (MANDATORY) Ref. instr. no. 4

 New folio will be created for initial Atmanirbhar SIP.

EXISTING ATMANIRBHAR FOLIO NUMBER (If you have existing Atmanirbhar folio, please mention here.) Folio number

Your Name (as in PAN Card / KYC records) Mr. Ms. M/s.

Your PAN 2nd Holder PAN 3rd Holder PAN

2. SIP DETAILS Ref. instr. no. 8

SIP Registration Mode A-OTM K-OTM Mandate along with SIP form

OTM Reference No.

Option A - SIP and SWP in same scheme Option B - SIP and SWP in different Scheme Ref. instr. no. 5

Scheme / Plan	Option	Frequency	SIP Date (DD) (Ref inst 2)	Enrollment Period (Please tick)	SIP Amount
	<input checked="" type="checkbox"/> Growth	<input checked="" type="checkbox"/> Monthly	<input type="text"/> Default SIP Date 7th	<input type="checkbox"/> 8 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 12* yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 25 yrs <input type="checkbox"/> 30 yrs <small>(* default tenure)</small>	<input type="text"/> in figures <input type="text"/> in words <small>(Minium ₹ 1,000/-)</small>

SIP initial payment details (Optional)

Drawn on Bank / Branch name Amount

Mode Cheque/DD Cheque/DD Dated D D M M Y Y Y Y

3. SWP DETAILS* (Target Scheme) Ref. instr. no. 7

SWP (From Scheme) Only if SIP and SWP schemes are different

Plan Regular Direct Option Growth Frequency Monthly

SWP Amount SWP Amount Words Amount in words **OR** Ref inst no. 7 for default amount

SWP Start date With effect from month following the month of completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier)

*In the event that such a day is a holiday, the withdrawal would be affected on the next business day.

4. 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/We authorize Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/or any Lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time. 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. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

You/ Sole Applicant	Second Applicant	Third Applicant
---------------------	------------------	-----------------


ACKNOWLEDGEMENT SLIP
APPLICATION NO.

Received from

Scheme Name Plan Option

Amount Cheque/DD No. Date D D M M Y Y Y Y

Bank & Branch details

Stamp & Signature

TERMS & CONDITIONS FOR AXIS ATMANIRBHAR SIP

Axis Mutual Fund ("the Fund") has introduced Atmanirbhar SIP facility ("the Facility") for investments under the Growth Option of Eligible schemes of the Fund as per the following terms and conditions:

1. Multiple SIP registration facility is not available for Atmanirbhar SIP.
2. A minimum gap of 21 days and not more than 90 days needs to be maintained between date of Application & SIP start date.
3. Investor shall have the option of choosing any date of the month as the SIP date except the dates 29th, 30th and 31st. If SIP debit date is not mentioned default date would be considered as 7th of every month. If selected 29th, 30th or 31st, default SIP date would be considered as 28th of every month.
4. New folio will be created for initial Atmanirbhar SIP. For ongoing applications in Atmanirbhar SIP, existing Atmanirbhar Folio will be utilized.
5. **Atmanirbhar SIP facility:**
 - Under this facility, an investor can register for an SIP (Systematic Investment Plan) cum SWP (Systematic Withdrawal Plan) for specified duration.
 - SWP instalments will commence on completion of the SIP tenure.
 - Monthly SIP can be registered in the Eligible schemes for a fixed period of either 8, 10, 12, 15, 20, 25 or 30 years.
 - Existing SIP registrations cannot be converted into Atmanirbhar SIP registrations.
 - On completion of the SIP period, the entire accumulated clear units under Atmanirbhar SIP will be switched into a pre-defined Target scheme chosen by the investor. The switch will be on T+15 days (T being the last SIP transaction date of the Atmanirbhar SIP) [or next business day if that day is a non business day] at Applicable NAV.
 - The units under Target scheme will be allotted under the Plan chosen at time of selecting Source scheme. The switch transaction would be subject to loads and taxes, as applicable.
 - The investor has the option to register the SIP and SWP in the same scheme or different schemes. In case, source scheme name is not mentioned, the application will be rejected. If Source and Target scheme are same, the application will be processed under option A.
 - Investors will have 2 options as under:
 - Option A:** Same scheme for SIP and SWP.
 - Option B:** SIP and SWP will be in different schemes.
 - SIP will be in Source scheme.
 - On completion of SIP Tenure, amount will be switched to Target scheme at Applicable NAV at the end of 15 days from the date of last SIP instalment and SWP will be carried out from Target Scheme.
 - If Source Scheme is mentioned and Target scheme is not mentioned, Switch & SWP will be registered in default scheme Axis Balanced Advantage Fund.
6. **SIP Amount:** In case SIP Amount is not legible/not clear, the form is liable to be rejected. In case SIP Amount is not selected/mentioned, default amount Rs. 1000 will be considered for SIP registration. Investor cannot modify the amount or tenure under Atmanirbhar Facility.
7. **Atmanirbhar SWP:** On switch of Atmanirbhar SIP, SWP shall be activated from Target scheme from the month following the month of completion of SIP tenure, for an amount specified in the matrix below or as may be specified by the investor.

SIP Tenure	Monthly SWP Instalments
8 Years	1.0 times monthly SIP Instalments
10 Years	1.5 times monthly SIP Instalments
12 Years	2.0 times monthly SIP Instalments
15 Years	3.0 times monthly SIP Instalments
20 Years	5.0 times monthly SIP Instalments
25 Years	8.0 times monthly SIP Instalments
30 Years	12.0 times monthly SIP Instalments

- SWP date will be same as the SIP date.
 - SIP Switch / Modification facility is not available under this Facility. Investor can change the target scheme during last three months of completion of SIP tenure.
8. **Eligible Schemes:** The Eligible Source scheme and Target Scheme under the Facility are as under:

Source Schemes	Target Schemes
Equity oriented schemes excluding Exchange Traded Funds, Solution oriented schemes and Axis Long Term Equity Fund	All schemes except Exchange Traded Funds, Solution oriented schemes and Axis Long Term Equity Fund
Hybrid Schemes	
Equity Index Funds	
Axis Equity ETF Fund of Fund	
Axis Nasdaq 100 Fund of Fund	

 - The facility is only available under Growth option. However, it is available under both Regular and Direct plans of the Eligible Source scheme and Target Scheme.
 - The AMC reserves the right to modify list of eligible schemes from time to time.
 9. **Cancellation of Atmanirbhar facility:** The registration under the Facility will be discontinued:
 - Investor can discontinue the facility by giving 10 calendar days written notice to any nearest OPA/ISC of Axis Mutual Fund.
 - On cancellation/ cessation of SIP before the end of SIP tenure, the switch and SWP facility will cease.
 - In case of redemption / switch out is processed in Source Scheme after the SIP tenure till the execution of SWP, SWP will cease.
 - In case redemption / switch out is processed in Source Scheme during the SIP tenure, the switch transaction and SWP facility will cease, however SIP shall continue like normal SIP.
 - In case of investor demise intimation during the SIP tenure, the switch and the SWP shall cease.
 - In case of investor demise intimation post SIP tenure but upto Dec 2099 (or till units are available), the SWP shall cease.
 - The SIP will be discontinued automatically if payment is not received for three successive instalments.
 10. Under the Atmanirbhar SIP folio, investor may undertake Additional Purchase/Switch-in/ Atmanirbhar SIP/STP/registrations etc. However, only total clear units accumulated through Atmanirbhar SIP facility will be considered for switch to Target Scheme.
 11. Purchase and Switch in is allowed under the Target Scheme. However, SWP amount under the facility would be triggered on a first in first out basis.
 12. The Facility is available only under non-demat mode.
 13. The Facility is not available to minor investors.
 14. This facility is available for individuals and non individual investors.
 15. All other terms and conditions applicable to Systematic Investment Plan and Systematic Withdrawal Plan (SWP) facilities for respective schemes shall apply mutatis mutandis to this Facility.

The AMC/Trustee reserves the right to change / modify the terms and conditions of the facility or withdraw the facility.

Investors are requested to refer to the Enrolment Form available on our website viz. www.axismf.com or with ISCs, for the latest terms and conditions, before enrolling.

INSTRUCTIONS FOR ONE TIME MANDATE

1. One Time Mandate is currently available to HUFs, Proprietor Firms, Non-individual and individual investors with "Single" or "Either or Survivor" the mode of holding. If any other record is reported, the same will be registered as NACH mandate only.
2. Registration of One Time Mandate will take 21 days from the date of submission of form.
3. Mandate will be processed through NACH platform offered by NPCI.
4. "National Automated Clearing House (NACH)" is Direct Electronic Debit mode implemented by National Payments Corporation of India (NPCI), list of banks is available on NPCI website www.npci.org.in. The said list is subject to modifications. The investor agrees to abide by the terms and conditions of NACH Debit/ECS of Reserve Bank of India/Banks.
5. In case the Mandatory fields on the Mandate are not filled, the mandate will be rejected.
6. Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. As investor can register for multiple SIPs with one time NACH mandate. The transaction amount should not exceed the maximum amount mentioned in the NACH mandate. It is suggested to choose a higher amount to commence additional investments in future or to absorb Top-Up increments.
7. Axis One Time Mandate cannot be utilized for Liquid schemes, ETF schemes, closed ended schemes, and during NFO period.
8. The Investor/s shall not hold the AMC liable for the following:
 - For any transaction using the Facility carried out in good faith by the AMC on instructions of the Investor/s.
 - For unauthorized usage/ unauthorized transactions conducted by using the Facility.
 - For any loss or damage incurred or suffered by the Investor/s due to any error, defect, failure or interruption in the provision of the Facility arising from or caused by any reason whatsoever.
 - For any negligence/mistake or misconduct by the Investor/s.
 - For any breach or non-compliance by the Investor/s of the rules/ terms and conditions stated in the Scheme Information Document.
 - For not verifying the identity of the person giving the telephone instructions in the Investor/s name.
 - For not carrying out any such instructions where the AMC has reason to believe (which decision of the AMC the Investor/s shall not question or dispute) that the instructions given are not genuine or are otherwise improper, unclear, vague or cause for doubt.
 - For carrying out a transaction after such reasonable verification as the AMC may deem fit regarding the identity of the Investor/s.
 - In case of error in NAV communication.
 - For accepting instructions given by any one of the Investor/s or his/her authorized person.
9. Axis Asset Management Company Limited (AMC) has the right to ask such information (Key Information) from the available data of the Investor/s before allowing him/her access to avail the One Time Mandate facility (the Facility). If for any reason, the AMC is not satisfied with the replies of the Investor/s, the AMC has at its sole discretion the right of refusing access without assigning any reason/s to the Investor/s.
10. It is clarified that the Facility is only with a view to accommodate / facilitate the Investor/s and offered at the sole discretion of the AMC. The AMC is not bound and/or obliged in any way to give access to the Facility to Investor/s.
11. The Investor/s shall check his/ her account records carefully and promptly. If the Investor/s believes that there has been a mistake in any transaction using the Facility, or that an unauthorized transaction has been effected, the Investor/s shall notify the AMC immediately. If the Investor/s defaults in intimating the discrepancies in the statement within a period of fifteen days of receipt of the statements, he waives all his rights to raise the same in favor of the AMC, unless the discrepancy/ error is apparent on the face of it. By opting for the facility the Investor/s hereby irrevocably authorizes and instructs the AMC to act as his/ her agent and to do all such acts as AMC may find necessary to provide the Facility.
12. The Investor/s shall at all times be bound by any modifications and/ or variations made to these Terms and Conditions by the AMC at their sole discretion and without notice to them.
13. The Investor/s agrees and confirms that the AMC has the right to ask the Investor/s for an oral or written confirmation of any transaction request using the Facility and/ or any additional information regarding the Account of the Investor/s.
14. The Investor/s agrees and confirms that the AMC may at its sole discretion suspend the Facility in whole or in part at any time without prior notice.
15. The Investor/s shall not assign any right or interest or delegate any obligation arising herein.
16. The Investor/s shall take responsibility for all the transactions conducted by using the Facility and will abide by the record of transactions generated by the AMC. Further, the Investor/s confirms that such records generated by the AMC shall be conclusive proof and binding for all purposes and may be used as evidence in any proceedings and unconditionally waives all objections in this behalf.
17. The Investor/s agrees that use of the Facility will be deemed acceptance of the Terms and Conditions and the Investor/s will unequivocally be bound by these Terms and Conditions.

SIP REGISTRATION FORM

for first time investors, submit Common Application form along with this form.

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE [^]	PMR (Portfolio Manager's Registration) Number ^{^^}	Serial No., Date & Time Stamp
ARN-83784			E069303				

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. [^]I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^{^^}I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
-------------------------------	------------------	-----------------	--------------------------

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20)

I confirm that I am a first time investor across Mutual Funds. **OR** I confirm that I am an existing investor across Mutual Funds.

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

1. YOUR INFORMATION (MANDATORY)

EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio with KYC validated, please mention here)

Folio number

Your Name (as in PAN Card / KYC records)

Mr. Ms. M/s.

Name of the Guardian

Mr. Ms. M/s.

(In case First / Sole Applicant is minor) / Contact Person - Designation / PoA HOLDER (In case of Non-individual Investors)

Your PAN

2nd Holder PAN

3rd Holder PAN

DO NOT FILL THE MANDATE BELOW, IF OTM DETAILS ARE PROVIDED IN SECTION 2 ON THE NEXT PAGE.

To register Axis One Time Mandate, please fill and submit the One Time Mandate form separately.

	UMRN	<input type="text"/>	Bank use	<input type="text"/>	Date	<input type="text"/>		
<input checked="" type="checkbox"/> Tick (✓)	Sponsor Bank Code	<input type="text"/>	Utility Code	<input type="text"/>	Bank use			
<input checked="" type="checkbox"/> CREATE	I/We hereby authorize	Axis Mutual Fund	to debit (tick ✓)	<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC		
<input type="checkbox"/> MODIFY	Bank a/c number	<input type="text"/>		<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> Other		
<input type="checkbox"/> CANCEL	with Bank	<input type="text"/>	IFSC	<input type="text"/>	or MICR	<input type="text"/>		
	an amount of Rupees	<input type="text"/>	In Words	<input type="text"/>	₹	In Figures		
FREQUENCY	<input checked="" type="checkbox"/> Mthly	<input checked="" type="checkbox"/> Qtly	<input checked="" type="checkbox"/> H-Yrly	<input checked="" type="checkbox"/> Yrly	<input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount
Reference 1	<input type="text"/>	PAN No.	<input type="text"/>	Phone No.	<input type="text"/>			
Reference 2	<input type="text"/>	All Schemes of Axis Mutual Fund	Email ID	<input type="text"/>				

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD From <input type="text"/> To <input type="text"/> Maximum period of validity of this mandate is 40 years only	1. _____	2. _____	3. _____
	Name as in bank records	Name as in bank records	Name as in bank records

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

MANDATORY FIELDS : • Instrument Date • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date • Account holder signature • Account holder name as per bank records

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Investor Name	<input type="text"/>		
SIP Scheme 1	<input type="text"/>	Top-up	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIP Scheme 2	<input type="text"/>	Top-up	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIP Scheme 3	<input type="text"/>	Top-up	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Stamp & Signature

ONE TIME MANDATE (OTM) FORM

- One Time Mandate (OTM) is a common application form for registration of mandate centrally and not being folio specific.
- OTM registration will be PAN Based and will be available for investment in all folios available with Axis Mutual Fund for Multiple SIPs and additional purchases.
- One Time Mandate is only available to HUFs, Proprietor Firms and individual investors with "Single" or "Either or Survivor" mode of holding.

01 INVESTOR DETAILS (If One Time Mandate registration is not required, skip this section and only fill the NACH Mandate below.)

Name of Applicant

PAN

Bank Name Account No.

I / We declare that the particulars furnished here are correct. I / We authorize Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/ or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time.

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.

I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.

Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

I/We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Axis Mutual Fund using this facility.

I/ We request you to make provisions for me/ us and/ or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/ or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from Axis Mutual Fund.

I/ We give my consent to Axis Asset Management Company Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

Signature of PAN Holder (as per folio record)

Date Place

UMRN Bank use Date

Tick (✓)

CREATE MODIFY CANCEL

Sponsor Bank Code Utility Code

I/We hereby authorize **Axis Mutual Fund** to debit (tick✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees In Words ₹ In Figures

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 PAN No. Phone No.

Reference 2 All Schemes of Axis Mutual Fund Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From

To

Maximum period of validity of this mandate is 40 years only

1. Signature Primary Account holder Name as in bank records

2. Signature of Account holder Name as in bank records

3. Signature of Account holder Name as in bank records

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

MANDATORY FIELDS : • Instrument Date • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date • Account holder signature • Account holder name as per bank records

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Investor Name

PAN No.

Stamp & Signature

INSTRUCTIONS FOR ONE TIME MANDATE

1. One Time Mandate is currently available to HUFs, Proprietor Firms and individual investors with "Single" or "Either or Survivor" the mode of holding.
2. OTM end date cannot be more than 40 years from the date of the mandate.
3. Registration of One Time Mandate will take 21 days from the date of submission of form.
4. Mandate will be processed through NACH platform offered by NPCI.
5. "National Automated Clearing House (NACH)" is Direct Electronic Debit mode implemented by National Payments Corporation of India (NPCI), list of banks is available on NPCI website www.npci.org.in. The said list is subject to modifications. The investor agrees to abide by the terms and conditions of NACH Debit/ECS of Reserve Bank of India/Banks.
6. In case the Mandatory fields on the Mandate are not filled, the mandate will be rejected.
7. Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. As investor can register for multiple SIPs with one time NACH mandate. The transaction amount should not exceed the maximum amount mentioned in the NACH mandate. It is suggested to choose a higher amount to commence additional investments in future or to absorb Top-Up increments.
8. Axis One Time Mandate cannot be utilized for Liquid schemes, ETF schemes, closed ended schemes, and during NFO period.
9. The Investor/s shall not hold the AMC liable for the following:
 - For any transaction using the Facility carried out in good faith by the AMC on instructions of the Investor/s.
 - For unauthorized usage/ unauthorized transactions conducted by using the Facility.
 - For any loss or damage incurred or suffered by the Investor/s due to any error, defect, failure or interruption in the provision of the Facility arising from or caused by any reason whatsoever.
 - For any negligence/mistake or misconduct by the Investor/s.
 - For any breach or non-compliance by the Investor/s of the rules/ terms and conditions stated in the Scheme Information Document.
 - For not verifying the identity of the person giving the telephone instructions in the Investor/s name.
 - For not carrying out any such instructions where the AMC has reason to believe (which decision of the AMC the Investor/s shall not question or dispute) that the instructions given are not genuine or are otherwise improper, unclear, vague or cause for doubt.
 - For carrying out a transaction after such reasonable verification as the AMC may deem fit regarding the identity of the Investor/s.
 - In case of error in NAV communication.
 - For accepting instructions given by any one of the Investor/s or his/her authorized person.
10. Axis Asset Management Company Limited (AMC) has the right to ask such information (Key Information) from the available data of the Investor/s before allowing him/her access to avail the One Time Mandate facility (the Facility). If for any reason, the AMC is not satisfied with the replies of the Investor/s, the AMC has at its sole discretion the right of refusing access without assigning any reason/s to the Investor/s.
11. It is clarified that the Facility is only with a view to accommodate / facilitate the Investor/s and offered at the sole discretion of the AMC. The AMC is not bound and/or obliged in any way to give access to the Facility to Investor/s.
12. The Investor/s shall check his/ her account records carefully and promptly. If the Investor/s believes that there has been a mistake in any transaction using the Facility, or that an unauthorized transaction has been effected, the Investor/s shall notify the AMC immediately. If the Investor/s defaults in intimating the discrepancies in the statement within a period of fifteen days of receipt of the statements, he waives all his rights to raise the same in favor of the AMC, unless the discrepancy/ error is apparent on the face of it. By opting for the facility the Investor/s hereby irrevocably authorizes and instructs the AMC to act as his/ her agent and to do all such acts as AMC may find necessary to provide the Facility.
13. The Investor/s shall at all times be bound by any modifications and/ or variations made to these Terms and Conditions by the AMC at their sole discretion and without notice to them.
14. The Investor/s agrees and confirms that the AMC has the right to ask the Investor/s for an oral or written confirmation of any transaction request using the Facility and/ or any additional information regarding the Account of the Investor/s.
15. The Investor/s agrees and confirms that the AMC may at its sole discretion suspend the Facility in whole or in part at any time without prior notice.
16. The Investor/s shall not assign any right or interest or delegate any obligation arising herein.
17. The Investor/s shall take responsibility for all the transactions conducted by using the Facility and will abide by the record of transactions generated by the AMC. Further, the Investor/s confirms that such records generated by the AMC shall be conclusive proof and binding for all purposes and may be used as evidence in any proceedings and unconditionally waives all objections in this behalf.
18. The Investor/s agrees that use of the Facility will be deemed acceptance of the Terms and Conditions and the Investor/s will unequivocally be bound by these Terms and Conditions.

SYSTEMATIC TRANSFER PLAN (STP)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIIN	Employee Code	RIA CODE [^]	PMR (Portfolio Manager's Registration) Number ^{^^}	Serial No., Date & Time Stamp
ARN-83784			E069303				

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. [^]I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^{^^}I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
-------------------------------	------------------	-----------------	--------------------------

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20)

I confirm that I am a first time investor across Mutual Funds. **OR** I confirm that I am an existing investor across Mutual Funds.

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

1 Applicant Details

Folio No.

Sole / 1st Unitholder (as in PAN Card / KYC records)

Guardian's Name (as case of minor) First Name Middle Name Last Name

1st Holder PAN 1st Applicant 2nd Holder PAN 2nd Applicant

3rd Holder PAN 3rd Applicant

2 SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 4 working days before the 1st due date for transfer).

From Scheme* Plan Direct Regular

Option (tick ✓) Growth IDCW Reinvestment IDCW Payout IDCW Frequency

To Scheme Plan Direct Regular

Option (tick ✓) Growth IDCW Reinvestment IDCW Payout IDCW Frequency

<input type="checkbox"/> Systematic Transfer Plan (STP) (Ref. Instruction 5)	<input type="checkbox"/> Capital Appreciation Systematic Transfer Plan (CapSTP) (Ref Instruction 6)
Transfer Frequency (Please tick (✓) any one of the below frequencies) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly* (Monday To Friday) Day of transfer <input style="width: 100px;" type="text"/> <input type="checkbox"/> Fortnightly (Every Alternate Wednesday) <input type="checkbox"/> Monthly \$ <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> Quarterly \$	Transfer Frequency (Please tick (✓) any one of the below frequencies) <input type="checkbox"/> Weekly (Monday To Friday) * Day of transfer <input style="width: 100px;" type="text"/> <input type="checkbox"/> Monthly \$ (Please tick (✓) any one) <input type="checkbox"/> Quarterly \$ <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <small>§Please ref instruction no. 12.</small>
Transfer Instalment ₹ <input style="width: 100px;" type="text"/>	No. of Instalments <input style="width: 50px;" type="text"/> OR Transfer Period From <input style="width: 50px;" type="text"/> DDMMYY <input style="width: 50px;" type="text"/> DDMMYY (First Instalment) (Last Instalment)

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / we hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s). I/We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions 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(s) & 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(s), legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I/ we hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme(s), 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	POA Holder
-----------------------------------	------------------	-----------------	------------

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Folio No.	<input style="width: 100%;" type="text"/>	Investor Name	<input style="width: 100%;" type="text"/>
From Scheme	<input style="width: 150px;" type="text"/>	To Scheme	<input style="width: 150px;" type="text"/>
Amount	<input style="width: 150px;" type="text"/>	Frequency	<input style="width: 150px;" type="text"/>
			Stamp & Signature

STP Enrolment Form - Instruction

- The STP Enrolment Form should be completed in English and in Block Letters only. Please tick in the appropriate box, where boxes have been provided. The STP Enrolment Form complete in all respects, should be submitted at any of the Official Points of Acceptance of Axis Mutual Fund.
- One STP Enrolment Form can be filled for one Scheme/Plan/Option only.
- Investors are advised to read the Key Information Memorandum(s) (KIMs) and Scheme Information Document(s) (SIDs) of the Transferee Scheme(s) and Statement of Additional Information (SAI) carefully before investing. The SIDs / KIMs of the respective Scheme(s) and SAI are available with the ISCs of Axis Mutual Fund, brokers/distributors and also displayed at the Axis Mutual Fund website i.e. www.axismf.com
- Unit holders should note that unit holders' details and mode of holding (single, joint, anyone or survivor) in the Transferee Scheme will be as per the existing folio number of the Transferor Scheme. Units will be allotted under the same folio number. Unit holders' names should match with the details in the existing folio number, failing which; the application is liable to be rejected.
- STP offers unit holders the following two Plans:
 - Systematic Transfer Plan (STP)
 - Capital Appreciation Systematic Transfer Plan (CapSTP)

Investor's can opt for any of the above facility.

Systematic Transfer Plan (STP) offers transfer facility at Daily, Weekly, Fortnightly, Monthly and Quarterly intervals.

Capital Appreciation STP (CapSTP) offers transfer facility at Weekly, Monthly and Quarterly intervals. If no frequency is chosen, Monthly frequency shall be treated as the Default Frequency.

- Under the CapSTP-Weekly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum ₹ 500) by way of capital appreciation from Monday to Friday.

Monthly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum ₹ 500) by way of capital appreciation on the 1st, 7th, 10th, 15th or 25th of each month.

Under the CapSTP-Quarterly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum ₹ 1,000) by way of capital appreciation on the 1st, 7th, 10th, 15th or 25th of the first month of each quarter. The beginning of the quarter could be of any month e.g. January, March, July, September, etc. Please note that no transfers will take place if there is no minimum capital appreciation amount (except for last transfer leading to closure of account). The capital appreciation, if any, will be calculated from the enrolment date of the CapSTP under the folio, till the first transfer date. Subsequent capital appreciation, if any, will be the capital appreciation between the previous CapSTP date (where CapSTP has been processed and paid) and the next CapSTP date.

- The provision of 'Minimum Redemption Amount' as specified in the Scheme Information Document(s) of the respective designated Transferor Schemes and 'Minimum Application Amount' specified in the Scheme Information Document(s) of the respective designated Transferee Schemes will not be applicable for STP.
- Unit holders are required to fill in either the number of instalments or the enrolment period in the enrolment Form, failing which the Form is liable to be rejected.
- In case Day of Transfer has not been indicated under STP- Weekly frequency, Wednesday shall be treated as Default day.
- In case, the Enrolment Period has been filled, but the STP Date and/or Frequency (Monthly/Quarterly) has not been indicated, Monthly frequency shall be treated as Default frequency and 10th shall be treated as Default Date.
- The application for STP/ Cap STP enrolment - Monthly & Quarterly Interval should be submitted at least 4 working days and not more than 90 days before the desired commencement date.
- Please refer below table for min. no. of installments and minimum amount per installment:

STP Frequency	Cycle Date	Minimum Amount* (in ₹)	Minimum Installment
Daily	Monday To Friday	1,000/-	6
Weekly	Monday To Friday	1,000/-	6
Fortnightly	Alternate Wednesday	1,000/-	6
Monthly	1st, 7th, 10th, 15th or 25th	1,000/-	6
Quarterly	1st, 7th, 10th, 15th or 25th	3,000/-	2

If the Transferee scheme is Axis Long Term Equity Fund, minimum STP amount is ₹500.

- In respect of STP, the Load Structure prevalent at the time of enrolment shall govern the investors during the tenure of the STP.
- A minimum period of 4 working days shall be required for registration under STP. Units will be allotted/redeemed at the applicable NAV of the respective dates of the Scheme on which such investments/withdrawals are sought from the Scheme.
- The AMC reserves the right to introduce STPs at any other frequencies or on any other dates as the AMC may feel appropriate from time to time. In the event that such a day is a Holiday, the transfer would be affected on the next Business Day.
- The requests for discontinuation of STP/CapSTP shall be subject to an advance notice of 4 working days before the next due date for STP.
- STP will terminate automatically if all Units are liquidated or withdrawn from the account or upon the Funds' receipt of notification of death or incapacity of the Unit holder. Further, in case where the balance amount in a folio is less than the STP/CapSTP amount, the entire amount will be transferred to the transferee scheme.
- If STP date/day is a non-Business Day, then the next Business Day shall be the STP Date / Day and the same will be considered for the purpose of determining the applicability of NAV.
- The Trustee reserves the right to change/modify the terms and conditions of the STP. For the updated terms and conditions of STP, contact the nearest ISC or visit our website www.axismf.com

DECLARATION FORM FOR OPTING OUT OF NOMINATION IN FOLIO

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To,
Axis Asset Management Company Limited
Axis House, First Floor, C-2,
Wadia International Centre,
Pandurang Budhkar Marg,
Worli, Mumbai - 400 025, India.

Mutual Fund Folio Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sole / First Holder Name Second Holder Name Third Holder Name

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

NAME AND SIGNATURE OF UNITHOLDER(S)

First Unitholder Name
First Unitholder SignatureSecond Unitholder Name
Second Unitholder SignatureThird Unitholder Name
Third Unitholder Signature