## **COMMON APPLICATION FORM**

(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)



Sub-Distributor Internal Sub-Broker/ Distributor Application No. Sol ID ARN 9992 **Employee** RIA CODE^ **EUIN** Code PMR (Portfolio Manager's Registration) Number ^ ^ Serial No., Date & Time Stamp 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. ^ 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 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 an existing investor across Mutual Funds. I confirm that I am a first time 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. Únits will be issued against the balance amount invested. **EXISTING INVESTOR'S FOLIO NUMBER** (If you have an existing folio with KYC validated, please mention here and skip to section 4) MODE OF HOLDING (in case of Demat Purchase **Unit Holding Option** Mode of Holding should be same as in Demat Account) Joint (Default) Demat Mode Physical Mode Single Folio number (in case of Demat, please fill sec 6) Anyone or Survivor I/ We want to create new Folio (Instruction No. 26) 1. YOUR PERSONAL DETAILS (MANDATORY) (In case of investment "On behalf of minor", Please refer instruction No. 11) First Applicant Ms. M/s APPLICAN Gender PAN (Mandatory) CKYC No. DOB D Address City State Pincode Mobile Email ID<sup>3</sup> Pvt. Sector Service **Public Sector Service** Govt. Service **Business** Professional Agriculturist Occupation **Details** Retired Housewife Forex Dealer Student Others Specify Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Crore > 1 Crore Gross Annual Income (₹) Net worth (Mandatory for Non - Individuals) ₹ D M Μ as on (Note: If Email pertains to Family Email ID provided pertains to Family Member Spouse **Dependent Parents** Dependent Children Member please select any one) (Refer Instruction No. 25) I / we hereby prefer to 'OPT-IN' to receive physical copies of scheme Annual Report or Abridged summary BANK ACCOUNT DETAILS FOR PAYOUT (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6) Name of the bank **Branch Address** City State Pincode Account No Savings FCNR Account type Current NRE NRO Others Specify IFSC code (11 digit) MICR Code (9 digit) Note: Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above to Non-Individual investors. refer Instruction No. 27. LEI Code Valid up to

| Second Applicant Mr.  | Ms. M/s.  | SECOND APPLICANT   | Gender M F O                         |  |  |  |  |
|---|---|--|--------------------------------------|--|--|--|--|
| PAN<br>(Mandatory)  |   |  |                                      |  |  |  |  |
| DOB D D   | M M Y Y Y   | CKYC No.         (Optional)         1 4 d g i t C K Y C N u      | m b e r                              |  |  |  |  |
| Address   |   |  |                                      |  |  |  |  |
| City  |   | State  | Pincode                              |  |  |  |  |
| Occupation Details  | Pvt. Sector Service   | Public Sector Service Govt. Service Business Pr                  | ofessional Agriculturist             |  |  |  |  |
| Occupation Details  | Retired   | Housewife Forex Dealer Student O                                 | thers Specify                        |  |  |  |  |
| Gross Annual<br>Income (₹)  | Below 1 Lac   | 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs -                          | 1 Crore > 1 Crore                    |  |  |  |  |
| Third Applicant Mr.   | Ms. M/s.  | THIRD APPLICANT  | Gender M F O                         |  |  |  |  |
| PAN<br>(Mandatory)  |   |  |                                      |  |  |  |  |
| DOB D D   | M M Y Y Y   | CKYC No.         1 4 d g i t C K Y C N u                         | m b e r                              |  |  |  |  |
| Address   |   |  |                                      |  |  |  |  |
| City  |   | State  | Pincode                              |  |  |  |  |
|   | Pvt. Sector Service   | Public Sector Service Govt. Service Business Pr                  | rofessional Agriculturist            |  |  |  |  |
| Occupation Details  | Retired   | Housewife Forex Dealer Student C                                 | thers Specify                        |  |  |  |  |
| Gross Annual<br>Income (₹)  | Below 1 Lac   | 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs                            | · 1 Crore  > 1 Crore                 |  |  |  |  |
| GUARDIAN DETAILS  | (In case First / Sole Appli   | cant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (     | In case of Non-individual Investors) |  |  |  |  |
| Mr. Ms. M/s.  |   | GUARDIAN   | Gender M F O                         |  |  |  |  |
| PAN<br>(Mandatory)  |   |  |                                      |  |  |  |  |
| DOB D D   | M M Y Y Y   | CKYC No. (Optional)  | n b e r                              |  |  |  |  |
| Address   |   |  |                                      |  |  |  |  |
| City  |   | State  | Pincode                              |  |  |  |  |
| Occupation Details  | Pvt. Sector Service   | Public Sector Govt. Service Business F                           | Professional Agriculture             |  |  |  |  |
|   | Retired   | Housewife Forex Dealer Student C                                 | Others Specify                       |  |  |  |  |
| Gross Annual<br>Income (₹)  | Below 1 Lac   | 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs                            | 1 Crore > 1 Crore                    |  |  |  |  |
| Relationship Of Guardian (Refer Instruction No. 11) Mother Court Appointed Guardian   |   |  |                                      |  |  |  |  |
| Email ID  |   |  |                                      |  |  |  |  |
| Proof of the Relationship with Minor       Birth Certificate       School Certificate       Passport       Others       Specify |   |  |                                      |  |  |  |  |
| TAX STATUS (Applicable for First / Sole Applicant)  Resident Individual FIIs 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  |   |  |                                      |  |  |  |  |
| For In  | dividuals   | For Non-Individual Investors (Companies, Tr                      | ust, Partnership etc.)               |  |  |  |  |
| I am a Politically E  | -<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>- | Is the company a Listed Company or Subsidiary of Listed Company  | or Controlled by a Yes No            |  |  |  |  |
|   |   | Listed Company: (If No, please attach mandatory UBO Declaration) |                                      |  |  |  |  |
| I am related to a P   | olitically Exposed Person   | Foreign Exchange / Money Charger Services                        | Yes No                               |  |  |  |  |
|   |   |  |                                      |  |  |  |  |

| Second Applicant Resi Regd. Office Busin  Third Applicant Resi Regd. Office Busin  Overseas Address  City  State Country Zipcode For Non Individual investors Annexure I and Annexure II are available on the website of AMC i.e. www.axismf.com or at the Investor Service Centres (ISCs) of Axis Mutual Fund  3. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 18)  Sr. Namisso Name Relationship Nominee date Guardian Relationship Nominee date Guardian Guardian Nominee Relationship Nominee date Guardian Nominee Relationship R | The below inform  | ation is required     | for all applicants/    | ʻguardian.        |                                     |  |  |                   |
|--|---|-----------------------|------------------------|-------------------|-------------------------------------|--|--|-------------------|
| Second Applicant   Indian   U.S.   Others  |   | Pla                   | ce / City of Birtl     | h Co              | untry of Birth                      | С  | ountry of Citizenship  | / Nationality     |
| Are you a tax resident (i.e., are you assessed for tax) in any other country outside India?    First Pybace fill for ALL countries (other than India) in which you are a Resident Feat tax purpose   i.e. where you are a Cittae Featern of Peatern Card Holder / Tax Resident in the respective countries.    Country of Tax Resident in the respective countries.  | First Applicant / Guardi  | an                    |                        |                   |                                     | Indian   | U.S. Others  |                   |
| Are you a tax resident (i.e., are you assessed for tax) in any other country outside India?  If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose  I.e. where you are a Citizen / Residenty Green Card Holder / fax Resident in the respective countries.    Country of Tax Residency Tax Residency Tax Residency Tax Resident in the respective countries.   Country of Tax Residency Tax Residenc | Second Applicant  |                       |                        |                   |                                     | Indian   | U.S. Others  |                   |
| i.e. where you are a Citizen / Resident / Green Card Holder / Tox Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tox Resident in the respective countries.    Country of Tax Identification Number or Functional Equivalent   Identification Type (TIN or other please specify)   Address Type   | Third Applicant   |                       |                        |                   |                                     | Indian   | U.S. Others  |                   |
| Tax Residency Functional Equivalent (TIN or other please specify)    Resi  | If 'YES' please fil   | I for ALL countri     | ies (other than In     | ıdia) in which yo | u are a Residen                     | t for tax purpose  | Yes N  | lo                |
| Second Applicant    Resi   |   | _                     |                        |                   |                                     |  | Addre  | ss Type           |
| Third Applicant    Resi  | First Applicant / Guardian  |                       |                        |                   |                                     |  | Resi Regd  | . Office Busin    |
| Overseas Address    City   | Second Applicant  |                       |                        |                   |                                     |  | Resi Regd  | . Office Busin    |
| State Country Zipcode Zipcode Country Zipcode Zipcode Cor Non Individual Investors Annexure I and Annexure II are available on the website of AMC i.e. www.axismf.com or at the Investor Service dentres (ISCs) of Axis Mutual Fund  3. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 18)  Str. Nominee Name PAN Allocation Relationship with Investor of birth Cincose of Minor) Signate Country with Investor Country Williams (in case of Minor) Signate Country Co | Third Applicant   |                       |                        |                   |                                     |  | Resi Regd  | . Office Busin    |
| State Country Zipcode Zipcode  Or Non Individual investors Annexure I and Annexure II are available on the website of AMC i.e. www.axismf.com or at the Investor Service reintres (ISCs) of Axis Mutual Fund  3. NOMINATION DETAILS (Wandotory) (Refer Instruction No. 18)  Sr. Nominee Name PAN Allocation (%) Relationship with Investor of birth (m case of Minor) Signate PAN  | Overseas Address  |                       | <u> </u>               |                   |                                     |  |  |                   |
| 20 Nominee Name  PAN  Allocation Relationship with Investor  Nominee Name  PAN  Allocation Relationship with Investor  Nominee Name  PAN  Allocation Relationship with Investor  Nominee Name  PAN  Allocation Relationship with of birth  Investor  I D D M M Y Y  I |   |                       |                        |                   |                                     |  |  |                   |
| 3. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 18)  St. Nominee Name PAN Allocation Relationship with Investor of birth (%) Nominee date of birth (in case of Minor)  1 DDMMYY  3 I/We DO NOT wish to nominate and sign here You/ Sole Applicant Second Applicant Third Applicant  4. INVESTMENT DETAILS (For multiple schemes ref instruction no. 22) (Investors applying under Direct Plan must select "DIRECT" against scheme name, Refer Instruction No. 200 Amount  |   |                       |                        |                   |                                     | (  | City   |                   |
| No. Nominee Name    No.   Nominee Name   PAN   (%)   | or Non Individual inve  |                       | e I and Annexu         |                   | able on the we                      |  | Zipcode  | Investor Service  |
| 1 2 1/We DO NOT wish to nominate and sign here  You/ Sole Applicant  Second Applicant  Third Applicant  4. INVESTMENT DETAILS (For multiple schemes ref instruction no. 22) (Investors applying under Direct Plan must select "DIRECT" against scheme name, Refer Instruction No. 25.  | or Non Individual inve<br>entres (ISCs) of Axis M                               | utual Fund            |                        | re II are availa  |                                     | osite of AMC i.e. www  | Zipcode  | Investor Service  |
| 3  I/We DO NOT wish to nominate and sign here  You/ Sole Applicant  Second Applicant  Third Applicant  4. INVESTMENT DETAILS (For multiple schemes ref instruction no. 22) (Investors applying under Direct Plan must select "DIRECT" against scheme name, Refer Instruction No.  Sr:  Scheme  Plan  Ontion  Amount  | or Non Individual invesentres (ISCs) of Axis M  3. NOMINATION DET               | AILS (Mandatory)      | (Refer Instruction No. | are II are availa | on Relationship                     | bsite of AMC i.e. www.                                       | Zipcode  .axismf.com or at the  Guardian Name                  | Guardi            |
| I/We DO NOT wish to nominate and sign here  You/ Sole Applicant  Second Applicant  Third Applicant  4. INVESTMENT DETAILS (For multiple schemes ref instruction no. 22) (Investors applying under Direct Plan must select "DIRECT" against scheme name, Refer Instruction No.  Sr. Scheme  | or Non Individual invesentres (ISCs) of Axis M  3. NOMINATION DET               | AILS (Mandatory)      | (Refer Instruction No. | are II are availa | on Relationship                     | Nominee date of birth  | Zipcode  .axismf.com or at the  Guardian Name (in case of Mino | Guardi            |
| 4. INVESTMENT DETAILS (For multiple schemes ref instruction no. 22) (Investors applying under Direct Plan must select "DIRECT" against scheme name, Refer Instruction No.  Sr. Scheme  | or Non Individual invesentres (ISCs) of Axis M  3. NOMINATION DET.  Sr. Nominee | AILS (Mandatory)      | (Refer Instruction No. | are II are availa | on Relationship                     | Nominee date of birth  | Zipcode  .axismf.com or at the  Guardian Name (in case of Mino | Guardi            |
| Sr. Scheme Plan Ontion Amount  | 3. NOMINATION DET.  Nominee   | AILS (Mandatory)      | (Refer Instruction No. | are II are availa | on Relationship                     | Nominee date of birth  | Zipcode  .axismf.com or at the  Guardian Name (in case of Mine | Guardi            |
| Sr. Scheme Plan Ontion Amount  | 3. NOMINATION DET.  No. Nominee   | AILS (Mandatory) Name | (Refer Instruction No. | Allocati          | on Relationship<br>with<br>Investor | Nominee date of birth  D D M M Y Y                           | Zipcode  .axismf.com or at the  Guardian Name (in case of Mino | Guardi<br>Signatu |
|  | 3. NOMINATION DET.  Nominee  1  2  3  I/We DO NOT wish                          | AILS (Mandatory) Name | (Refer Instruction No. | Allocati<br>(%)   | on Relationship with Investor       | Nominee date of birth  D D M M Y Y  D D M M Y Y  Second Appl | Zipcode  .axismf.com or at the  Guardian Name (in case of Mino | Guardi<br>Signatu |

Regular

Regular

In words

Direct

Direct

In figures

2

3

Total

| 5. PAYMENT DETAILS  |  |  |   |  |  |  |   |  |   |   |  |  |   |
|---|--|--|---|--|--|--|---|--|---|---|--|--|---|
| Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')  |  |  |   |  |  |  |   |  |   |   |  |  |   |
| Mode  | Cheque DD Axis (Pleas  | Bank Debit Mandate<br>e fill section 9.)   | Date D  | D M  | ΛΥ   | YY   | Υ   | Cheque   | / DD 1  | No.   |  |  |   |
| Amount<br>(in figure  | s)   | (in words)   |   |  |  |  |   |  |   |   |  |  |   |
| Pay-in A/   | : No.  |  |   |  |  |  |   |  |   |   |  |  |   |
| Account t   | ype Savings Curr   | ent NRE 1  | NRO FO  | INR  | Others   |  |   |  | Sp  | ecify   |  |  |   |
| IFSC code   | (11 digit)   |  | MICR Co   | ode (9 digit   |  |  |   |  |   |   |  |  |   |
| Drawn o   | n bank / branch name & addre   | ss   |   |  |  |  |   |  |   |   |  |  |   |
| 6. DEN  | AT ACCOUNT DETAILS (OPT  | IONAL)   |   |  |  |  |   |  |   |   |  |  |   |
| (Please   | ensure that the sequence of nam  | es as mentioned in the ap  | pplication form r   | natches with   | that of t  | he A/c he  | ld with t   | he depos   | sitory po   | ırticipant)   | Refer Ir   | nstruction   | n No. 19.   |
| NSDL:   | Depository Participant Name  |  |   |  |  |  |   | DP ID:   | : 1   | N   |  |  |   |
|   | Beneficiary A/c No.  |  |   |  |  |  |   |  |   |   |  |  |   |
|   | Depository Participant Name  |  |   |  |  |  |   |  |   |   |  |  |   |
| CDSL:   | Beneficiary A/c No.  |  |   |  |  |  |   |  |   |   |  |  |   |
| Enclose   | ed Client Master   | Transaction / States   | ment Copy / D   | IS Copy  |  |  |   |  |   |   |  |  |   |
|   |  |  |   |  |  |  |   |  |   |   |  |  |   |
|   | LARATION AND SIGNATURE   |  |   |  |  |  |   |  |   |   |  |  |   |
| understoc<br>source on<br>Act, Anti M<br>been indu<br>"Know Yo<br>Scheme, i<br>the law.) T<br>Mutual Fu<br>policy wh<br>informatic<br>disclosure<br>updates t<br>collected/<br>compliant  | ad and understood the content of d the terms, conditions, details, ly and does not involve designed Aoney Laundering Laws, Anti Corced by any rebate or gifts, directur Customer" process is not comparative or of the applicant, at the a the ARN holder has disclosed to not amongst which the Schemeich is available on the website of the information contained here one on various financial and provided by me to content of the information contained here we with any law or regulation in acceptable. | rules and regulations gor for the purpose of the co ruption Laws or any other ly or indirectly in making pleted by me/us to the satispplicable NAV prevailing me/us all the commissions being recommended to the AMC / Fund. I/We last me through any channein to its affiliates/group of investment products of transferred and disclose accordance with privacy po | verning the sche<br>intravention of a<br>r applicable law:<br>this investment<br>isfaction of the h<br>on the date of si<br>as (trail commiss<br>o me/ us. I / we of<br>hereby give cor<br>nel of communi-<br>companies or the<br>and offering of<br>d with the abov-<br>slicy as available | eme. I/We hany Act, Rules senacted by I/We confine Mutual Fund with redemption or any of give my / ou assent to the cation include ir Authorizather service mentione at the webs | ereby desperators, Regular the Govern that the Govern that the (I/we had ion and other more consent Companing but ad Agentaces. I/Wed parties the of the | eclare that<br>trions, No<br>ernment to<br>ereby auth<br>undertake<br>de), paya<br>to collect<br>by or its A<br>not limite<br>s or Third<br>/e agree<br>s including<br>Company | the am<br>tification<br>of India to<br>nvested<br>torize the<br>e such of<br>ble to his<br>personauthorize<br>d to em<br>Party Se<br>that all<br>g with a | ount invens or Directions or Directions or Directions or Direction in the Scient Meritage and Meritage and Meritage and Meritage and Meritage and Meritage Agents A | ested in actives of a to time heme, I Fund, to n with se differer informand the hone, sividers in all or tratory, states. | the sche of the pro o. I/we ha egally be o redeem uch fund int composition as ird party ms, etc. o order to ansactio attutory o | eme is the visions of avenoting the fundant metring School prescriber service and furth provide and relation judicion in the vision of the fundant metring service and furth provide and relation judicion in the vision of the vi | arough I of the In received o me/us ay be re hemes a oed in the provide her auth informated informated infal | egitimate icome Tax I nor have so. In event sted in the equired by of various ne privacy ers to use thorise the ation and formation orities for |
| 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 (ii) 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.   |  |  |   |  |  |  |   |  |   |   |  |  |   |
| You   | Sole Applicant /Guardian   | Second App   | olicant   |  | Thire  | d Applicar   | nt  |  |   | Power of  | Attorne  | y Holde  | èΓ  |

Date D D M M

Place

| 8. QUICK CHECKL   | IST  |  |  |   |  |  |  |  |  |
|---|--|--|--|---|--|--|--|--|--|
| KYC acknowle  | dgement letter (Compuls  | ory for MICRO Investments  | 5)   |   |  |  |  |  |  |
| Self attested P.  | Self attested PAN card copy  |  |  |   |  |  |  |  |  |
| Plan / Option   | Plan / Option / Sub Option name mentioned in addition to scheme name                           |  |  |   |  |  |  |  |  |
|   | Accounts Registration for<br>nts can be made from an   |  | multiple bank accounts so that   |   |  |  |  |  |  |
|   | •  | or online transaction facili                                       | ty   |   |  |  |  |  |  |
| SIP Registratio   | n Form for SIP investmen   | nts  |  |   |  |  |  |  |  |
| Relationship p  | roof between guardian a  | nd minor (if application is i                                      | in the name of a minor)  |   |  |  |  |  |  |
| FATCA Declare   | ation  |  |  |   |  |  |  |  |  |
| Additional doc  | uments attached for Thir   | d Party payments. Refer ins  | struction No. 7.   |   |  |  |  |  |  |
|   |  |  |  |   |  |  |  |  |  |
|   |  |  |  |   |  |  |  |  |  |
| https://ifaconnect.axismf.com/#/home  | Scan the QR co to download to new AxisMF A   | he pp https://www  | f.com f.com v.axismf.com/ ogin.aspx  To stay up to mutual fur connect v Whats/ Sent us a 'Hi' from your re number to h | o date with your nd investments, with us on our App number. on 7506771113 egistered mobile ave your queries swered. | Twitter.com/AxisMutualFund LinkedIn.com/company/Axis-Mutual-Fund                           |  |  |  |  |
| ~   |  | ·  | ·  |   |  |  |  |  |  |
| 9. DEBIT MANDAT   | <b>IE</b> (Only for Axis Bank Account I  | nolders. Now you don't have to issu                                | ue a cheque if you hold an Axis Bank Ac  | ccount). To be processed in CMS   | software under client code "AXISMP"  |  |  |  |  |
| I/ We   |  | ame of the accou   |  | · ·   | Application No.  |  |  |  |  |
| authorise you to debit  |  |  |  |   | ]  |  |  |  |  |
| Account type Sa Axis Bluechip Fu Axis Focused 25 Axis Equity Hybr Axis Special Situ | Axis Long Terr Fund Axis Arbitra   | ge Fund Axis Equity th Opportunities Fund Global Equity Alpha Fund | Saver Fund Axis Flexi C Axis Small Cap Fund  | Specify  Triple Advantage Fund Cap Fund Axis Dyr  Axis ESG Equity Fund  F Multiple Schemes                          | to pay for the purchase of  Axis Midcap Fund  namic Equity Fund  Axis Nifty 100 Index Fund |  |  |  |  |
| (in words)  |  | (in Figures)   |  |   |  |  |  |  |  |
|   | Signature of Signature of Signature of First Account Holder Second Account Holder Third Holder |  |  |   |  |  |  |  |  |
| Date D D M  | M Y Y Y Y  |  |  |   |  |  |  |  |  |
| *   |  |  |  |   | ·  |  |  |  |  |
|   | GE YOUR APPLICATION  | Received subject to realisation,                                   | verification and conditions, an application  | on for purchase of Units as mer   | ntioned in the application form.   |  |  |  |  |
| Cheque No.  | Date   | Amount   | Scheme   | Stamp & Signature   | Application No.  |  |  |  |  |
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