## FORM 1 - FOR LUMPSUM / SIP INVESTMENTS



Application No.

ANN 85155 ARN    Enderty commission and lab part discretively by the investor to the AMPI registered distributor assessment of earliest factors including the arrives mandated by the distributor.   First State Amplicant   F	Distributor ARN	Sub-Distributor A	ARN Sol ID / Int	ternal Sub-Broker	Employee Code	EUIN	Serial	No., Date & T	ime Stamp
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Pink   Applicant   Defaults   Pownstrand inventor plane is a SUD amount and invalidation   Note   Models	or more and your Distributor has opter	d to receive Transaction Charges, the							
Name 17   Date of brind	1 EXISTING INVES	TOR'S FOLIO NUMBE	R (If you have an existing folio wi	th KYC validated, please mention	here and skip to section 3/5.)				
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For Investments "On behalf of Minor" Piles 10   Birth Central person for non individuals I PAA holder name  Geardian I minor attach proof of date of birth Centact person for non individuals I PAA holder name  Geardian I PAA PAN  Correspondence ( Dwareas address Five Fila/Mila/PDo)  City  State  Geardian I PAA PAN  Correspondence ( Dwareas address Five Fila/Mila/PDo)  City  State  Mobile  Fine Code  Fine	Name (1 <sup>st</sup> )								
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Diverseas address   Pin Code   Pin Code   Pin Code	Name of the Guardian if min	or attach proof of date of b	oirth / Contact person for no	on individuals / PoA holde	r name Guardia	an / PoA PAN			
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Are you a tax resident find-indual progress of the state				State			Pin Code		
Are you a tax resident of any country other than India? No   Yes Status   Resident Individual   Proprietor   HUF   More   Society   FII   NRI   PIO   Partnership Firm   Trust   Company   Other   Special   Status   Resident Individual   Proprietor   HUF   More   Society   FII   NRI   PIO   Partnership Firm   Trust   Company   Other   Special   Status   Resident Individual   Proprietor   HUF   More   Society   FII   NRI   PIO   Defence   Aproximation   Society   FII   NRI   PIO   Defence   Aproximation   Society   FII   NRI   PIO   Defence   Aproximation   NRI   PIO   Defence   Return   Proprietor   NRI   PIO   Society   FII   NRI   PIO   Defence   Return   Proprietor   NRI   PIO   Society   FII					Makila			Country	
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Gross Annual Income Net worth* in \$\frac{1}{2}\$   \$1 \tag{1.5}\$   \$5 \tag{10.5}\$   \$10 \trac{1}{2}\$   \$2 \trac{1}{2}\$   \$1 \trace{1}{2}\$   \$1 \trac	-			iety 🗆 FII 🗆 NRI	PIO Partnership Firm	☐ Trust ☐ Co	mpany 🗌 Othe	r Sp	pecify
Net-worth* in ₹  Net worth* in ₹  Net wo	Occupation 🗌 Pvt. Sector	Service Public Sector	Gov. Service Housewit	fe 🗌 Defence 🗌 Profess	sional 🗌 Retired 🗌 Business	Agriculture	Student  Forex	Dealer 🗌 Oth	er Specify
Name (2")  PAN	OR Net-worth* in ₹ *Not older than one year		as on DDMM	PEP NON PEP		25L25L-1C:	Foreign Excha Gaming/ Gaml (casinos, betting s	nge/ Money Chang oling/ Lottery syndicates)	ger Yes Yes
Are you a tax resident of any country other than India? No Yes  Status Resident Individual Proprietor HUF Minor Society FII Occupation Prt. Sector Service Public Sector Gov. Service Housewife Defence Retired Ray ou at ax resident of any country other than India? No Yes  THIRD APPLICANT'S DETAILS  Nationality Country of Birth Mn. Ms. Ms.  Name (3")  PAN Mobile Resident Individual Proprietor HUF Minor Society FII Occupation Prt. Sector Service Public Sector Gov. Service Housewife Defence Retired NR Gross Annual Income OR NR Gross Annu	SECOND APPLICANT	'S DETAILS Mode of F	lolding  Joint (Default)	Anyone or Survivor	Nationality	Country of Birth			☐ Ms. ☐ N
Are you a tax resident of any country other than India? No Yes  Status Resident Individual Proprietor HUF Minor Society FII Occupation Pyt. Sector Service Public Sector Gox Service Housewife Defence Retired Name (3*)  PAN Are you a tax resident of any country other than India? No Yes  THIRD APPLICANT'S DETAILS  Nationality Country of Birth Mr. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms	Name (2 <sup>nd</sup> )								
Status   Resident Individual   Proprietor   HUF   Minor   Society   FII   NRI   Pl0   Partnership Firm   Tust   Company   Other Specify   Related to a PEP   Professional   Business   Agriculture   Student   Forex Dealer   Other Specify   Should not be older than one year   Any other information   Axis Freue and Income   Professional   Business   Agriculture   Student   Forex Dealer   Other   Specify   Third Account Holder   Signature of First Account Holder   Signature of First Account Holder   Signature of Second Account Holder   Scheme   Scheme   Amount   Scheme	PAN Are you a tay resident of	any country other than li					Email		
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THIRD APPLICANT'S DETAILS  Name (3*)  PAN					*Should not be older than one year	Political	ly Exposed Person	(PEP) Rel	lated to a PEP
Name (3")  PAN   Mobile   Email ID  Are you a tax resident of any country other than India? No   Yes  Status   Resident Individual   Proprietor   HUF   Minor   Society   FII   Gross Annual Income   NRI   PIO   Partnership Firm   Trust   Company   Other   Specify   NRI   PIO   Partnership Firm   Trust   Company   Other   Specify   Net-worth* in   Ne			o _ otaaont _ rotox bo		,	] o			
Are you a tax resident of any country other than India? No yes  Status Resident Individual Proprietor HUF Minor Society FII OR Gross Annual Income OR NRI PIO Partnership Firm Trust Company Other Specify Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Retired *Should not be older than one year Any other information No.  3 DEBIT MANDATE For Axis Bank Alconly) To be processed in CMS software under client code "AXISMF" TO BE DETACHED BY MARVY & PRESENTED TO AXIS BANK CMS Application No.  If We Name of the account holder(s) Name of the account holder(s) Axis Triple Advantage Fund Axis Equity Fund Axis Focused 25 Fund Axis Long Term Equity Fund Axis Enhanced Arbitrage Fund  Amount (figures) (words)  ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form Application No.  Cheque no. Date Amount Scheme	Name (3 <sup>rd</sup> )	DE I AILS			vationality [	_ Country of Birth			□ IVIS. □ IV
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SIP facility is not available for Axis Enhance	ced Arbitrage Fund	i		•								Dated	л п	VI IVI	
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Depository Participant (DP) Name					D (; ;	a / a / [									
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6 NOMINATION DETAILS	(Refer 16)														
Name (Date of Birth if nominee is mind	orl			Address						ırdian l	Name is a Minor	(Gu	Signature ardian in c		Allo
, 2010 01 21111 1 101111100 10 1111111												Nomi	inee is a M	inor)	
Unit Holder's Signature		e Applicant /		Second Applicant			Third Appl	licant			Powe	er of Attorno	ey Holder		
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f you do not wish to nominate sign here.  DECLARATION AND SI laving read and understood the content of the S nrough legitimate source only and does not invo nacted by the Government of India from time to rocess is not completed by mely so to the satisfact with such funds that may be required by the law.) We confirm that I/We on on thave any existing N nat I ami we are Non Residents of Indian nationa	GNATURE SID / SAI of the sche plue designed for th time. I/we have no ction of the Mutual The ARN holder has dicro SIP/Lumpsum	eme, I/we hereby apply the purpose of the contr t received nor have bee Fund, (I/we hereby aut) s disclosed to me/us all investments which tog	avention of any Act, I en induced by any reba horize the Mutual Fun the commissions (trai gether with the curren	me. I have read and underst Rules, Regulations, Notifica te or gifts, directly or indire d, to redeem the funds inves I commission or any other m t application will result in a	ations or Directivectly in making the sted in the Scher ande), payable to ggregate investn	es of the pro nis investmen ne, in favour o him for the di nents exceedi	ails, rules and re visions of the In t. I/We confirm t of the applicant, ferent competin ng ₹ 50,000 in a	egulations come Tax / that the fu at the app ng Schemes a year (App	Act, Anti M nds investe licable NAV s of various dicable for	loney Lar ed in the prevailing Mutual Micro inv	me. I/We here undering Law Scheme, lega ng on the date Funds among- vestment only	by declare that s, Anti Corrupt lly belongs to n e of such redem st which the So .) with your fui	t the amount tion Laws or ne/us. In ever aption and un cheme is bein nd house. For	any other a nt "Know Yo dertake suc g recommer NRIs only ·	the so pplical our Cu ch othe nded to
If you do not wish to nominate sign here.  DECLARATION AND SI laving read and understood the content of the S hrough legitimate source only and does not invo nacted by the Government of India from time to rocess is not completed by melus to the satisfact with such funds that may be required by the law.) We confirm that I/We on thave any existing N hat I ami we are Non Residents of Indian nationa	GNATURE SID / SAI of the sche plue designed for th time. I/we have no ction of the Mutual The ARN holder has dicro SIP/Lumpsum	eme, I/we hereby apply the purpose of the contr t received nor have bee Fund, (I/we hereby aut) s disclosed to me/us all investments which tog	avention of any Act, I en induced by any reba horize the Mutual Fun the commissions (trai gether with the curren	me. I have read and underst Rules, Regulations, Notifica te or gifts, directly or indire d, to redeem the funds inves I commission or any other m t application will result in a	ations or Directivectly in making the sted in the Scher ande), payable to ggregate investn	es of the pro nis investmen ne, in favour o him for the di nents exceedi	ails, rules and re visions of the In t. I/We confirm t of the applicant, ferent competin ng ₹ 50,000 in a	egulations come Tax / that the fu at the app ng Schemes a year (App	Act, Anti M nds investe licable NAV s of various dicable for	loney Lar ed in the prevailing Mutual Micro inv	me. I/We here undering Law Scheme, lega ng on the date Funds among- vestment only	by declare that s, Anti Corrupt lly belongs to n e of such redem st which the So .) with your fui	t the amount tion Laws or ne/us. In ever aption and un cheme is bein nd house. For	any other a nt "Know Yo dertake suc g recommer NRIs only ·	the sc pplical our Cu ch othe nded to I / We
f you do not wish to nominate sign here.  7	GNATURE BID I SAI of the sche love designed for th time. I we have no tion of the Mutual The ARN holder has flicro SIP/Lumpsum lity/origin and that	eme, I/we hereby apply the purpose of the contr t received nor have bee Fund, (I/we hereby aut) s disclosed to me/us all investments which tog	avention of any Act, I en induced by any reba horize the Mutual Fun the commissions (trai gether with the curren	me. I have read and underst Rules, Regulations, Notifica te or gifts, directly or indire d, to redeem the funds inves I commission or any other m t application will result in a	ations or Directivectly in making the sted in the Scher ande), payable to ggregate investn	es of the pro nis investmen ne, in favour o him for the di nents exceedi	ails, rules and re visions of the In t. I/We confirm t of the applicant, ferent competin ng ₹ 50,000 in a	egulations come Tax / that the fu at the app ng Schemes a year (App	Act, Anti M nds investe licable NAV s of various dicable for	loney Lar ed in the prevailing Mutual Micro inv	me. I/We here undering Law Scheme, lega ng on the date Funds among- vestment only	by declare that s, Anti Corrupt lly belongs to n e of such redem st which the So .) with your fui	t the amount tion Laws or ne/us. In ever aption and un cheme is bein nd house. For	any other a nt "Know Yo dertake suc g recommer NRIs only ·	the so pplica our Cu ch othe ded to
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## FORM 2 - SIP AUTO DEBIT FORM (SIP matlab Sleep In Peace \*\*)



District	tor ADN	Cul Distribute ADM	etomol Cult D	Control Contro			M	o Noto & Timo Ctown			
Distributor ARN Sub-Distributor ARN Sol ID / In ARN 85155 ARN			nternal Sub-Broker	al Sub-Broker Employee Code			76	o., Date & Time Stamp			
		sment of various factors in	ncludina the se	E 0705		outor.					
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 Tilde 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 denployee/relationship manager/sales person of the 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.  Third Applicant  Council Second Applicant  Second Applicant  First / Sole Applicant / Guardian									Power of Attorney Holder		
TRANSACTION	N CHARGES FO	R APPLICATIONS THROUGH D	ISTRIBUTORS	ONLY (Refer 18 and any o							
		<b>t time investor across Mutual I</b> O or more and your Distributor has opted to rece		es, the same are deductible as ap	I confirm that I am licable from the purchase/ subci					against the balance amount invested.	
		New SIP registration by new		New SIP registration			e in Bank de				
1 APPLIC	ANT'S PER	SONAL DETAILS (MANDA	TORY)								
Application For	Application Form No. (For New Applicants)  OR  Folio No. (For Existing Unit holders)										
Sole / 1st Unith	nolder	Firs	t Name		Middle N					Last Name	
Email ID					ts over email instead of	post					
PAN Enclose	Attested PA	1st Applicant		Attested PAN	card KYC Letter				ttested PA	Applicant  N card KYC Letter	
										N out	
		O SIGNATURE (To be signed	•		0 ,				Date	D D M M Y Y	
Electronic Debit	t arrangement. I	rs furnished here are correct. I / We f the transaction is delayed or not in my bank account.									
X Sole/ 1st Unit Holder / POA X 2nd Unit Holder X 3rd Unit Holder									lder		
3 AUTO I	DERIT AIITH	ORISATION BY BANK AC	COUNT HOLF	)FRS							
The Manager		OHIOATION DI BANK AO	DOUBT HOLL	, LIIO							
Name of Bank				Branch			City				
I / We authorize	Axis Mutual Fu	ınd, acting through its service prov	viders, to debit m	y account through ECS	(Debit) clearing / Direct	debit (Stand	ing Instructi	on) as per th	ne details g	iven here:	
A) Folio No. /	Application No.			Sche	ne						
				Plan*	Plan*						
B) Account No	umber			Optio	1						
				SIP A	SIP Auto Debit Date				h & 31st n	ot available) (DD)	
A/c holder'	s name as in ba	nk records		Frequ	ency (ref 12 (h))		☐ Mont	hly		Yearly	
C) Account Ty	nn (Plasea 🗸)			stallment Amount		Ple	ase refer to	KIM for m	in. installment amount		
☐ Savings	S Curre	<del></del>	SIP A (ref 1	uto Debit Period 2 (h))#			From M N	M M Y Y To M M Y Y			
D) 9-Digit MICR Number of the Bank & Branch  Till you instruct Axis Mutual Fund to discontinue.  Please fill in the `To' date only if no. of installments have been specified in the Application Form.  *Investors applying under Direct Plan must mention "Direct" against scheme name.  *For Long Term Equity minimum SIP instalment is 6 months.											
I / We declare the	at the particular	s furnished above are correct. If the fund about any changes in my bank a	transaction is dela	ayed or not effected at al	for reasons of incomplet	e or incorrect	t information,	I / we would	not hold th	e user institution responsible. I	
VVE VVIII dISO IIITO	TITLE SIXE TITLE			RE(S) OF BANK ACCO	UNT HOLDER(S) AS II	N BANK RE	CORDS				
Name(s)	0,	le/1st Bank Account Holder / PO	2nd Bank Account Holder			3rd Bank Account Holder					
reumo(s)	30	ic, i st. Dank Account Holder / PO.	n	Ziiu Ba	IIK MODUUIIT FIUIUUI			510	Dank ACC	ount Holdel	
Signature(s)											
	XX So	le/1st Bank Account Holder / PO	А	XX 2nd Ba	nk Account Holder		XX	3rd	Bank Acc	ount Holder	
Date	D D M M	Y Y (To be signed by all holders	if mode of operatio	n of Bank Account is <b>'Join</b>	(')						
(Mandatory, if yo		l Iment is through a Demand Draft / Pay e of account holder(s) and the ban		s are correct as per our	records.					Stamp & Signature	
FOR OFFICE U	ISE ONLY (not	to be filled in by investor)	We confirm that we	nave taken the above E0	CS / Auto De	bit instructio	ons on our re	cords.			
Recorded on	D D M	M Y Y		Stamp of Bank Bran	Stamp of Bank Branch Manager						
Recorded by				Signature							
Credit A/c No.				Name							