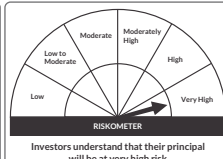
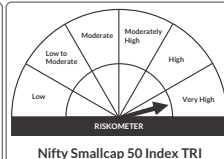


COMMON APPLICATION FORM FOR AXIS NIFTY SMALLCAP 50 INDEX FUND
 (An Open Ended Index Fund tracking the NIFTY SMALLCAP 50 Index)

Application No.

NFO OPENS : FEBRUARY 21, 2022 AND NFO CLOSURES : MARCH 07, 2022

Offer for Units of ₹ 10 Per Unit during the New fund Offer and at NAV based prices upon re-opening

Fund Name & Benchmark	Product Labelling	Product Riskometer	Benchmark Riskometer
AXIS NIFTY SMALLCAP 50 INDEX FUND (An Open Ended Index Fund tracking the NIFTY SMALLCAP 50 Index) Benchmark: Nifty Smallcap 50 Index TRI	This product is suitable for investors who are seeking* <ul style="list-style-type: none"> Long term wealth creation solution. An index fund that seeks to track returns by investing in a basket of Nifty Smallcap 50 Index stocks and aims to achieve returns of the stated index, subject to tracking error. *Investors should consult their financial advisers if in doubt about whether the product is suitable for them.	 <p>Investors understand that their principal will be at very high risk</p>	 <p>Nifty Smallcap 50 Index TRI</p>

(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	Sub-Distributor ARN	Internal Sub-Broker/ Sol ID
EUIIN	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 EUIIN 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) Folio number <input type="text"/>	MODE OF HOLDING (in case of Demat Purchase Mode of Holding should be same as in Demat Account) <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor	Unit Holding Option <input type="checkbox"/> Physical Mode <input type="checkbox"/> Demat Mode (in case of Demat, please fill sec 6)
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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"/>	14 digit CKYC Number
Address	<input type="text"/>			
City	State	Pincode	<input type="text"/>	
Mobile	Email ID*	<input type="text"/>		
Occupation Details	<input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student <input type="checkbox"/> Others <input type="text"/> Specify			
Gross Annual Income (₹)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore Net worth (Mandatory for Non - Individuals) ₹ <input type="text"/> as on D D M M Y Y Y Y			

 Email ID provided pertains to Self Family Member (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	<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"/>		
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	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O
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PAN (Mandatory)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> </tr> </table>												

DOB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;">D</td><td style="width:20px;">D</td><td style="width:20px;">M</td><td style="width:20px;">M</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	CKYC No. (Optional)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> </tr> </table>															
D	D	M	M	Y	Y	Y	Y																			

Address	
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City	State	Pincode
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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 style="width:100px;" type="text" value="Specify"/>
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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
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Third Applicant	Mr. Ms. M/s.	THIRD APPLICANT	Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O
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PAN (Mandatory)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> </tr> </table>												

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D	D	M	M	Y	Y	Y	Y																			

Address	
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City	State	Pincode
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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 style="width:100px;" type="text" value="Specify"/>
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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
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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	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O
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PAN (Mandatory)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> </tr> </table>												

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D	D	M	M	Y	Y	Y	Y																			

Address	
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City	State	Pincode
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Occupation Details	<input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student <input type="checkbox"/> Others <input style="width:100px;" type="text" value="Specify"/>
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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
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Relationship Of Guardian (Refer Instruction No. 11)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Court Appointed Guardian
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Email ID	
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Proof of the Relationship with Minor	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others <input style="width:100px;" type="text" value="Specify"/>
---	--

TAX STATUS (Applicable for First / Sole Applicant)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> FIs <input type="checkbox"/> NRI-NRO <input type="checkbox"/> HUF <input type="checkbox"/> Club / Society <input type="checkbox"/> PIO <input type="checkbox"/> Body Corporate <input type="checkbox"/> Minor <input type="checkbox"/> Government Body <input type="checkbox"/> Trust <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Bank & FI <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> QFI <input type="checkbox"/> Provident Fund <input type="checkbox"/> Others <input style="width:100px;" type="text" value="Specify"/>
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For Individuals	For Non-Individual Investors (Companies, Trust, Partnership etc.)
<input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am related to a Politically Exposed Person	Foreign Exchange / Money Charger Services <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am not related to Politically Exposed Person	Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> 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			<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
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4. INVESTMENT DETAILS (Investors applying under Direct Plan must select "DIRECT" against scheme name, Refer Instruction No. 2.)

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

5. PAYMENT DETAILS



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

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

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](https://ifaconnect.axismf.com/#/home)



Transact by sending an SMS
SMS HELP To 9212010033



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 **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 NIFTY SMALLCAP 50 INDEX FUND

Amount (in words) (in Figures)

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

D	D	M	M	Y	Y	Y	Y
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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. _____