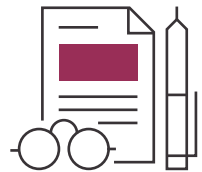


COMMON APPLICATION FORM

(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"/> Demat Mode <input type="checkbox"/> Physical 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)	<input type="text"/>				
Address	<input type="text"/>						
City	State		Pincode			<input type="text"/>	
Mobile	<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	<input type="checkbox"/> Self <input type="checkbox"/> Family Member (Note: If Email pertains to Family Member please select any one) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> 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	<input type="text"/>					
Branch Address	<input type="text"/>					
City	State		Pincode			<input type="text"/>
Account No.	<input type="text"/>					
Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others <input type="text"/> Specify					
IFSC code (11 digit)	MICR Code (9 digit)		<input type="text"/>			<input type="text"/>
LEI Code	Valid up to		D D M M Y Y Y Y			Note: Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors. refer Instruction No. 27.

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 FIs 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

Table with 2 columns: For Individuals and For Non-Individual Investors (Companies, Trust, Partnership etc.). Rows include questions about Politically Exposed Persons and various services like Foreign Exchange, Gaming, and Money Lending.

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			<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
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				<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)

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 Name	Plan	Option [Growth/*IDCW (Dividend) Option]	Amount
1		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		
2		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		
3		<input type="checkbox"/> Regular <input type="checkbox"/> Direct		

*The dividend amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains.

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 **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.

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