AXIS MUTUAL FUND

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 -115979	Sub-Distributor ARN	Internal Sub-Broker/ Sol ID	Application No.
EUIN -E 172792	Employee Code	RIA 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. ^ ^ 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.

EXISTING INVESTOR'S FOLIO NUMBER (If you have an existing folio with KYC validated, please mention here and skip to section 4)

Folio number ☐☐☐☐☐☐☐☐☐☐☐

☐ I/ We want to create new Folio (Instruction No. 26)

MODE OF HOLDING (in case of Demat Purchase Mode of Holding should be same as in Demat Account)

☐ Single ☐ Joint (Default)

☐ Anyone or Survivor

Unit Holding Option

☐ Demat Mode ☐ Physical Mode

(in case of Demat, please fill sec 6)

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 ☐ M ☐ F ☐ O

PAN (Mandatory) ☐☐☐☐☐☐☐☐☐☐

DOB D D M M Y Y Y Y | CKYC No. (Optional) ☐☐☐ 14digit CKYC Number ☐☐☐

Address

City | State | Pincode

Mobile | Email ID*

Occupation Details: ☐ Pvt. Sector Service ☐ Public Sector Service ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Forex Dealer ☐ Student ☐ Others Specify

Gross Annual Income (₹): ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs - 1 Crore ☐ > 1 Crore

Net worth (Mandatory for Non - Individuals) ₹ as on D D M M Y Y Y Y

Email ID provided pertains to ☐ Self ☐ Family Member (Note: If Email pertains to Family Member please select any one) ☐ Spouse ☐ Dependent Parents ☐ Dependent Children

☐ 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)

Second Applicant	Mr.	Ms.	M/s.	SECOND APPLICANT	Gender	☐ M ☐ F ☐ O

PAN (Mandatory)										

DOB	D D M M Y Y Y Y	CKYC No. (Optional)	14 digit CKYC Number

Address	

City		State		Pincode	

Occupation Details	☐ Pvt. Sector Service ☐ Public Sector Service ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Forex Dealer ☐ Student ☐ Others Specify
Gross Annual 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 (Mandatory)										

DOB	D D M M Y Y Y Y	CKYC No. (Optional)	14 digit CKYC Number

Address	

City		State		Pincode	

Occupation Details	☐ Pvt. Sector Service ☐ Public Sector Service ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Forex Dealer ☐ Student ☐ Others Specify
Gross Annual 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 Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr.	Ms.	M/s.	GUARDIAN	Gender	☐ M ☐ F ☐ O

PAN (Mandatory)										

DOB	D D M M Y Y Y Y	CKYC No. (Optional)	14 digit CKYC Number

Address	

City		State		Pincode	

Occupation Details	☐ Pvt. Sector Service ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculture ☐ Retired ☐ Housewife ☐ Forex Dealer ☐ Student ☐ Others Specify
Gross Annual 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 ☐ Father ☐ 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 Individuals	For Non-Individual Investors (Companies, Trust, Partnership etc.)		
☐ I am a Politically Exposed Person	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration)	☐ Yes	☐ No
☐ I am related to a Politically Exposed Person	Foreign Exchange / Money Charger Services	☐ Yes	☐ No
☐ I am not related to Politically Exposed Person	Gaming / Gambling / Lottery / Casino Services	☐ Yes	☐ No
	Money Lending / Pawning	☐ Yes	☐ No

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

FOR RESIDENT INDIANS

The below information is required for all applicants/guardian.

	Place / City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			☐ Indian ☐ U.S. ☐ Others _____
Second Applicant			☐ Indian ☐ U.S. ☐ Others _____
Third Applicant			☐ Indian ☐ U.S. ☐ Others _____

FOR NON-RESIDENT INDIANS

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				☐ Resi ☐ Regd. Office ☐ Business
Second Applicant				☐ Resi ☐ Regd. Office ☐ Business
Third Applicant				☐ Resi ☐ Regd. Office ☐ 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)

Sr. No.	Nominee Name	PAN	Allocation (%)	Relationship with Investor	Nominee date of birth	Guardian Name (in case of Minor)	Guardian Signature
1					D D M M Y Y		
2					D D M M Y Y		
3					D D M M Y Y		

☐ **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. 2.)

Sr. No.	Scheme	Plan	Option	Amount
1		☐ Direct ☐ Regular		
2		☐ Direct ☐ Regular		
3		☐ Direct ☐ Regular		
Total	In words			In figures

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.

Amount (in figures) (in words)

Pay-in A/c No.

Account type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others Specify

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

Drawn on bank / branch name & address

6. DEMAT ACCOUNT DETAILS (OPTIONAL)

(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 A/c No.		

CDSL:	Depository Participant Name	
	Beneficiary A/c No.	

Enclosed ☐ Client Master ☐ Transaction / Statement Copy / DIS Copy

7. DECLARATION AND SIGNATURE

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 (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 Applicant	Third Applicant	Power of Attorney Holder

Date D D M M Y Y Y Y Place

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.

IFA Connect

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

SMS

Transact by sending an SMS **SMS HELP** To 9212010033

Phone Call

Transact through a **simple phone call** on 8108622211

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 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

☐ Axis Retirement Savings Fund - Aggressive Plan ☐ Axis Retirement Savings Fund - Dynamic Plan ☐ Axis Retirement Savings Fund - Conservative Plan

Amount (in words) _____ (in Figures) _____

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

Date D D M M Y Y Y Y

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.

AXIS MUTUAL FUND

INSURANCE PLUS SIP REGISTRATION FORM

Application No.

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

(Only Resident Individual investors aged above 18 years and not more than 51 years at time of submission of SIP application shall be eligible for iPlus SIP.)

Distributor ARN		Sub-Distributor ARN		Internal Sub-Broker/ Sol ID	
EUIN		Employee Code		RIA CODE^	

PMR (Portfolio Manager's Registration) Number ^^

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. 17)

☐ **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.

AXIS MUTUAL FUND

UMRN Bank use Date D D M M Y Y Y Y

Tick (✓)
CREATE ✓
MODIFY ☒
CANCEL ☒

Sponsor Bank Code Bank use Utility Code Bank use

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 D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ☐ Until Cancelled

Signature Primary Account holder | Signature of Account holder | Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. 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 or until cancelled • Account holder signature • Account holder name as per bank records. Reference 1 - PAN.

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Investor Name	
SIP Scheme	
Top-up	☐ Yes ☐ No

Stamp & Signature

2. SIP DETAILS

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

OTM Reference No. (if Multiple One Time Mandate are registered)

Scheme / Plan / Option	Frequency	SIP Date (DD)	Enrollment Period (MMYY)	SIP Amount
	☐ Monthly	Default SIP Date 7th	From 0220 To or ☐ 1299	₹ in figures in words

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. 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.

I/We have read and understood terms and conditions of the insurance policy covering iPlus SIP facility offered by Axis Mutual Fund.

I here by declare that the content of the form and document has been fully explained to me and I have fully understand the significance of the proposed contract and hereby give my consent to be included under the Axis iPlus SIP facility offered by Axis Mutual Fund.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant

INSTRUCTIONS FOR SIP

1. Investors are required to submit Form along with a photo copy/cancelled cheque of Debit Bank Account at least 21 days before the first SIP Installment date.
2. 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 date is not mentioned, default date would be considered as 7th of every month. If the SIP date falls on a non-business day or a bank holiday, the SIP debit will be processed on the following business day.
3. Please refer below table for minimum amount per installments:

Scheme	Minimum Amount (₹)	Minimum Installments
Retirement Savings Fund	1000	12

   Note: For all schemes, minimum amount is as per above table and thereafter in multiple of ₹ 1.

4. If no amount is mentioned minimum scheme amount would be considered ₹ 1,000/-.
5. For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
6. The SIP will be discontinued automatically if payment is not received for three successive installments.
7. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar Karvy. Notice of such discontinuance should be received at least 20 days prior to the due date of the next installment / debit.
8. Mandate will be processed through NACH platform offered by NPCI.
9. As per SEBI circular dated August 22, 2011, Transaction Charge per subscription of ₹ 10,000/- and above shall be charged from the investors and shall be payable to the distributors/ brokers (who have not opted out of charging the transaction charge) in respect of applications routed through distributor/broker relating to Purchases / subscription / new inflows only (lumpsum and SIP), subject to the following:
   - For Existing / New investors: ₹100 / ₹150 as applicable per subscription of ₹10,000/– and above.
   - Transaction charge for SIP shall be applicable only if the total commitment through SIP amounts to ₹10,000/- and above. In such cases the transaction charge would be recovered in maximum 4 successful installments.
   - There shall be no transaction charge on subscription below ₹10,000/-.
   - There shall be no transaction charges on direct investments.
   - There shall be no transaction charges for transaction other than purchases/ subscriptions relating to new inflows such as Switches, etc.
   - Transactions carried out through the Stock Exchange platforms for mutual funds shall not be subject to transaction charges.

   The requirement of minimum application amount shall not be applicable if the investment amount falls below the minimum requirement due to deduction of transaction charges from the subscription amount.

   However, the option to charge "transaction charges" is at the discretion of the distributors.

   Investors may note that distributors can opt to receive transaction charges based on type of the Scheme. Accordingly, the transaction charges would be deducted from the subscription amounts, as applicable.
10. Investor will not hold Axis Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/ Local/Bank holiday. Axis Mutual Fund, its registrars and other service providers shall not be held responsible or liable for damages / compensation / loss incurred by the investor as a result of using the SIP or ECS / Auto debt facility. The investor assumes the entire risk of using this facility and takes full responsibility.
11. Investor can change bank details for SIP by submitting a "CHANGE OF BANK MANDATE - FOR SIP" form available on the website or at any Investor Service Centre along with cancelled cheque of the new bank with the investor's name printed on it.

AXIS MUTUAL FUND

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.

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

Name of Applicant

PAN | Mobile No.

Email ID

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)

Dated D D M M Y Y Y Y | Place

AXIS MUTUAL FUND

UMRN | Bank use | Date D D M M Y Y Y Y

Tick (✓)
CREATE ✓
MODIFY ☒
CANCEL ☒

Sponsor Bank Code: Bank use | Utility Code: Bank use

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 D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ☐ Until Cancelled

Signature Primary Account holder | Signature of Account holder | Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. 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 or until cancelled • Account holder signature • Account holder name as per bank records

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Investor Name

PAN No.

Stamp & Signature

AXIS MUTUAL FUND

SYSTEMATIC TRANSFER PLAN (STP)

Application No.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker/ Sol ID
EUIN	Employee Code	RIA CODE ^

PMR (Portfolio Manager's Registration) Number ^ ^

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 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 7 working days before the 1st due date for transfer).

From Scheme# Plan ☐ Direct ☐ Regular

Option (tick ✓) ☐ Growth ☐ Dividend Reinvestment ☐ Dividend Payout ☐ Bonus Dividend Frequency

To Scheme Plan ☐ Direct ☐ Regular

Option (tick ✓) ☐ Growth ☐ Dividend Reinvestment ☐ Dividend Payout Dividend Frequency

☐ Systematic Transfer Plan (STP) (Ref. Instruction 5)

Transfer Frequency (Please tick (3) any one of the below frequencies)

☐ Daily

☐ Weekly* (Monday To Friday) Day of transfer _____

☐ Fortnightly (Every Alternate Wednesday)

☐ Monthly $ ☐ Quarterly $ ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 25th

☐ Capital Appreciation Systematic Transfer Plan (CapSTP) (Ref Instruction 6)

Transfer Frequency (Please tick (3) any one of the below frequencies)

☐ Weekly (Monday To Friday) * Day of transfer

☐ Monthly $ ☐ Quarterly $ (Please tick (3) any one) ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 25th

Transfer Instalment ₹ No. of Instalments **OR** Transfer Period From D D M M Y Y (First Instalment) D D M M Y Y (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. Investor Name

From Scheme To Scheme

Amount Frequency

Stamp & Signature