

FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



Application No.

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.)

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
ARN 94446	ARN			E 100378		

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 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS 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 in Mutual Funds.

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

EXISTING INVESTOR'S FOLIO NUMBER	INVESTMENT TYPE (Please tick any one)	MODE OF HOLDING
(If you have an existing folio with KYC validated, please mention here and skip to section 6/7.) <input type="text"/>	<input type="checkbox"/> LUMP SUM <input type="checkbox"/> LUMP SUM WITH SIP <input type="checkbox"/> LUMP SUM WITH STP <input type="checkbox"/> SINGLE CHEQUE MULTIPLE SCHEMES	(in case of Demat Purchase Mode of Holding should be same as in Demat Account) <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor

1 APPLICANT INFORMATION (MANDATORY) (In case of investment "On behalf of Minor", Please Refer Instruction no. 11.)

FIRST / SOLE APPLICANT Mr. Ms. M/s.

PAN (Mandatory) Date of Birth CKYC No. 14 digit CKYC Number

Aadhaar No. Mobile No.

Address

State City Pin Code

Email ID

SECOND APPLICANT Mr. Ms. M/s.

PAN (Mandatory) Date of Birth CKYC No. 14 digit CKYC Number

Aadhaar No.

THIRD APPLICANT Mr. Ms. M/s.

PAN (Mandatory) Date of Birth CKYC No. 14 digit CKYC Number

Aadhaar No.

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.

PAN (Mandatory) Date of Birth CKYC No. 14 digit CKYC Number

Aadhaar No. Mobile No.

Relationship Of Guardian (Refer Instruction No. 11) Email ID

Proof of the Relationship with Minor Birth Certificate School Certificate Passport Other Specify

TAX STATUS (Applicable for First / Sole Applicant)

Resident Individual FIs NRI - NRO HUF Club / Society PIO Body Corporate Minor Government Body Trust NRI - NRE Bank & FI

Sole Proprietor Partnership Firm QFI Provident Fund Others Specify

6 DEBIT MANDATE (For Axis Bank A/c only.) To be processed in CMS software under client code "AXISMF" TO BE DETACHED BY KARVY & PRESENTED TO AXIS BANK CMS Application No.

I/ We Name of the account holder(s) authorise you to debit my/our account no. Date

Account type Savings NRO NRE Current FCNR Others Specify to pay for the purchase of

Axis Income Saver Axis Midcap Fund Axis Triple Advantage Fund Axis Equity Fund Axis Focused 25 Fund Axis Long Term Equity Fund Axis Enhanced Arbitrage Fund Axis Equity Saver Fund

Axis MF Multiple Schemes Amount (figures) (words)

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

ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. Application No.

From

Cheque no.	Date	Amount	Scheme
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Stamp & Signature

