

APPLICATION FORM FOR

APPLICATION NO.

AXIS BUSINESS CYCLES FUND

(An open ended equity scheme following business cycles based investing theme)

NFO OPENS : FEBRUARY 02, 2023 AND NFO CLOSES : FEBRUARY 16, 2023
FOR FIRST TIME INVESTORS FOR LUMP SUM INVESTMENTS / SIP INVESTMENTS.

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLACK/BLUE COLOURED INK & IN BLOCK LETTERS)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	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
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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.

Unit Holding Option
☐ Physical Mode ☐ Demat Mode
(in case of Demat, please fill sec 7)

01

MY DETAILS

(To be filled in Block Letters. Please provide the following details in full)

(In case of investment "On behalf of minor", Please refer instruction No. 11)

Existing folio number

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

My Name (Should match with PAN Card)

PAN/PEKRN (1st Applicant)

☐ KYC

My Guardian's Name (if minor)/POA/Contact Person (For Non-individuals)

PAN/PEKRN (Guardian/POA)

☐ KYC

On behalf of Minor (*Attach Mandatory Documents as per instructions)

Date of Birth Minor's

☐ Date of Birth Proof attached*

Guardian named is ☐ Father ☐ Mother ☐ Court Appointed

Guardian named is

02

JOINT APPLICANTS (IF ANY) DETAILS

Mode of Operation ☐ Single ☐ Joint ☐ Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of minor investments).

2nd Applicant Name (Should match with PAN Card)

PAN/PEKRN (Second applicant)

☐ KYC

3rd Applicant Name (Should match with PAN Card)

PAN/PEKRN (Third applicant)

☐ KYC

03

MY CONTACT DETAILS

(As per KYC records. To be filled in Block Letters)

(For electronic communication, Please refer instruction No. 17)

Address Type (Mandatory) ☐ Residential & Business ☐ Residential ☐ Business ☐ Registered Office

Address

City

State

Pin Code

Add overseas address (Mandatory for NRI / FII Applicants)

City

State

Pin Code

Email ID and Mobile number should pertain to First Holder only.

Mobile No.

Tel No.

Email ID (CAPITAL letters only)

Mobile No. / Email ID* provided pertains to (Please tick (✓)) * if above any option is not ticked (✓) or selected then (Self) option is considered as a default.

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS

☒ I wish to receive Scheme Account Statement along with Annual Report & Abridged Summary: ☐ Online (Preferred & Default) ☐ Physical Copy (Choose online mode to help us save paper & contribute towards a greener & cleaner environment.)

☒ I declare that Email address and Mobile Number provided in this form belongs to (✓ any one): ☐ Self **OR** ☐ Family Member, and approve for usage of these contact details for any communication with Axis Mutual Fund.

04

BANK ACCOUNT DETAILS

(Avail Multiple Bank Registration Facility)

(Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

My Bank Name

Bank A/C No.

A/C Type

☐ Savings

☐ Current

☐ NRE

☐ NRO

☐ FCNR

☐ Others

Branch Address

City

State

Pin Code

IFSC code: (11 digit)

MICR code (9 digit)

(This is a 9 digit number next to your cheque number)

LEI Code

Valid up to

Note: LEI code mandatory to provide if transaction value is equal to or exceeds ₹ 50 crore limit, with LEI proof.

05 MY INVESTMENT DETAILS

(For investments, Please refer instruction No. 1 & 22)

(Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied in case of no information, ambiguity or discrepancy). If the investment is in multiple schemes. "The Cheque/ DD should be drawn favouring "Axis MF Multiple Schemes"

Full Scheme/Plan/Option	Amount/Each SIP Amount	SIP Date	Frequency	SIP Period	TOP-UP Facility (Optional) Only available for Monthly SIP
<input type="checkbox"/> LUMPSUM <input type="checkbox"/> SIP Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Scheme Name <input type="text"/> Option <input type="text"/>	₹ <input type="text"/> Less DD charges <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> (If left blank 7 th will be considered as the default date) Any date between 1 st to 28 th	<input type="checkbox"/> Monthly (default) <input type="checkbox"/> Yearly	Start Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Continue Until Cancelled	Frequency <input type="checkbox"/> Half Yearly ₹ <input type="text"/> in figures <input type="checkbox"/> Yearly <input type="text"/> in words <input type="checkbox"/> Dynamic TOP-UP

The minimum amount for Axis TOP-UP facility is ₹ 500/- and in multiples of ₹ 1/- for all schemes except Axis Long Term Equity Fund the minimum amount is ₹ 500/- and in multiples of ₹ 500/- thereafter.

☐ Payment through NACH (Attach NACH form) ☐ OTM Reference No. (If Multiple One time mandate are registered)
OR Documents attached to avoid Third Party Payment Rejection, if applicable: ☐ Bank Certificate, for DD ☐ Third Party Declarations

Payment Details

First SIP Cheque Date SIP Amount SIP Cheque No.
 Bank Name Account No.
 IFSC Code MICR Code
 Cheque/DD No. RTGS NEFT Funds Transfer
☐ If source of payment bank is same as above bank details tick here.

06 NOMINATION DETAILS

(For nomination, Please refer instruction No. 18)

Details	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allocation (%)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship with Investor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian Name (in case of Minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee/Guardian Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

07 DEPOSITORY ACCOUNT DETAILS

(Optional. To be filled if investor wishes to hold the units in Demat mode).

(For DEMAT details Please refer instruction No. 19)

(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 <input type="text"/>	DP ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Beneficiary Ac No. <input type="text"/>	
CDSL:	Depository Participant Name <input type="text"/>	
	Beneficiary Ac No. <input type="text"/>	
Enclosed <input type="checkbox"/> Client Master <input type="checkbox"/> Transaction / Statement Copy / DIS Copy		

08



KNOW YOUR CUSTOMER (KYC) DETAILS

(Mandatory. Please Tick/ Specify. The application is liable to get rejected if details not filled.)

(For KYC details. Refer Instruction No. 8)

Tax Status details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO/OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-
Minor through Guardian	<input type="checkbox"/>	-	-	-
Non Individual	<input type="checkbox"/> Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Trust	<input type="checkbox"/> Society	<input type="checkbox"/> HUF	<input type="checkbox"/> Bank
	<input type="checkbox"/> AOP	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> FPI
Others (Please specify)				

Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)				

Politically Exposed Person (PEP) details	Is a PEP	Related to PEP	Not Applicable
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors/Turstees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ADDITIONAL INFORMATION

(For additional information Please refer instruction No. 8A)

Applicant	KIN No. (If KYC done via CKYC)	Date of Birth*	Gender
First Applicant		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
Second Applicant		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
Third Applicant		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
G or POA^		D D M M Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female

*Date of Birth - Mandatory if CKYC ID mentioned. ^G: Guardian; POA: Power Of Attorney

Details	Second Applicant	Third Applicant	G or POA
Mobile No.			
Email Id.			
Relationship with Investor			

Mobile No. / Email ID* provided pertains to (Please tick(✓)) *if above any option is not ticked (✓) or selected then (Self) option is considered as a default.

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS

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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"

(For Debit mandate Please refer instruction No. 5 & 22)

I/ We	Name of the account holder(s)		APPLICATION NO.
authorise you to debit my/our account no.			
Account type	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others	Specify	
to pay for the purchase of	AXIS BUSINESS CYCLES FUND		
Amount (in Figures)	(in words)		
Signature of First Account Holder	Signature of Second Account Holder	Signature of Third Holder	
Date	D D M M Y Y Y Y		



ACKNOWLEDGEMENT SLIP

APPLICATION NO.

Received from			
Scheme Name	Plan	Option	
Amount	Cheque/DD No.	Date	D D M M Y Y Y Y
Bank & Branch details			Stamp & Signature



Details	Sole/ 1st Applicant	2nd Applicant	3rd Applicant	Guardian/POA
Place & Country of Birth				
Nationality				
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Mandatory to enclose FATCA /CRS Annexure				



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 (iii) 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/disclosed 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.

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place <input type="text"/>		



☐ 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

SIP REGISTRATION FORM

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

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	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
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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.

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.

	UMRN	<input type="text"/>	Bank use	<input type="text"/>	Date	<input type="text"/>
Tick (✓) CREATE <input checked="" type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL <input type="checkbox"/>	Sponsor Bank Code	<input type="text"/>	Utility Code	<input type="text"/>	Bank use	
I/We hereby authorize	Axis Mutual Fund	to debit (tick ✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other			
Bank a/c number	<input type="text"/>					
with Bank	Name of customers bank	IFSC	<input type="text"/>	or MICR	<input type="text"/>	
an amount of Rupees	<input type="text"/>			In Words	₹	In Figures
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented			DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Reference 1	PAN No.		Phone No.		<input type="text"/>	
Reference 2	All Schemes of Axis Mutual Fund		Email ID		<input type="text"/>	

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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Or <input type="checkbox"/> Until Cancelled		Signature Primary Account holder 1. <input type="text"/> Name as in bank records	Signature of Account holder 2. <input type="text"/> Name as in bank records	Signature of Account holder 3. <input type="text"/> Name as in bank records
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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	<input type="text"/>		
SIP Scheme 1	Top-up	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stamp & Signature
SIP Scheme 2	Top-up	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SIP Scheme 3	Top-up	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. SIP DETAILS

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

OTM Reference No.

Scheme / Plan / Option	Frequency	SIP Date (DD)	Enrollment Period (MMYY)	SIP Amount	TOP-UP Facility (Optional) Only available for Monthly SIP
	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="text"/> Default SIP Date 7th	From <input type="text"/> To <input type="text"/> or <input type="text"/> 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly ₹ <input type="text"/> in figures <input type="checkbox"/> Yearly <input type="text"/> in words <input type="checkbox"/> Dynamic TOP-UP
	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="text"/> Default SIP Date 7th	From <input type="text"/> To <input type="text"/> or <input type="text"/> 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly ₹ <input type="text"/> in figures <input type="checkbox"/> Yearly <input type="text"/> in words <input type="checkbox"/> Dynamic TOP-UP
	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="text"/> Default SIP Date 7th	From <input type="text"/> To <input type="text"/> or <input type="text"/> 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly ₹ <input type="text"/> in figures <input type="checkbox"/> Yearly <input type="text"/> in words <input type="checkbox"/> Dynamic TOP-UP

SIP initial payment details (Optional)

Drawn on bank / branch name	<input type="text"/>	Amount	<input type="text"/>
Mode	<input type="checkbox"/> Cheque/DD	<input type="checkbox"/> Cheque/DD	<input type="checkbox"/> Dated
	<input type="text"/>	<input type="text"/>	<input type="text"/>

In case of multiple SIP, mention "Axis MF Multiple Schemes" on the payment instrument.

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.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

INSTRUCTIONS FOR SIP & TOP-UP

- Multiple SIP registration facility is not available for Axis Children's Gift Fund, Axis Liquid Fund, ETF schemes and during NFO. The first SIP installment for "AXIS BUSINESS CYCLES FUND" starts from April 2023.
 - 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.
 - 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.
 - Please refer below table for minimum monthly/yearly installments:
- | Scheme | Monthly | | Yearly | |
|--|--------------------|----------------------|--------------------|----------------------|
| | Minimum Amount (₹) | Minimum Installments | Minimum Amount (₹) | Minimum Installments |
| All Schemes except below schemes, Axis Overnight Fund & Axis Liquid Fund | 1000 | 6 | | |
| For Axis Bluechip Fund, Axis Focused 25 Fund, Axis Growth Opportunities Fund, Axis Flexi Cap Fund, Axis Mid Cap Fund, Axis Small Cap Fund, Axis ESG Equity Fund, Axis Special Situations Fund, Axis Quant Fund, Axis Value Fund, Axis Multicap Fund, Axis Triple Advantage Fund, Axis Arbitrage Fund, Axis Equity Hybrid Fund, Axis Equity Saver Fund, Axis Regular Saver Fund, Axis Balance Advantage Fund and Axis Nifty 100 Index Fund. | 100 | 6 | 12000 | 3 |
| Axis Long Term Equity Fund* | 500 | 6 | 6000 | 3 |
- Note: For all schemes, minimum amount is as per above table and thereafter in multiple of ₹ 1.
For Long Term Equity Fund Minimum amount is as per above table and thereafter in multiple of ₹ 500*.
- If no amount is mentioned minimum SIP installment amount would be considered.
 - 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.
 - The SIP will be discontinued automatically if payment is not received for three successive installments.
 - Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar KFin Technologies Limited. Notice of such discontinuance should be received at least 20 days prior to the due date of the next installment / debit.
 - Mandate will be processed through NACH platform offered by NPCI.
 - 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.

- 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.
- 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.
- TOP-UP Facility: Under this facility the Investor can increase the SIP installment at pre-defined intervals by a fixed amount or any time as per the request. This facility is available for individual investors only. For availing the said facilities, investors are required to note the following:
 - Investor willing to register TOP-UP should provide the TOP-UP details along with the SIP enrolment details.
 - The minimum amount for Axis TOP-UP facility is ₹ 500/- and in multiples of ₹ 1/- for all schemes; except Axis Long Term Equity Fund the minimum amount is ₹ 500 and in multiples of ₹ 500 thereafter.
 - If no amount is mentioned as TOP-UP amount under frequency yearly and half-yearly, minimum TOP-UP amount would be considered, i.e., ₹ 500/- for all schemes.
 - TOP-UP frequencies available are Half-Yearly/ Yearly/ Dynamic requested intervals.
 - In case TOP-UP frequency is not indicated, it will be considered as Yearly by Default.
 - The date for Axis Mutual Fund TOP-UP Facility will correspond to the registered SIP.
 - TOP-UP will continue till the End of the SIP tenure by default.
 - In case an investor wishes to change the Top-Up amount, he/she has to provide a cancellation for the existing SIP and register fresh SIP.
 - Only TOP-UP cannot be discontinued anywhere during the SIP tenure.
 - In case of Dynamic Top up option, any changes in the amount can be made only after completion of 6 months from the date of the first installment and minimum gap between two top up requests should be 3 months and amount specified in last request shall be continued till the End of the SIP tenure.
 - Please see the illustration below to know how to calculate SIP Top-up amount:
 - SIP Starts on 07/May/2016 • SIP ends on 07/12/2099 • SIP amount is ₹ 1000
 - Top-Up amount is ₹ 500 • Top-Up Frequency is Half-yearly

Top-Up date	SIP Amount (₹)	Top-Up Amount (₹)	New SIP Amount (₹)
7-Nov-2016	1000	500	1500
7-May-2017	1500	500	2000
7-Nov-2017	2000	500	2500
7-May-2018	2500	500	3000

AXIS MUTUAL FUND
The RESPONSIBLE Mutual Fund

[illegible]

I 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 First Account Holder	Signature of Second Account Holder	Third Holder
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[illegible]

AXIS MUTUAL FUND	UMRN													Date	D	O	M	M	Y	Y	Y	Y			
The RESPONSIBLE Mutual Fund		Bank use																							
Tick (✓)	Sponsor Bank Code	Bank use												Utility Code	Bank use										
CREATE <input checked="" type="checkbox"/>	I/We hereby authorize	Axis Mutual Fund												to debit (tick✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other										
MODIFY <input type="checkbox"/>	Bank a/c number																								
CANCEL <input type="checkbox"/>																									

[illegible]

an amount of Rupees ₹

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☒ As & when presented DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1	Folio No.	Phone No.
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Reference 2	All Schemes of Axis Mutual Fund	Email ID	
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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	<input type="checkbox"/> 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)[illegible]