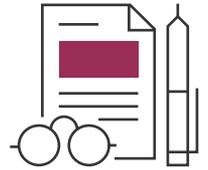


COMMON APPLICATION FORM

(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)



Distributor ARN **ARN-118251** Sub-Distributor ARN Internal Sub-Broker/ Sol ID Application No.

EUIN Employee Code RIA CODE ^

PMR (Portfolio Manager's Registration) Number ^ ^ Serial No., Date & Time Stamp

Upront 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
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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.

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 Mode of Holding should be same as in Demat Account)	Unit Holding Option
Folio number <input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Physical Mode <input type="checkbox"/> Demat Mode (in case of Demat, please fill sec 6)
<input type="checkbox"/> 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	Mr. Ms. M/s.	FIRST APPLICANT										Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O													
PAN (Mandatory)	<input type="text"/>																									
DOB	D	D	M	M	Y	Y	Y	Y	CKYC No. (Optional)	14 digit CKYC Number																
Address	<input type="text"/>																									
City	<input type="text"/>										State	<input type="text"/>		Pincode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Mobile	<input type="text"/>											Email ID*	<input type="text"/>													
Occupation Details	<input type="checkbox"/> Pvt. Sector Service		<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Govt. Service		<input type="checkbox"/> Business		<input type="checkbox"/> Professional		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Retired				<input type="checkbox"/> Housewife		<input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Student		<input type="checkbox"/> Others		<input type="text"/> Specify	
Gross Annual Income (₹)	<input type="checkbox"/> Below 1 Lac		<input type="checkbox"/> 1-5 Lacs		<input type="checkbox"/> 5-10 Lacs		<input type="checkbox"/> 10-25 Lacs		<input type="checkbox"/> 25 Lacs - 1 Crore		<input type="checkbox"/> > 1 Crore		Net worth (Mandatory for Non - Individuals) ₹ <input type="text"/>				as on		D	D	M	M	Y	Y	Y	Y

Email ID provided pertains to Self Family Member* Spouse Dependent Parents Dependent Children Siblings
 Mobile No. provided pertains to Self Family Member* Spouse Dependent Parents Dependent Children Siblings
 I / we hereby prefer to 'OPT-IN' to receive physical copies of scheme Annual Report or Abridged summary. (Refer Instruction No. 25)

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.

Account type Savings Current NRE NRO FCNR Others Specify

IFSC Code (11 digit) MICR Code (9 digit)

LEI Code Valid up to

Note: Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors. refer Instruction No. 27.

2. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor. Refer Instruction No. 23)

FOR RESIDENT INDIVIDUALS

The below information is required for all applicants/guardian.

	Place / City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____

FOR NON-RESIDENT INDIVIDUALS

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 / Resident / Green Card Holder / Tax Resident in the respective countries.

Yes No

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Address Type
First Applicant / Guardian				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business
Second Applicant				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business
Third Applicant				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business

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)

Details	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee Name			
PAN			
Allocation (%)			
Relationship with Investor			
Nominee date of birth			
Guardian Name (in case of 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.

4. INVESTMENT DETAILS (Investors applying under Direct Plan must select "DIRECT" against scheme name, Refer Instruction No. 2.)

Sr. No.	Scheme	Plan	Option	Amount
1		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		

5. PAYMENT DETAILS



Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Mode Cheque DD Axis Bank Debit Mandate (Please fill section 9.) Date

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

 Cheque / DD No.

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Amount (in figures)

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

 (in words) _____

Pay-in A/c No.

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Account type Savings Current NRE NRO FCNR Others _____ Specify _____

IFSC code (11 digit)

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

 MICR Code (9 digit)

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

Drawn on bank / branch name & address _____

8. QUICK CHECKLIST

- 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  Twitter.com/AxisMutualFund  LinkedIn.com/company/Axis-Mutual-Fund  YouTube.com/AxisMutualFund
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9. 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"

I/ We **Application No.**

authorise you to debit my/our account no.

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

Axis Banking & PSU Debt Fund Axis Dynamic Bond Fund Axis Credit Risk Fund Axis Strategic Bond Fund Axis Gilt Fund
 Axis Treasury Advantage Fund Axis Short Term Fund Axis Liquid Fund Axis Corporate Debt Fund Axis Ultra Short Term Fund
 Axis Overnight Fund Axis Money Market Fund Axis All Seasons Debt Fund Of Funds Axis Floater Fund
 AXIS CPSE PLUS SDL 2025 70:30 DEBT INDEX FUND AXIS CRISIL SDL 2027 DEBT INDEX FUND **OR** Axis MF Multiple Schemes

Amount (in words) (in Figures)

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

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

From

Cheque No.	Date	Amount	Scheme	Stamp & Signature

Application No.

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

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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