COMMON TRANSACTION SLIP (for existing investors only)



Folio No.								Date	D D M M Y Y	
Distributo	or ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code		EUIN	RIA CODE^	Serial N	o., Date & Time Stamp	
Unfront commissi	ion shall he nai	id directly by the investor to the AN	IFI registered distributor based on the inv	upstor's assessment of v	arious factors inclu	ding the service ren	dered by the distributor			
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/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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.						II Second An		licant Third Applicant		
First / Sole Applicant										
Aadhaar No. Fi st Applicant Seqond Appliqant Third Applicant										
I/We would like to apply for ADDITIONAL PURCHASE (fill section-A) REDEMPTION (fill section-B) SWITCH (fill section-C)										
A ADDITIONAL PURCHASE										
Scheme						Plan		Option	Amount	
Tota	al			In wo					In figures	
Bank Options	Options Cheque / DD RTGS / NEFT Transfer Instrument No. UT							case of RTGS / N	VEFT)	
Bank Name					Branch					
₹ (in figures)					₹ (in words)					
	•		n should be favouring "Axis MF M	Iultiple Schemes".						
		r not acceptable in case of M 「AILS OF FIRST / SOLE AI	•	CDSL						
Depository Pa			1000	0001		Depository P	articipant (DP) ID			
Beneficiary Account Number										
Note: In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency.										
B REDE	EMPTIO	N					All units	OR N	lo. of Units	
Scheme						Plan		Option		
•	in figures)		₹ (in words)							
Please Note: if the balance in your folio is less than this redemption request, all units or entire balance shall be redeemed. C SWITCH All units OR No. of Units										
	I UN					DI.	All units		io. or units	
From Scheme			₹ (**			Plan		Option		
	n figures)		₹ (in words)			DI.		0		
To Scheme						Plan		Option		
	IATURE	od the contents of the SID / SAL	of the Scheme(s). I/ We have not receive	yod nor bayo boon indu	cod by any robato	or gifts directly o	f indirectly in making this in	westment. The mon	ney invested in the schemes is through	
	ces and is not								various factors including the service	
									-E4	
First / Sole Applicant / Guardian / POA Second Applicant								Third Applicant		
E DEBI	T MAND	DATE (For Axis Bank A/c o	nly.) To be det	tached by Karvy & Pre	esented to Axis Ba	ank Branch		Date D		
I/ We Name of the account holder(s)										
authorise you to debit my/our account no. Signature of First Account Holder									T FIRST Account Holder	
Account type	Account type Savings NRO NRE Current FCNR Others Specify Signature of Second Account Holder									
to pay for the purchase of Scheme Name ₹ (in figures)										
₹ (in words)								Signature of Third Account Holder		
In case of multiple investments, please mention scheme name as "Axis MF Multiple Schemes".										
·%										
AXIS MUTUAL FUND ACKNOWLEDGMENT SLIP (To be filled by the investor)								Date D D M M Y Y		
Folio No.										
Name								Stamp & Signature		
Received a request for Additional Purchase Redemption Switch									otamp & orginature	