

		NEO	AX	APPLICATION SCONSU -ended equity scher C 23 2024 AN	MPTION me following cons	IFUND sumption theme)	BFR 06 202		APPLICATI	ON NO.
ORF	IRST TIME I		SUM INVESTMENTS / S				DER 00, 202	-		
Dis	SE READ TH tributor ARN	E INSTRUCTIONS BEFO SUB-Distributor ARN	ORE FILLING UP THE FO Internal SUB-Broker/Sol ID	EUIN	TO BE COMPLET Employee Code	ED IN ENGLISH IN E RIA CODE^	BLACK/BLUE COI PMR (Portfolio Registration) NU	o Manager's	NK & IN BLOCK Serial No., & Time St	Date
cheme Axis Mu ransac	(s) of Axis Mutu itual Fund, to th tions data feed/	al Fund under Direct Plan. I/W le above mentioned SEBI Re portfolio holdings/ NAV etc.	istor to the AMFI registered dis Vehereby give my/our consent gistered Investment Adviser. / in respect of my/our investmer	to share/provide the trans ^^I/We, have invested in hts under Direct Plan of a	sactions data feed/por the scheme(s) of Axis Il schemes of Axis Mut	tfolio holdings/ NAV etc. i s Mutual Fund under Dir ual Fund, to the above me	n respect of my/our in rect Plan. I/We hereb entioned SEBI Registe	vestments un y give my/ou ered Portfolic	der Direct Plan of a r consent to share, Manager.	ll schemes of /provide the
			s been intentionally left bla notwithstanding the advice							
Y	′ou/ Sole A	oplicant /Guardian	Second A	Applicant	Т	hird Applicant	P	ower of A	Attorney Hold	er
			ATIONS THROUGH DIS tor across Mutual Funds		•		Mutual Funds	Unit Ho	olding Optio	n
In cas	se the subscr	ption amount is ₹ 10,00	0 or more and your Distr mount and payable to the D	ibutor has opted to r	eceive Transaction	Charges, the same a	re deductible as	Physica	I Mode Den	nat Mode
01		· ·	lled in Block Letters. Please		<u> </u>		estment "On behalf c			
Exist	ing folio nun	ıber				I/ We want	to create new Fo	lio (Instruct	ion No. 26)	
My N	ame (Should	match with PAN Card)					PAN/PE	EKRN (1st A	Applicant)	КҮС
My G	uardian's Na	ame (if minor)/POA/Con	tact Person (For Non-indiv	iduals)			PAN/PE	EKRN (Guar	rdian/POA)	КҮС
On b	ehalf of Min	or (*Attach Mandatory Doc	uments as per instructions)	Date of Birth	n Minor's D	D M M Y Y	YY	Date of B	Birth Proof attac	ched*
Guar	dian named	s Father Mo	other Court Appo	inted		Guardia	n named is			
02	J.	DINT APPLICANT	S (IF ANY) DETAIL	.S						
Mod	e of Operatio	on Single J	oint Either or Su	rvivor(s) [Default] (.	Joint applicant de	tails not to be filled i	n case of minor in	vestments).	
2nd A	Applicant Na	me (Should match with PA	N Card)				PAN/PE	KRN (Seco	ond applicant)	КҮС
3rd A	pplicant Na	me (Should match with PAI	N Card)				PAN/PE	EKRN (Thire	d applicant)	КҮС
	/ EL IIN bold	ar/sub-distributor is po	t related to the 1st holde	ar 📃						
			l in this form belongs to (tick		Children	Siblings	Parents			
03	원 🛛	IY CONTACT DET	AILS (As per KYC record	s. To be filled in Block L	etters)	(Fe	or electronic commu	nication, Ple	ase refer instructi	on No. 17)
Addr	ess Type (Ma	ndatory) Resident	tial & Business 📃 Re	sidential 🔄 Bu	siness 🗌 Re	egistered Office				
Addr	ess									
City				State			Р	in Code		
Add o	overseas add	ress (Mandatory for NRI /	FII Applicants)					L		
City				Country			Р	in Code		
٢Ľ	D and Mobile n	umber should pertain to First	Holder only.							
Mobi No.	le		Tel No.		Email ID (CAPITAL letters only)					
Г	declare that Em	ail address provided in this for	m belongs to (tick any one):	Self Spo and approve for u	use Dependent O	Children Dependen details for any communica		ndent Paren Fund.	ts Guardian	PMS
-	declare that Mo	bile Number provided in this f	orm belongs to (tick any one)	Self Spo	use Dependent (t Siblings Depe	ndent Paren	ts Guardian	PMS

If above any opt	tion is not ticked (\checkmark) or selected then (Self) op	tion is considered as a default.				
I wish to receive	e Scheme Account Statement along with Ann	ual Report & Abridged Summary:	Online (Preferred & Defaul	t) Physical Copy (Choose online mode to help us s owards a greener & cleaner env	ave paper & contribute ironment.)
04 <u>m</u> E	BANK ACCOUNT DETAILS	(Avail Multiple Bank Registration Fa	cility)		note that as per SEBI Regulat le their bank account details.	
My Bank Name						
Bank A/C No.			A/C Type Savings	Current NRE		Others
Branch Address						
City		State			Pin Code	
IFSC code: (11 dig	git)	MICR code (9	digit)	т)	This is a 9 digit number next to	your cheque number)
LEI Code		Valid u	pto D D M M Y	Y Y Y Note: equal	LEI code mandatory to provid to or exceeds ₹ 50 crore limit,	le if transaction value i with LEI proof.

05 _		ILS			(For i	nvestments, Please re	efer instruction No. 1 & 22)
	DD should be in favour of "Scheme Name". Defa drawn favouring "Axis MF Multiple Schemes"	ault plan/Option will be applied incase o	of no informatio	on, ambiguity or o	discrepancy). If the investment	is in multiple scheme	s. "The Cheque/ DD
	Full Scheme/Plan/Option	Amount/Each SIP Amount	SIP Date	Frequency	SIP Period	(Optional) Only	-UP Facility available for Monthly SIP
		₹	DD	Daily	Start Date	Frequency	Amount
Plan	Regular Direct	Less DD	(If left blank	Weekly	MMYYYY	Half Yearly	
Schem		charges	7 th will be considered	Day	End Date	Yearly	in words
Name			as the default date) Any date	Monthly (default)	MMYYYY		
Option			between 1 st to 28 th	Yearly	Maximum Duration of 40 years		
					01 40 years	· · · ·	namic TOP-UP
		₹	DD	Daily	Start Date	Frequency	Amount ₹ in figures
Plan	Regular Direct	Less DD	(If left blank	Weekly		Half Yearly	
Schem		[]	7 th will be considered as the	Day	End Date	Yearly	in words
Name			default date) Any date	(default)		_ _	
Option			between 1 st to 28 th	Yearly	Maximum Duration of 40 years		namic TOP-UP
· 					,	Frequency	Amount
		₹	DD	Daily	Start Date		₹ in figures
Plan	Regular Direct	Less DD charges	(If left blank 7 th will be	Weekly	End Date	Yearly	in words
Schem			considered as the	Day			
Name			default date) Any date	(default)			
Option			between 1 st to 28 th	Yearly	Maximum Duration of 40 years	Dyi	namic TOP-UP
The mini	mum amount for Axis TOP-UP facility is ₹ 500/-	- and in multiples of ₹ 1/- for all scheme	 s except Axis El	LSS Tax Saver Fur	 nd the minimum amount is₹ 5	00/- and in multiples of	of₹ 500/- thereafter.
•	Payment through NACH (Attach NACH for	orm) OTM Reference N	lo.] (if one time mandate	e are registered)
	OR Documents attached to avoid Third	d Party Payment Rejection, if appl	icable: B	ank Certificate	e, for DD Third Party	Declarations	
	nt Details neque Date DDMMYY	Y Y Amount			Ch	eque No.	
			Associated				
Bank N			Account N				
IFSC Co			MICR Cod				
RIGS/I	NEFT/ Funds Transfer				If source of payment bar	ik is same as above	e bank details tick here.
06					(For nomination, Pleas	se refer instruction No. 18)
	NOMINATION DETAILS	Format for F	Providing	Nominatio	,	For nomination, Pleas	se refer instruction No. 18)
ANN I/We w		nominate the following person(s)	-	ceive all the ass	۱ ets held in my / our accou	nt in the event of n	ny / our death.
ANN	EXURE - A sh to make a nomination and do hereby	nominate the following person(s) Details of 1st Nominee	who shall rec	ceive all the ass Details of	ייייי ו	nt in the event of n	
ANN I/We w Sr. No.	EXURE - A sh to make a nomination and do hereby i Nomination can be made upto three nominees in the account.	nominate the following person(s) Details of 1st Nominee	-	ceive all the ass Details of	۱ ets held in my / our accou	nt in the event of n	ny / our death.
ANN I/We w Sr. No.	EXURE - A ish to make a nomination and do hereby Nomination can be made upto three nominees in the account.	nominate the following person(s) Details of 1st Nominee Ma	who shall rec	ceive all the ass Details of	1 ets held in my / our accou	nt in the event of n	ny / our death. Brd Nominee
ANN I/We w Sr. No.	EXURE - A sh to make a nomination and do hereby in Nomination can be made upto three nominees in the account.	nominate the following person(s) Details of 1st Nominee Ma	who shall rec	Details of	1 eets held in my / our accou 2nd Nominee	nt in the event of n Details of 3	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2.	EXURE - A Ish to make a nomination and do hereby in the nomination can be made upto three nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee Equally (If not equally, please specify percentage)	nominate the following person(s) Details of 1st Nominee Ma	who shall rec	Details of	1 ets held in my / our accou	nt in the event of n Details of 3	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3.	EXURE - A sh to make a nomination and do hereby in Nomination can be made upto three nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee Equally (If not equally, please specify percentage) Relationship with the Applicant (If Any)	nominate the following person(s) Details of 1st Nominee Ma	who shall rec	Details of	1 eets held in my / our accou 2nd Nominee	nt in the event of n Details of 3	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4.	EXURE - A Ish to make a nomination and do hereby in the momine of the nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee Equally (If not equally, please specify percentage) Relationship with the Applicant (If Any) Minor Date of birth	nominate the following person(s) Details of 1st Nominee Ma	who shall rec	Details of	1 eets held in my / our accou 2nd Nominee	nt in the event of n Details of 3	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4. 5.	EXURE - A Ish to make a nomination and do hereby in the nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee Equally (If not equally, please specify percentage) Relationship with the Applicant (If Any) Minor Date of birth Guardian name	nominate the following person(s) Details of 1st Nominee Ma	who shall rec	Details of	1 eets held in my / our accou 2nd Nominee	nt in the event of n Details of 3	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4. 5.	EXURE - A Ish to make a nomination and do hereby in the momine of the nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee Equally (If not equally, please specify percentage) Relationship with the Applicant (If Any) Minor Date of birth	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft rovided in case of minor nominee(who shall reconnected and a sh	Details of ails	1 eets held in my / our accou 2nd Nominee	nt in the event of n Details of 3	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4. 5.	EXURE - A Ish to make a nomination and do hereby in the nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee Equally (If not equally, please specify percentage) Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be provided in the second seco	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft rovided in case of minor nominee(who shall rec	Details of ails	1 eets held in my / our accou 2nd Nominee	nt in the event of n Details of 3	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4. 5. *Dat	EXURE - A Ish to make a nomination and do hereby in the make a nomination and do hereby in the account. Nomination can be made upto three nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be pr Address of Nominee(s)/ Guardian in case of Minor	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft rovided in case of minor nominee(who shall reconnected and a sh	Details of ails	1 eets held in my / our accou 2nd Nominee	nt in the event of n Details of 3	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4. 5. *Dat	EXURE - A Ish to make a nomination and do hereby in the nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Equally (If not equally, please specify percentage) Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be pr Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft rovided in case of minor nominee(who shall reconnected and a sh	Details of ails	1 eets held in my / our accou 2nd Nominee	nt in the event of n Details of 3	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4. 5. *Dat	EXURE - A Ish to make a nomination and do hereby in the make a nomination and do hereby in the account. Nomination can be made upto three nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be pr Address of Nominee(s)/ Guardian in case of Minor	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft rovided in case of minor nominee(who shall reconnected and a sh	Details of ails	1 eets held in my / our accou 2nd Nominee	nt in the event of n Details of 3	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4. 5. *Dat	EXURE - A Ish to make a nomination and do hereby in the nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee Equally (If not equally, please specify percentage) Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be pr Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country PIN Code Mobile/Telephone no. of nominee(s)	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft rovided in case of minor nominee(who shall rec ndatory Deta er division sh er division sh s) andatory E	Details of ails	Nominee 2nd Nominee % red to the first nominee m	nt in the event of n Details of 3	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4. 5. *Dat 6.	EXURE - A Share of each Nomination can be made upto three nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Equally (If not equally, please specify percentage) Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be pr Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country PIN Code Mobile/Telephone no. of nominee(s)	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft rovided in case of minor nominee(Non M	who shall rec ndatory Deta er division sh s) andatory E andatory E	Details of ails	P ets held in my / our accou 2nd Nominee 2nd Nominee 9% red to the first nominee m 1 9% 1 9% 1 9% 1 9% 1	nt in the event of n Details of 3 entioned in the for	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4. 5. *Dat 6.	EXURE - A Share of each Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be pr Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country PIN Code Mobile/Telephone no. of nominee(s) Mobile/Telephone no. of nominee(s) / Guardian in case of Minor	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft rovided in case of minor nominee(Non M Mobile No.	who shall rec ndatory Deta er division sh s) andatory E andatory E	Details of ails ails and a set of the set of	P ets held in my / our accou 2nd Nominee 2nd Nominee 9% red to the first nominee m 1 9% 1 9% 1 9% 1 9% 1	nt in the event of n Details of 3 entioned in the for double No.	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4. 5. *Dat 6. 7. 8.	EXURE - A Share of each Nomination can be made upto three nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Equally (If not equally, please specify percentage) - Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be pr Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country PIN Code Mobile/Telephone no. of nominee(s) / Guardian in case of Minor Email ID of nominee(s)/ Guardian in case of Minor	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft rovided in case of minor nominee(Non M Mobile No. Tel. No.	who shall rec ndatory Deta er division sh s) andatory E andatory E 	Details of ails ails and a set of the set of	Particular Particular 2nd Nominee Particular 2nd Nominee Particular % Parting % <td>nt in the event of n Details of 2 entioned in the for Mobile No. Fel. No.</td> <td>ny / our death. Brd Nominee</td>	nt in the event of n Details of 2 entioned in the for Mobile No. Fel. No.	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4. 5. *Dat 6. 7.	EXURE - A Share of each Nomination can be made upto three nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee Equally (If not equally, please specify percentage) Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be pr Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country PIN Code Mobile/Telephone no. of nominee(s) / Guardian in case of Minor Email ID of nominee(s)/ Guardian in case of Minor Nominee/ Guardian (in case of Minor)	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft rovided in case of minor nominee(Non M Mobile No.	who shall rec ndatory Deta er division sh s) andatory E s) andatory E 	Details of ails ails and a set of the set of	Particular Particular 2nd Nominee Particular 2nd Nominee Particular % Parting % <td>nt in the event of n Details of 3 entioned in the for double No.</td> <td>ny / our death. Brd Nominee</td>	nt in the event of n Details of 3 entioned in the for double No.	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4. 5. *Dat 6. 7. 8.	EXURE - A Share of each Nomination can be made upto three nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee Equally (If not equally, please specify percentage) Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be pr Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country PIN Code Mobile/Telephone no. of nominee(s) / Guardian in case of Minor Email ID of nominee(s)/ Guardian in case of Minor Kase of Minor Kase of Minor Kase of Minor	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft ovided in case of minor nominee(Non M Mobile No. Tel. No. Photograph & Signature PAN Aadhaar Card	who shall rec ndatory Deta er division sh s) andatory E andatory E andat	Details of ails ails ails ails ails ails ails ails	P ets held in my / our accou 2nd Nominee	nt in the event of n Details of 3 entioned in the for formation of the for fel. No. Photograph & Sig PAN Aadhaar Card	ny / our death. Brd Nominee my / our death.
ANN I/We w Sr. No. 1. 2. 3. 4. 5. *Dat 6. 7. 8.	EXURE - A Sh to make a nomination and do hereby in Nomination can be made upto three nominees in the account. Name of the nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee(s) (Mr./Ms.)* Share of each Nominee(s) (Mr./Ms.)* Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be pr Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country PIN Code Mobile/Telephone no. of nominee(s) / Guardian in case of Minor Email ID of nominee(s)/ Guardian in case of Minor Nominee/ Guardian (in case of Minor Remained function (in case of Minor)	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft rovided in case of minor nominee(Non M Mobile No. Tel. No. Photograph & Signature PAN Aadhaar Card Proof of Identity	who shall reconnected with the shall reconnected	Details of ails	Particular Particular Particular P	nt in the event of n Details of 3 entioned in the for entioned in the for fel. No. Photograph & Sig PAN Aadhaar Card Proof of Identity	ny / our death. Brd Nominee my / our death. Brd Nominee Brd Nominee Brd No
ANN I/We w Sr. No. 1. 2. 3. 4. 5. *Dat 6. 7. 8.	EXURE - A Sh to make a nomination and do hereby in Nomination can be made upto three nominees in the account. Name of the nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee(s) (Mr./Ms.)* Share of each Nominee(s) (Mr./Ms.)* Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be pr Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country PIN Code Mobile/Telephone no. of nominee(s) / Guardian in case of Minor Email ID of nominee(s)/ Guardian in case of Minor Nominee/ Guardian (in case of Minor Remained function (in case of Minor)	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft ovided in case of minor nominee(Non M Mobile No. Tel. No. Photograph & Signature PAN Aadhaar Card	who shall reconnected and atory Details and ator	Details of ails ails ails ails ails ails ails ails	Particular Particular Particular P	nt in the event of n Details of 3 entioned in the for formation of the for fel. No. Photograph & Sig PAN Aadhaar Card	ny / our death. Brd Nominee m % m m gnature mo.
ANN I/We w Sr. No. 1. 2. 3. 4. 5. *Dat 6. 7. 8.	EXURE - A Sh to make a nomination and do hereby in Nomination can be made upto three nominees in the account. Name of the nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee(s) (Mr./Ms.)* Share of each Nominee(s) (Mr./Ms.)* Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be pr Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country PIN Code Mobile/Telephone no. of nominee(s) / Guardian in case of Minor Email ID of nominee(s)/ Guardian in case of Minor Nominee/ Guardian (in case of Minor Remained function (in case of Minor)	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft ovided in case of minor nominee(Non M Mobile No. Tel. No. Photograph & Signature PAN Aadhaar Card Proof of Identity Saving Bank A/c no. Demat A/c ID	who shall reconnected and atory Details and ator	Details of ails ails ails ails ails ails ails ails	iets held in my / our accou 2nd Nominee 2nd Nominee 9% red to the first nominee m 1 % isignature isignature isignature isignature isignature isignature	nt in the event of n Details of 3 entioned in the for mobile No. Fel. No. Photograph & Sig PAN Aadhaar Card Proof of Identity Saving Bank A/c ID Demat A/c ID	ny / our death. Brd Nominee
ANN I/We w Sr. No. 1. 2. 3. 4. 5. *Dat 6. 7. 8.	EXURE - A Sh to make a nomination and do hereby in Nomination can be made upto three nominees in the account. Name of the nominees in the account. Name of the nominee(s) (Mr./Ms.)* Share of each Nominee(s) (Mr./Ms.)* Share of each Nominee(s) (Mr./Ms.)* Relationship with the Applicant (If Any) Minor Date of birth Guardian name e of Birth and Name of Guardian to be pr Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country PIN Code Mobile/Telephone no. of nominee(s) / Guardian in case of Minor Email ID of nominee(s)/ Guardian in case of Minor Nominee/ Guardian (in case of Minor Remained function (in case of Minor)	nominate the following person(s) Details of 1st Nominee Ma Ma Any odd lot aft rovided in case of minor nominee(Non M Mobile No. Tel. No. Photograph & Signature PAN Aadhaar Card Proof of Identity Saving Bank A/c no.	who shall reconnected and atory Detained atory Detained atory Detained atory betained atory beta	Details of ails ails ails ails ails ails ails ails	Particular Particular Particular P	nt in the event of n Details of 3 entioned in the for entioned in the for fel. No. Photograph & Sig PAN Proof of Identity Saving Bank A/c Demat A/c ID Third Uniti	ny / our death. Brd Nominee m / our death. Brd Nominee Brd Nominee

06	NOMIN	ATION DET.	AILS (CON	TD.)				(For nominati	on, Please refer in	struction No. 18)
	eby confirm t			nt any nominee	(s) in my / our MF	ng-out of Nomination Folio/demat account and und	erstand the issu			
						uch competent authority, bas				
*Name and Signature of		First Unitho	lder Name		Secor	nd Unitholder Name		Third Un	itholder Name	
Holder		First Unithold	ler Signature		First U	Jnitholder Signature		First Unith	nolder Signatur	e
*Witness Nam if the account		es thumb impre	_and address _ ssion, instead	of signature.				are required,	Witness S	ignature
07 8	DEPOSI	TORY ACCO	DUNT DET	AILS (Optiona	al. To be filled if inve	stor wishes to hold the units in D	emat mode).	(For DEMAT det	ails Please refer in	struction No. 19)
						vith that of the A/c held with		participant) Re	fer Instruction N	√o. 19.
	sitory Partic	ipant Name					DP ID:	: I N		
NSDL: Benef	ficiary Ac No	o. 🗌								
	sitory Partici	ipant Name								
CDSL: Benef	ficiary Ac No	o. [
Enclosed	Client Ma	ster 🗌 Tra	insaction / Sta	tement Copy /	DIS Copy					
08 882	KNOW	OUR CUST	OMER (K)	C) DETAILS	(Mandatory, Plea	se Tick/ Specify. The application i l.)	is liable to get reje	ected (For K	YC details. Refer I	Instruction No. 8)
Tax Status de				3rd Applicant		Occupation details for	1	2nd Applicant	3rd Applicant	Guardian
Resident Indi						Private Sector				Guardian
NRI/PIO/OC										
Sole Propriet	torship		-	-	-	Government Service				
Minor throug	gh Guardian		-	-	-	Business				
		Company	Body Co	·	Partnership	Professional				
Non Individu	al	Trust	Society		Bank	Agriculturist				
				ity (refer point		Retired				
Others (Please	e specify)					Housewife				
We are falling u	under "Non-Pro	ofit Organization	" [NPO] which h	as been constitu	ted YES	Student Others (Please specify)				
Income-tax Act, Societies Regist	1961 (43 of 19 ration Act, 18	961), and is regist 60 (21 of 1860)	ered as a trust o or any similar S	of section 2 of r a society under tate legislation o 013 (18 of 2013).	the NO	Politically Exposed Perso	n (PEP) details	ls a PEP	Related to PEP	Not Applicable
If yes, please que	ote Registratio	n No. of Darpan p	ortal of Niti Aay	Dg. (refer point no 21		1st Applicant				
						2nd Applicant				
Gross Annua	al Income Rai	nge (in ₹)				3rd Applicant				
Below 1 lac			1-5 lac			Guardian				
5-10 lac 25 lac- 1 cr			10-25 lac			Authorised Signatories				
5 - 10 cr			> 10 cr			Promoters				
OR Networt						Partners Karta				
(Mandatory f Individual) (n		as on	as on	as on	as on	Whole-time Directors/Tu	urstee			
than 1 year)										X
09 💼						ave to issue a cheque if you hold	(Fc	r Debit mandate I	Please refer instru	- 0
	DEBITIN					are under client code "AXISMF"				
I/We	to dobit no //a				account hold				APPLICAT	ION NO.
authorise you t										
Account type	Savings			Current	FCNR	Others	Specify			
to pay for the Amount	purchase of	Scheme I			ON FUND			OR	Axis MF Mu	Itiple Schemes
(in Figures)			(in w	ords)						
	-	ature of count Holder			-	ture of ount Holder		-	ature of count Holder	
Date* D	DMM	Y Y Y Y	*Date is ma	ndatory						
		CKNOW	LEDGEM	IENT SLIF)				APPLICAT	ION NO.
Received from	<u> </u>									
Scheme Name					Plan	Option				

Scheme Name			Plan	Optio	on									
Amount		Cheque/DD No.		Date	D	D	М	М	Y	Y	Y	Y		
Bank & Branch d	etails												11	Star

.

ADDITIONAL INFORMATION (For additional information Please refer instruction Applicant KIN No. (If KYC done via CKYC) DOB/DOI* Gender First Applicant D M Y Y Male Female																	asere	ierii	nstru	tion N										
A	pplicant					KI	NN	5. (If	KYC d	one	via CK	YC)							D	OB,	/DO	l#						Gen	der	
First	t Applican	t														D		DI	M	М	Y	Y		/ Y] Mal	e	F	emal
Secor	nd Applica	nt														D		DI	M	М	Y	Y		/ Y] Mal	e	F	emal
Third	d Applicar	ıt														D		DI	M	М	Y	Y		/ Y] Mal	e	F	emal
Guard	dian or PO	A^														D		DI	M	М	Y	Y		/ Y] Mal	e	F	emal
te of Birth - Mandato	ory if CKYC	ID mentior	ned. ^G:	Guard	ian; POA:	Power	Of At	torne	еу	D	OB: D	ate o	of Birth	and	DOI	: Date	e of	Inco	rpo	ratio	n									
Details		Se	cond A	pplica	nt							Thir	rd Ap	plica	nt										G	i or l	POA			
Mobile No.																														
Email Id.																														
elationship with Investor																														
I declare that Email ad	Idress provid	ed in this fc	rm belon	ıgs to (ti	ck any one	e):			elf pprove		ouse usage o		epende se cont					Depei ommi						epen tual Fi		Parer	nts 🗌	Gu	ardia	ו <u> </u>
I declare that Mobile Number provided in this form belongs to (tick any one) Self Spouse Dependent Children Dependent Siblings Dependent Parents and approve for usage of these contact details for any communication with Axis Mutual Fund. If above any option is not ticked (<) or selected then (Self) option is considered as a default.															nts 🗌	Gu	ardia	ו 🗌												
and approve for usage of these contact details for any communication with Axis Mutual Fund. If above any option is not ticked (✓) or selected then (Self) option is considered as a default.																														
If above any option is not ticked (🗸) or selected then (Self) option is considered as a default.																														
TAICA AND CKS DETAILS mandatorily fill separate FATCA/CRS/UBO details form															Ģ	iuard	ian/	POA												
			Yes	N	0				Yes	s [N)						Yes		1	١o						Yes		N	0
	nan							If	Yes:	Ma	ndato	ry t	o enc	lose	FAT	CA/	/CF	RS A	nne	exur	e									
2 / DEC	LARAT	ION AI	ND SI	GNA	TURE															(F	or de	clara	atio	n and	signa	ture,	please	e refe	er poi	nt nun
any country other than India? If Yes: Mandatory to enclose FATCA /CRS Annexure If Yes: Mandatory and Yes Papileant, Anney Hes Papileant, Anney Hes Papileant, Anney Hes Papileant, Anney																														
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 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 give consent to the Company or its Authorized Agents and third party service provideer to use information contained herein to its affiliates/group companies or their Authorized Agents and third Party Service Provider 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 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 on the optical 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 domany.														ond	Арр	licant														

13 🔚 🛛 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 war	nt 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 inves	tments 🗌 Relationship proof between guardian and minor (if
application is in the name of a minor) 🗌 FATCA Declaration 🗌 Addition	onal documents attached for Third Pa	rty payments. Refer instruction No. 7.



Axis MF App



A www.axismf.com https://www.axismf.com/ corporate/Login.aspx





Facebook.com/AxisMutualFund
 Twitter.com/AxisMutualFund
 Inikedin.com/company/Axis-Mutual-Fund
 YouTube.com/AxisMutualFund

	~
--	---



APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

AXIS CONSUMPTION FUND

(An open-ended equity scheme following consumption theme)

NFO OPENS : AUGUST 23, 2024 AND NFO CLOSES : SEPTEMBER 06, 2024

	BROKER/AGI	ENT INFORMATION			FOR OFF	ICE USE ONLY								
Name and AMFI Regn No.	SUB-Distributor ARN	EUIN	PMR (Portfolio Manager's Registration) Number ^/	SCSB	SCSB IFSC Code	Syndicate Member Code	SI No.							
scheme(s) of Axis Mutua Axis Mutual Fund, to th	al Fund under Direct Plan. I/\ e above mentioned SEBI Re	Ve hereby give my/our consent gistered Investment Adviser.	to share/provide the transact ^^I/We, have invested in the	ions data feed/portfolio scheme(s) of Axis Mut	holdings/NAV etc. in respec ual Fund under Direct Plar	ice rendered by the distributor. ^ I/We, I t of my/our investments under Direct PI b. I/We hereby give my/our consent to SEBI Registered Portfolio Manager.	an of all schemes of							
I/We hereby con	firm that the EUIN box ha	as been intentionally left bla	ank by me/us as this transa	ction is executed wit	hout any interaction or a	dvice by the employee/ relationshi anager/sales person of the distribu	p manager/sales itor/sub broker.							
	oplicant /Guardian		Applicant		Applicant	Power of Attorney								
NAME OF FIR	ST APPLICANT	(Name should be as availa	able in Demat Account)											
Mr. Ms. M/s.														
Folio Number			(If you have an exis	ting folio number, plea	se mention the number he	re)								
	ACCOUNT DET													
Depository Name		ties Depository Ltd.	Central Depository	Services [India] Lin	nited									
Depository Partic														
. ,	DP-ID Beneficiary Account Number													
PAN DETAILS	(Permanent Account	Number)												
1st applicant	nt													
INVESTMEN	DETAILS													
		Scheme			Plan	Option Am	ount							
				Re	gular Direct									
DETAILS OF E	BANK ACCOUNT	FOR BLOCKING C	OF FUNDS											
Bank Account Nur			Bank Nar	ne										
Branch Name whe	re account is held													
Total Amount to be	e blocked	In figures			in words									
				(DO D		1								
CONTACT DE	TAILS - FIRST AF	PLICANT/GUARD	IAN/CORPORATE	online facility.)	IS NOT SUTTICIENT. MODI	le number and email is mandat	ory to avail							
Contact Person (In	case of non Individual	nvestor)				[
Address					City									
State			Pincode		Landline No									
AXIS MUTUAL F		VLEDGMENT S	LIP (to be filled	in by the inv	vestor)	APPLICATI	NO. ≫							
AXIS CONSUM					,	Date D D M M								
Received from Mr /				an	application for purcha									
AXIS CONSUM														
SCSB Account det														
Bank Name			Branch											
Total Amount to be	e blocked	In figures		in wor	ds									
Time of receipt	L		I			SCSB Stamp,	Signature							

UNDERTAKING BY ASBA INVESTOR

1) I/We hereby under take that I/We am/are an ASBA Investor as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements.) Regulation 2009 ('SEBI Regulation') as amended from time to time. 2) In accordance with ASBA process provided in the SEBI Regulations and as disclosed in this application, I/We authorize (a) the SCSB to do all necessary acts including blocking of application money towards the Subscription of Units of the Scheme, to the extent mentioned above in the "SCSBASBA Account details" or unblocking of funds in the bank account maintained with the SCSB specified in this application form, transfer of funds to the Bank account of the Scheme/Axis Mutual Fund on receipt of instructions from its Registrar and Transfer Agent after the allotment of the Units entiting me/us to receive Units on such transfer of funds, etc. (b) Registrar and Transfer Agent after the bank account specified in the application, upon allotment of Units and to transfer to block on the funds in the bank account specified in the application. 4) If the DP ID, Beneficiary Account No. or PAN furnished by me/us in the application is incorrect or incomplete or not matching with the depository records, the application shall be rejected and the Axis Mutual Fund or Axis Asset Management Company Limited or SCSBs shall not be liable for losse, if any. All future communication in connection with NFO should be addressed to the SCSP/RTA/AMC quoting the full name of the Sole/First Application Number, ASBA Application Number, Depository Account details [If it has been provided]. Amount applied for and the account number from where NFO amount was blocked.

DECLARATION AND SIGNATURES

Having read and understood the content of the SID / SAI of the scheme, I / we hereby apply for units of the scheme. I have read and understood the terms, conditions, 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 applicable laws enacted by the Government of India from time to time. I/We have understood the details of the Scheme & 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, 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, 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 (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

Signature of Bank Account Holders

INSTRUCTIONS FOR FILLING ASBA APPLICATION FORM

1. MEANING OF ASBA

ASBA is an application for subscribing to a New Fund Offer (NFO), containing an authorisation to block the application money in a bank account.

2. SELF CERTIFIED SYNDICATE BANK (SCSB)

SCSB is a banker to an issue registered with the SEBI which offers the facility of applying through the ASBA process. The list of SCSBs will be displayed by SEBI on its website at www.sebi.gov.in from time to time. ASBAs can be accepted only by SCSBs, whose names appear in the list of SCSBs displayed on SEBI's website. As on April 15, 2010,27 Banks have been recognised as SCSBs. Investors maintaining their accounts in of any of these Banks may approach one of the designated branches of these SCSBs for availing this facility. Further it may be noted that from time to time new banks register themselves as SCSBs who become eligible to provide these services and also the existing SCSBs designate additional branches that also provide this facility. An updated list of all the registered SCSBs, their controlling branches, contact details and details of their contact persons, a list of their designated branches which are providing such services is available on the website of SEBI at the address http://www.sebi.gov.in. Further these details are also available on the websites of the Stock Exchanges at http://www.bseindia.com and http://www.nseindia.com. Alternatively, investors may also contact the AMC, R& TA for information about the SCSBs or the ASBA process. These SCSBs are deemed to have entered into an agreement with the Issuer and shall be required to offer the ASBA facility to all its account holders for all issues to which ASBA process is applicable. A SCSB shall identify its Designated Branches (DBs) at which an ASBA bidder shall submit ASBA and shall also identify the Controlling Branch (CB), which shall act as a coordinating branch for the Registrar to the Issue, Stock Exchanges and Merchant Bankers. The SCSB, its DBs and CB shall continue to act as such, for all issues to which ASBA process is applicable. The SCSB may identify new DBs for the purpose of ASBA process and intimate details of the same to SEBI. after which SEBI wi II add the DB to the list of SCSBs maintained by it. The SCSB shall communicate the following details to Stock Exchanges for making it available on their respective websites. These details shall also be made available by the SCSB on its website: (i) Name and address of the SCSB (ii) Addresses of DBs and CB and other details such as telephone number, fax number and email ids. (iii) Name and contact details of a nodal officer at a senior level from the CB.

3. ELIGIBILITY OF INVESTORS

An Investor shall be eligible to apply through ASBA process, if he/she: (i) is a Resident Retail Individual Investor, Non Institutional Investor, QIBs, Eligible NRIs applying on non-repatriation basis, Eligible NRIs applying on repatriation basis i.e. any investor, (ii) is applying through blocking of funds in a bank account with the SCSB; Such investors are hereinafter referred as "ASBA Investors".

4. ASBA FACILITY IN BRIEF

Investor shall submit his Bid through an ASBA cum Application Form, either in physical or electronic mode, to the SCSB with whom the bank account of the ASBA Investor or bank account utilised by the ASBA Investor ("ASBA Account") is maintained. The SCSB shall block an amount equal to the NFO application Amount in the bank account specified in the ASBA cum Application Form, physical or electronic, on the basis of an authorisation to this effect given by the account holder at the time of submitting the Application. The Bid Amount shall remain blocked in the aforesaid ASBA Account until the Allotment in the New fund Offer and consequent transfer of the Application Amount against the allocated Units to the Issuer's account designated for this purpose, or until withdrawal/failure of the ASBA data shall thereafter be uploaded by the SCSB in the electronic IPO system of the Stock Exchanges. Once the Allotment is finalised, the R&TA to the NFO shall send an

appropriate request to the Controlling Branch of the SCSB for unblocking the relevant bank accounts and for transferring the amount allocable to the successful ASBA Bidders to the

AMC account designated for this purpose. In case of withdrawal/Rejection of the Offer, the R&TA to the Offer shall notify the SCSBs to unblock the blocked amount of the ASBA Bidders within one day from the day of receipt of such notification.

5. OBLIGATIONS OF THE AMC:

AMC shall ensure that adequate arrangements are made by the R&TA for the NFO to obtain information about all ASBAs and to treat these applications similar to non-ASBA applications while allotment of Units, as per the procedure specified in the Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2009.

Investors are requested to check with their respective banks about the availability of the ASBA facility.

6. OTHER INFORMATION FOR ASBA INVESTORS:

- 1. SCSB shall not accept any ASBA after the closing time of acceptance on the last day of the NFO period.
- 2. SCSB shall give ASBA investors an acknowledgment for the receipt of ASBAs.
- 3. SCSB shall not upload any ASBA in the electronic system of the Stock Exchange(s) unless (i) it has received the ASBA in a physical or electronic form; and (ii) it has blocked the application money in the bank account specified in the ASBA or has systems to ensure that Electronic ASBAs are accepted in the system only after blocking of application money in the relevant bank account opened withit.
- SCSB shall ensure that complaints of ASBA investors arising out of errors or delay in capturing of data, blocking or unblocking of bank accounts, etc. are satisfactorily redressed.
- 5. SCSB shall be liable for all its omissions and commissions in discharging responsibilities in the ASBA process.
- 6. R&TA to the NFO shall act as a nodal agency for redressing complaints of ASBA and non-ASBA investors, including providing guidance to ASBA investors regarding approaching the SCSB concerned.

Grounds for rejection of ASBA applications

ASBA application forms can be rejected by the AMC/Registrar/SCSBs, on the following technical grounds:

- 1. Applications by persons not competent to contract under the Indian Contract Act, 1872, including but not limited to minors, insane persons etc.
- 2. Mode of ASBA i.e. either Physical ASBA or Electronic ASBA, not selected or ticked.
- 3. ASBA Application Form without the stamp of the SCSB.
- 4. Application by any person outside India if not in compliance with applicable foreign and Indian laws.
- 5. Bank account details not given/incorrect details given.
- Duly certified Power of Attorney, if applicable, not submitted alongwith the ASBA application form.
- 7. No corresponding records available with the Depositories matching the parameters namely (a) Names of the ASBA applicants (including the order of names of joint holders) (b) DP ID (c) Beneficiary account number or any other relevant details pertaining to the Depository Account.
- $8. \ \ Insufficient funds in the investor's account.$
- 9. Application accepted by SCSB and not uploaded on/with the Exchange / Registrar.



AXIS MUTUAL FUND

			e enti														,																
Туре	e of	adc	lress	given	at KR	RA.		Re	siden	tial d	or Bu	siness			Reside	ential	[Busi	ness		F	Regis	tere	d Of	fice							
				F -12	NL		"Ado	dress	oftax	resid	ence v	vould be	e taker	n as a				base.	. In cas	se of any c	hang	e, p	lease	appi	oach	KRA				-			
				Folic	Num	nber									Fo	lio Nu	mber				-	┢					Folio	o Nui	mber				<u> </u>
												Date	e of ir	ncor	porati	ion	D	D	M	MY	Ι	, [Y	Y									
			rpora	tion												-				oration	<u> </u>			-						1	1		
			i por a					<u> </u>	<u> </u>																			<u> </u>		<u> </u>			
				on Ty priate				hersh dato	· .	_	H					_				blic Limit Person			npar thers			Soci	ety			_	T	rust	
							Liqui	uato			inteu	Liabilit	Lyrai	ine	isnip		tincia	i Jui	luicai	Feison			uner:	>				5	peci	ТУ			
ls "	Enti	ty"	a tax	resid	ent o	f any	/ cou	ntry	othe	r tha	in Ind	lia			Yes	No																	
(If y	/es,	ple	ase pr				ies in	whic	ch the	e ent	ity is	a reside							ociat	ed Tax IE) nur					-	/=		0.1				
					Coun	try					_		Та	ıx Id	entific	cation	Numb	er »			_		Iden	tifica	ition	Тур	5 (I II	N or (Othe	r, ple	ase s	Decity	<i>4</i>)
											+																						
	⁶ In case Tax Identification Number is not available, kindly provide its functional equivalent\$. In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc. In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here																																
In cas	n case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.																																
AD	n case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here																																
															1 - 5 L	.acs	<u>□</u> 5 ·	- 10	Lacs	5 🗌 10) - 2	25	Lacs	; [] >2	25 La	acs -	1 C	rore]>1	Cro	re
Not	-14/0			dator	vfor	Non	-Indi	vidua	alc)	₹									as	on D	D		M	м	Y	Y	Y	Y	(No	t olde	er tha	n1y	ear)
Poli	tica	lly I	Expos	ed Pe	rson	(PEP) Sta	tus* (icable	e for au	ıthori	ised	signat	ories/	' Prom	oter] rs/							Rela		i o PE	P		lot A	onlic	ahle
				Whol																	_				_								
				olved ropria		/ of t	he m	entic	oned	servi	ces:			-	exchar ending	-		char	nger	Ga No		-			;/ Lot	ttery	(Cas	sinos	, beti	ing s	yndic	ates)	
																				foreign c poration											nts,		
				eclar																RS classifi			- corr	с ро.	reroa	, ben			o, o e e				
												r Direc																					
	Nea			bern										100								_				7 1	↓ote:	lfyo	u do I	not h	ave a	GIIN	but
	Fina	nci	al inst	itutio	n°		GIIN												<u> </u>		+					- '			•		l by ovid		her our
	Dire	ct r	eport	ing N	FE ⁷		Nam	ne of :	spon	sorin	g ent	ity						<u> </u>			+					s	pons	or's (GIIN	abov	e and belo	indi	
				pprop	riate)																												
(plea	ase ü	as a	availa applica	ble)							plied				•		apply	for ·	- plea	se specif	y 2 c	ligi	its su	ıb-ca	tego	ory ¹⁰							
			,	a fina								ained -		·	•	0		iroc	+ Dor	porting		-c"	<u>،</u>										
1			-			-						compa								one sto					whic	h the	stor	-k ic r	مميا	arly t	rade	4)	
	wł	nos	e sha		are r							ablish	ed		me of s								ange	. 011	vinc				egui		lauci	,	
2	ls t	the	Entit	y a rel	ated							mpany		Yes	(lf y	es, ple	ease sp	pecif	y nan	ne of the	liste	ed c	comp	bany	and	one	stocl	< excl	hang	e on v	which	the	
				who: Isecu				e reg	gula	rly t	rade	ed on		Nar		ock is	0	,	radeo	d)													
															ne of li ure of			пу		Subsid	iary	of	the L	iste	d Co	. or	· 🗌 (Cont	rolle	d by a	Liste	ed Co]).
														Nar	ne of s	stock e	exchan	ige										-				-	
3	ls t	the	Entit	y an a	ctive ³	NFE								Yes	Nat	ure of	Busin	ness									_						\exists
														Plea	ase spe	ecify tl	he sub	o-cat	egory	y of Activ	re NF	FE			1)	Ment	ion	ode-	refe	· 2c o	f Par	D)	

Yes Nature of Business

4

Is the Entity a passive⁴ NFE

UBO Declaration (M	andatory for a	all ent	ities e	хсер	ot, a l	Publi	cly Tr	rade	d Com	pan	iy or	a rel	ate	ed en	tity	of P	ubli	cly	Trad	ed C	omp	any)							
Category (Please tick I applicable category)	Unlisted 0	Comp	any	P	artne	ership	o Firn	n 🗌	Limit	ted l	Liabi	lity P	Part	tners	hip	Com	ipan	ıy	U	ninc	orpc	rate	d as	soci	atio	n/bo	ody o	of ind	ividu	als
apprease category	🗌 Private Tr	ust	[P	ublic	Chai	itabl	e Tr	ust			R	Reli	gious	s Tru	ıst		[С	ther	s [
Please list below the de EACH controlling perso										ofta	x res	iden	су	/ per	man	enti	resid	den	cy/c	itize	nshi	p an	d AL	.L Ta	ax Ide	entif	icati	ion N	umb	ers for
Owner-documented FFI	's should prov	ide FF	lOwn	er Re	eport	ing St	atem	nent	and Au	idito	or's L	etter	wi	thre	quir	ed de	etail	s as	men	tione	ed in	Forn	nW	8 BE	EN E	(Refe	er 3(vi) of	part	C)
Details					U	BO1									UB	02									ι	JBO	3			
Name																														
PAN																														
UBO Code (Refer 3(iv)	(A) of Part C)																													
Country of Tax reside	ncy*																													
Tax ID No. [%]																														
Tax ID Type																														
Address										-											.									
		_								-											-									
		Zip									Zip											Zip	[
		Sta	te _							-	Sta	te									5	state								
		Cou	untry _							-	Cοι	untry	_								0	Coun	try							
Address Type		R	lesidenc	e 🗌] Regi	istered	doffic	e 🗌	Busine	ess	R	eside	nce	- 🗌 F	Regis	terec	l offi	ce [Bu	sines	s 🗆] Res	iden	ce 🗌	Re	gister	red o	ffice	🗌 Bı	usiness
City of Birth																														
Country of birth																														
Occupation Type		□s	ervice	В	usine	ss 🗌	Othe	rs		_	🗌 S	ervice	e [Bus	iness	5	Othe	ers_] Ser	vice	E	Busin	ess [0	thers		
Nationality																														

Father's Name																								
Gender		Male		Fema	ale	O	thers			1ale] Fema	ale	Ot	hers			/ale		Fema	ale	0	thers	
Date of Birth	D	D	М	M	Y	Y	Y	Y	D	D	М	М	Y	Y	Y	Y	D	D	М	М	Y	Y	Y	
Percentage of Holding (%)^																								
# Additional datails to be filled by controlling		000.00	ith toy	rocido	nov / r	ormon	ont ro	cidona	v / citi-		n / C ro	on Co	ed in a		atm (at	bor th	on Indi	iau						

d by controlling

* To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent *Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary *Refer 3(iii) of Part C | ¹¹Refer 3(iv) (A) of Part C

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Axis Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

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.

Name																					
Designation																					
		JIG	natui							515	natu	105					JIGH	ature	2		
Date D D	M	Μ	Y	Y	Y	Y	Place														

PART C FATCA Instructions & Definitions

- 1 Financial Institution (FI) The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.
 - Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
 - Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where it's income attributale to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of
 - (i) The three financial years preceding the year in which determination is made; or
 - (ii) The period during which the entity has been in existence, whichever is less.
 - Investment entity is any entity:
 - That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
 - (ii) Individual and collective portfolio management; or
 - (iii) Investing, administering or managing funds, money or Fnancial asset or money on behalf of other persons;
 - OR
 - The gross income of which is primarily attributable to investing, reinvesting, or trading in Fnancial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a speciFed insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in Financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

- The three-year period ending on 31 March of the year preceding the year in which the determination is made;
 OR
- (ii) The period during which the entity has been in existence.
 - The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 refer point 2c.)
- Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.
- FI not required to apply for GIIN:
- A. Reasons why FI not required to apply for GIIN:

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation RetirementFund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers& Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

2. Non-financial entity (NFE) - Foreign entity that is not a financial institution Types of NFEs that are regarded as excluded NFE are:

a. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of sharestraded on the exchange) Related entity of a publicly traded company The NFE is a related entity of an entity of which is regularly traded on an established securities market;

c. Active NFE: (is any one of the following):

Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE that fulfills all of the following requirements:
	 It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;
	It is exempt from income tax in India;
	 It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
	The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non- charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and
	The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.
	Explanation For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-
	(I) an Investor Protection Fund referred to in clause (23EA);
	 (II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and
	(III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;

3. Other definitions

(i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

(ii) Passive NFE

The term passive NFE means

- any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or
- (ii) an investment entity defined in clause (b) of these instructions

(iii) a withholding foreign partnership or withholding foreign trust;
 (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

- (iii) Passive income
 - The term passive income includes income by way of:
 - (1) Dividends,
 - (2) Interest
 - (3) Income equivalent to interest,
 - (4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE
 - (5) Annuities
 - (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
 - (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
 - (8) The excess of foreign currency gains over foreign currency losses
 - (9) Net income from swaps
 - (10) Amounts received under cash value insurance contracts

But passive income will not include, in case of a non-financial entitythat regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

(iv) Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005.In the case of a trust, the controlling person means the settl or, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of alegalar rangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

- More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

(A) Controlling Person Type:

	<u> </u>
Code	Sub-category
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangementtrust-trustee
06	CP of legal arrangement trust-protector
07	CP of legal arrangement trust-beneficiary
08	CP of legal arrangementtrust-other
09	CP of legal arrangement—Other-settlor equivalent
10	CP of legal arrangement—Other-trustee equivalent
11	CP of legal arrangement—Other-protector equivalent
12	CP of legal arrangement—Other-beneficiary equivalent
13	CP of legal arrangement—Other-other equivalent
14	Unknown

(v) Specified U.S. person - A U.S person other than the following:

- a corporation the stock of which is regularly traded on one or more established securities markets;
- (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (iii) the United States or any wholly owned agency or instrumentality thereof;

- (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
- (v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
- (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- (x) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
- xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- (xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
- (xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

(vi) Owner documented FFI

An FFI meets the following requirements:

- (a) The FFI is an FFI solely because it is an investment entity;
- (b) The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
- (c) The FFI does not maintain a financial account for any non participating FFI;
- (d) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- (e) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.
- (vii) Direct reporting NFE

A direct reporting NFFE means a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

(viii) Exemption code for U.S. persons

i) Exempti	on code for U.S. persons
Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
В	The United States or any of its agencies or instrumentalities
С	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section $1.1472-1(c)(1)(I)$
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section $1.1472-1(c)(1)(I)$
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
Н	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
1	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
К	Abroker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
М	A tax exempt trust under a section 403(b) plan or section 457(g) plan



AXIS ATMANIRBHAR SIP - ENROLMENT FORM

APPLICATION NO.

FOR EXISTING / FIRST TIME INVESTORS FOR 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)

preference manufacture and prediction of the AMP register and which has based on chansers assessment was not fast including interview encodes by the definition of the analytic and develop of the analytic and the analytic a	butor SN	SUB-Distribu ARN		Internal B-Broker/Sol ID		EUI	N		ploy Code	ee		ria DDe′		F		(Portfo tion) N I					ial No Time		
Billing distribution whether or non-unit instanting the advice of in-signerplatences, fave, grounded by the englope of tablorish images value gorone of the distribution value how of a distribution value for the distribution value fore	f Axis Mutual F ual Fund, to the	al Fund under Direct the above mentione	t Plan. I/We her ed SEBI Registe	eby give my/our consen ered Investment Advise	nt to share/ r. ^^I/We,	/provid have i	de the tra invested	ansactions I in the sch	data fee eme(s)	ed/portfoli of Axis Mu	o holdi itual Fu	ings/N und un	AV etc der Di	: in re irect l	spect o Plan. I/N	fmy/ou Ne here	ir inves eby giv	stmer ve my	nts und v/our co	er Dir onsen	rect Pla It to sha	nofall	scheme
The Addition of the Addition o	ereby confirm ibutor/subbro	rm that the EUIN bo broker or notwithst	ox has been in tanding the ad	tentionally left blank b vice of in-appropriater	oy me/us a ness, if any	s this , prov	transact ided by t	tion is exec the employ	uted w ee/rela	rithout any ationship r	/ intera	action er/sale	or advespers	vice b son of	y the e the dis	mploye stributo	ee/ rela or/sub	ation brok	ship m er.	anage	er/sale:	s perso	on of th
Incomframethal and a first time investor across Mutual Funds. OR □ confirm that I am an existing investor across Mutual Funds. Intertoduling Option on the set of across Mutual Funds. In case the subscription amount is 'C 10000 or more and uppaket to the Distributor Units will be issued against the balance amount invested. Image: Confirm that I am an existing investor across Mutual Funds. In confirm that I am a first time investor across Mutual Funds. Image: Confirm that I am an existing investor across Mutual Funds. Image: Confirm that I am an existing investor across Mutual Funds. In confirm that I am an existing investor across Mutual Funds. Image: Confirm that I am an existing investor across Mutual Funds. Image: Confirm that I am an existing investor across Mutual Funds. In confirm that I am an existing investor across Mutual Funds. Image: Confirm that I am an existing investor across Mutual Funds. Image: Confirm that I am an existing investor across Mutual Funds. In confirm that I am an existing investor across Mutual Funds. Image: Confirm that I am an existing investor across Mutual Funds. Image: Confirm that I am an existing investor across Mutual Funds. In confirm that I am an existing investor across Mutual Funds. Image: Confirm that I am an existing investor across Mutual Funds. Image: Confirm that I am an existing investor across Mutual Funds. In confirm that I am an existing investor across Mutual Funds. Image: Confirm that I am an existing investor across Mutual Funds. Image: Confirm that I am an existing investo	You/ Sole	ole Applicant		Second	Applica	int				Third	App	lican	t				Pow	er c	of Att	orne	ey Ho	lder	
Newtolio will be created for initial Atmanichtar SIP. EXISTING ATMANIBHAR FOLIO NUMBER Privatione wintig Atmanifestor With, glasse motion with sip. Folio number Your Name (as in PAN Card / KYC records) Mr. Ms. M/s. Your Name (as in PAN Card / KYC records) Mr. Ms. M/s. 2. SIP DETAILS Ref. instr.no. Option A - SIP and SWP in same scheme Option B - SIP and SWP in different Scheme Scheme / Plan Option B - SIP and SWP in different Scheme Scheme / Plan Option B - SIP and SWP in different Scheme Scheme / Plan Option B - SIP and SWP in different Scheme Scheme / Plan Option B - SIP and SWP in different Scheme Monthy	nfirm that la	t I am a first time ption amount is ₹	e investor ad ₹ 10,000 or i	cross Mutual Funds more and your Distr	s. OR ributor h	as op	confir ted to	m that l a receive T	ransac	tion Cha	rges, t	the sa	me a	re de								ion	
STATE ATMAINSHAR POLIONUMER Folio number Image: Constraint of the presentation of the present of the presentation of the presentation of the pret	UR INFO	ORMATION	(MANDA	ATORY)																	Ref.	instr	. no. 4
Option being damather bing damather bind damather bing damather bing damathe	/ folio will be	be created for in	nitial Atmani	rbhar SIP.																			
Your 2" Holder 2" Holder PAN 2. SIP DETAILS Ref. instr.no.8 SIP Registration Mode A-OTM Mandate along with SIP form OTM Reference No.				Folio	o numbe	r 🗌																	
PAN PAN PAN 2. SIP DETAILS Ref.instr.no. 8 SIP Registration Mode -A-OTM K-OTM Mandate along with SIP form OTM Reference No.	ne (as in PAN	AN Card / KYC re	ecords) Mr.	Ms. M/s.																			
2. SIP DETAILS Ref. instr. no. 8 SIP Registration Mode					er							3											
OPM Reference Na Option B - SIP and SWP in same scheme Option B - SIP and SWP in different Scheme Ref. in Scheme / Plan Option Frequency SIP Date (DD) Enrollment Period SIP Anount Image: Scheme / Plan Option Frequency SIP Date (DD) Enrollment Period SIP Anount Image: Scheme / Plan Image: Scheme / P	P DETAIL	ILS		· ·	str. no. 8	SI	P Regis	stration N	1ode	A-	отм	[_		м		/anda	ate a	long v	vith	SIP for	m	
Option A - SIP and SWP in same scheme Option B - SIP and SWP in different Scheme Eet. it Scheme / Plan Option Frequency SIP Date (DD) (Please tick) SIP Amount (Please tic																			-				
Scheme / Plan Option Frequency SIP Date (DD) (Ref inst 2) Enrollment Period (Please tick) SIP Amount (Please tick) Growth Monthly Byrs 10 yrs Infigures 12* yrs 15 yrs Infigures 20 yrs 25 yrs Infigures 30 yrs 0 yrs 0 yrs Infigures Words Amount Infigures Infigures StP Initial payment details (Optional) Drawn on Bank / Branch name Amount Infigures Mode Cheque/DD Cheque/DD Ref.instr.no.7 SWP (From Scheme) Only if SIP and SWP schemes are different Frequency Monthly Plan Regular Direct Option Frequency Monthly SWP Amount SWP Amount Words Amount in words OR Ref inst no. 7 for defaul SWP Start date With effect from month following the month of completion of SIP therupe SWP End date (31st December 2089 or till availability of units in the SWP scheme, whichever is earlier) '/ the event that such a day is a holiday, the withdrawal would be affected on the next business day. A Declare that such a day is a poliday, the withdrawal would be affected on the next business day. <t< td=""><td></td><td></td><td>ame scheme</td><td>Opt</td><td>ion B - S</td><td>IP ar</td><td>d SWF</td><td>in differ</td><td>ent So</td><td>heme</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Re</td><td>ef. ins</td><td>tr. no.</td></t<>			ame scheme	Opt	ion B - S	IP ar	d SWF	in differ	ent So	heme											Re	ef. ins	tr. no.
Image: Supervised of the second se	Scheme	ne / Plan						Optio	n Fr	equency				E						SII			
Growth Monthly Default 12° yrs 15° yrs 20 yrs 25 yrs SIP Initial payment details (Optional) Drawn on Bank / Branch name Mode Cheque/DD Cheque/DD Cheque/DD Cheque/DD Cheque/DD Mode Cheque/DD Cheque/DD Cheque/DD Mode Cheque/DD Mode Cheque/DD Cheque/DD Cheque/DD Ref. instr. no. 7 SWP (From Scheme) Only if SIP and SWP schemes are different Plan Regular Direct Option Ø Growth SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) 'In the event that such a day is a holiday, the withdrawal would be affected on the next business day. 4. Declaration and Signature (to be signed by all unit holders if mode of holding is 'joint') //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 of SIP installments and/ or any lumpsymmetry should be diffected to holonur such payments through an Electronic Debit arrangement /NACH (National Automated Clearing House) as per my request from time to til representative (the bearer of this request) and Electronic Debit arrangement /NACH (National Automated Clearing House) as per my request from time to til representative (the bearer of this request) toget the above Mandate verification charges, if any, may be charged to my/our account.									_		(R)	ej inst 2	2)	_	(Ple	ease tick	() 						
Image: Supersonal systems Image														Н		rs 🗌			₹		in figu	ires	
SIP initial payment details (Optional) Drawn on Bank / Branch name Mode Cheque/DD Cheque/DD Cheque/DD Cheque/DD Cheque/DD Mode Cheque/DD Cheque/DD Cheque/DD Cheque/DD Cheque/DD Cheque/DD Cheque/DD Cheque/DD Cheque/DD Ref. instr. no. 7 SWP (From Scheme) Only if SIP and SWP schemes are different Plan Regular Direct Option SWP Amount Vords Amount in words OR Ref inst no. 7 for defaul SWP Start date With effect from month following the month of Completion of SIP terms SWP End date SWP scheme, whichever is earlier) The event that such a day is a holiday, the withdrawal would be affected on the next business day. 4. Declaration and Signature (to be signed by all unit holders if mode of holding is 'joint') 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 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 tirransaction is delayed or not effected at all for reasons of incomplete or incorrect information, INZW would not hold the user institution responsible. I-We will also inform Ax 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 auth representative (the bearer of this request) toget the above Mandate verification changes, if any, may be charged to my/our account.								Growt		nonthiy					,		-						
SIP initial payment details (Optional) Drawn on Bank / Branch name Mode Cheque/DD Plan Regular Direct Option SWP Amount SWP												Date	/ 11	(* de									.)
Mode Cheque/DD Cheque/DD Mode Cheque/DD Cheque/DD Cheque/DD A. SWP DETAILS* (Target Scheme) Ref. instr. no. 7 SWP (From Scheme) Only if SIP and SWP schemes are different Plan Plan Option Image: SWP Amount SWP Amount SWP Amount SWP Amount SWP Amount SWP Amount SWP Scheme, whichever is earlier) SWP Amount following the month of completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) In the event that such a day is a holiday, the withdrawal would be affected on the next business day. 4. 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 to honour such payments and have signed and endorsed the Mandate Form. Further, I auth representative (the bearer of this request) toget the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. You/ Sole Applicant Second Applicant	l payment o	t details (Optior	nal)								1			,		,				ţ,			,
3. SWP DETAILS* (Target Scheme) Ref. instr. no. 7 SWP (From Scheme) Only if SIP and SWP schemes are different	n Bank / Bra	3ranch name													Amo	ount							
SWP (From Scheme) Only if SIP and SWP schemes are different Plan Regular Direct Option Growth Frequency Monthly SWP Amount SWP Amount SWP Amount Words Amount in words OR Ref inst no. 7 for defaul SWP Start date With effect from month following the month of completion of SIP tenure SWP End date (31st December 2009 or till availability of units in the SWP scheme, whichever is earlier) *In the event that such a day is a holiday, the withdrawal would be affected on the next business day. Image: Completion of SIP tenure SWP End date (31st December 2009 or till availability of units in the SWP scheme, whichever is earlier) *In the event that such a day is a holiday, the withdrawal would be affected on the next business day. Image: Completion of SIP tenure SWP End date (31st December 2009 or till availability of units in the SWP scheme, whichever is earlier) *In the event that such a day is a holiday, the withdrawal would be affected on the next business day. Image: Completion of SIP tenure SWP Completion of SIP tenure SWP Completion of SIP tenure *Uw 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 of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time tot it ransaction is delayed or not effected	Cheq	eque/DD Che	eque/DD					Da	ed	D D	Μ	М	Y	Y	Y	Y							
Plan Direct Option Growth Frequency Monthly SWP Amount SWP Amount Words Amount in words OR Ref inst no. 7 for defaul SWP Start date With effect from month following the month of completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) *In the event that such a day is a holiday, the withdrawal would be affected on the next business day. Image: Completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) *In the event that such a day is a holiday, the withdrawal would be affected on the next business day. Image: Completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) *In the event that such a day is a holiday, the withdrawal would be affected on the next business day. Image: Completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) */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 of SIP installments and/ or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time tot transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution	VP DETA	AILS* (Target	t Scheme)	Ref. in:	str. no. 7				1					1									
SWP Amount SWP Amount Words Amount in words OR Ref inst no. 7 for defaul SWP Start date With effect from month following the month of completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) *In the event that such a day is a holiday, the withdrawal would be affected on the next business day. Image: Completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) *In the event that such a day is a holiday, the withdrawal would be affected on the next business day. Image: Completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) */In the event that such a day is a holiday, the withdrawal would be affected on the next business day. Image: Completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) */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 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 til 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 Ax Fund about any changes in my bank account. I/We hereby authorize to honour s	om Scheme	 ne) Only if SIP a [,]	nd SWP sch	emes are different	:	-																	
SWP Amount SWP Amount Words Amount in words OR Ref inst no. 7 for defaul SWP Start date With effect from month following the month of completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) *In the event that such a day is a holiday, the withdrawal would be affected on the next business day. Image: Completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) *In the event that such a day is a holiday, the withdrawal would be affected on the next business day. Image: Completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) */In the event that such a day is a holiday, the withdrawal would be affected on the next business day. Image: Completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) */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 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 til 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 Ax Fund about any changes in my bank account. I/We hereby authorize to honour s	Regul	ular Direc	ct (Option 🖌 Gro	owth			Freq	uency		Mont	hly											
SWP Start date With effect from month following the month of completion of SIP tenure SWP End date (31st December 2099 or till availability of units in the SWP scheme, whichever is earlier) *In the event that such a day is a holiday, the withdrawal would be affected on the next business day. 4. 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 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 the ransaction 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 Ax 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 auth representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. Third Applicant									Amo							$\neg o$	R R	Ref i	nst no	.7f	or def	ault a	amour
Completion of site feature SwP scheme, whichever is earlier) SwP scheme, which ever is earlier) SwP scheme, every is earlier) SwP scheme, which every is earlier) SwP scheme, which every is earlier) SwP scheme, every e		With effect fro	om month fo	llowing the month o								(3	31st E	Decei	nber 2	2099 0	or till d	avail	ability	ofu			
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 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 til 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 Ax 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 auth representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.					fected or	the i	next bu	L			L			S	VVP sc	neme,	wnich	neve	r is eai	rlier)			
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 ti 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 Ax 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 auth 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 Second Applicant Third Applicant	eclaration	on and Signa	ture (to b	be signed by all	l unit h	old	ers if	mode	of ho	lding i	s 'joi	nt')											
	tallments an on is delayed out any cha	and/or any lump /ed or not effecte hanges in my ba	osum paymei ed at all for re ank account	nts through an Elect easons of incomplet I/We hereby aut	tronic De te or inco horize te	ebita orrect o hor	rrange tinforn nour su	ment/N nation,I/ uch payn	ACH (We wo nents	National ould not l and hav	Auto hold tl e sigr	mate he use ned ai	d Cle er ins nd er	aring titut ndor	g Hous ion re sed th	se) as p sponsi ne Ma	ber my ible. I ndate	yrec I∕W∉ e Fo	quest f e will a	from Ilso ii	time t nform	o tim Axis	e. If th Mutua
	``	You/ Sole Appli	icant				Seco	nd Applic	ant								Third	l App	olicant				
	MUTUAL FUN		NOWLE	DGEMENT	SLIP													Α	PPL	ICA		NN	0.
Received from	from									1													
Scheme Name Plan Option	Name				PI	an				Option													

Bank & Branch details

TERMS & CONDITIONS FOR AXIS ATMANIRBHAR SIP

Axis Mutual Fund ("the Fund") has introduced Atmanirbhar SIP facility ("the Facility") for investments under the Growth Option of Eligible schemes of the Fund as per the following terms and conditions:

- 1. Multiple SIP registration facility is not available for Atmanirbhar SIP.
- 2. A minimum gap of 21 days and not more than 90 days needs to be maintained between date of Application & SIP start date.
- 3. 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 debit date is not mentioned default date would be considered as 7th of every month. If selected 29th, 30th or 31st, default SIP date would be considered as 28th of every month.
- 4. New folio will be created for initial Atmanirbhar SIP. For ongoing applications in Atmanirbhar SIP, existing Atmanirbhar Folio will be utilized.

5. Atmanirbhar SIP facility:

6.

8

- Under this facility, an investor can register for an SIP (Systematic Investment Plan) cum SWP (Systematic Withdrawal Plan) for specified duration.
- SWP instalments will commence on completion of the SIP tenure.
- Monthly SIP can be registered in the Eligible schemes for a fixed period of either 8, 10, 12, 15, 20, 25 or 30 years.
- Existing SIP registrations cannot be converted into Atmanirbhar SIP registrations.
- On completion of the SIP period, the entire accumulated clear units under Atmanirbhar SIP will be switched into a pre-defined Target scheme chosen by the investor. The switch will be on T+15 days (T being the last SIP transaction date of the Atmanirbhar SIP) [or next business day if that day is a non business day] at Applicable NAV.
- The units under Target scheme will be allotted under the Plan chosen at time of selecting Source scheme. The switch transaction would be subject to loads and taxes, as
 applicable.
- The investor has the option to register the SIP and SWP in the same scheme or different schemes. In case, source scheme name is not mentioned, the application will be rejected. If Source and Target scheme are same, the application will be processed under option A.
- Investors will have 2 options as under:
 - Option A: Same scheme for SIP and SWP.

 $Option B: {\sf SIP} \, {\sf and} \, {\sf SWP} \, {\sf will} \, {\sf be} \, {\sf in} \, {\sf different} \, {\sf schemes}.$

- \succ SIP will be in Source scheme.
- > On completion of SIP Tenure, amount will be switched to Target Scheme at Applicable NAV at the end of 15 days from the date of last SIP instalment and SWP will be carried out from Target Scheme.
- > If Source Scheme is mentioned and Target scheme is not mentioned, Switch & SWP will be registered in default scheme Axis Balanced Advantage Fund.
- SIP Amount: In case SIP Amount is not legible/not clear, the form is liable to be rejected. In case SIP Amount is not selected/mentioned, default amount Rs. 1000 will be considered for SIP registration. Investor cannot modify the amount or tenure under Atmanirbhar Facility.
- 7. Atmanirbhar SWP: On switch of Atmanirbhar SIP, SWP shall be activated from Target scheme from the month following the month of completion of SIP tenure, for an amount specified in the matrix below or as may be specified by the investor.

SIPTenure	Monthly SWP Instalments
8 Years	1.0 times monthly SIP Instalments
10 Years	1.5 times monthly SIP Instalments
12 Years	2.0 times monthly SIP Instalments
15 Years	3.0 times monthly SIP Instalments
20 Years	5.0 times monthly SIP Instalments
25 Years	8.0 times monthly SIP Instalments
30 Years	12.0 times monthly SIP Instalments
 S\M/D date 	awill be came as the SID date

SWP date will be same as the SIP date.

- SIP Switch/Modification facility is not available under this Facility. Investor can change the target scheme during last three months of completion of SIP tenure.
- Eligible Schemes: The Eligible Source scheme and Target Scheme under the Facility are as under:

Source Schemes	Target Schemes
Equity oriented schemes excluding Exchange Traded Funds, Solution oriented schemes and Axis ELSS Tax Saver Fund	
Hybrid Schemes	
Equity Index Funds	All schemes except Exchange Traded Funds, Solution oriented schemes and
Axis Equity ETF Fund of Fund	Axis ELSS Tax Saver Fund
Axis Nasdaq 100 Fund of Fund	

- The facility is only available under Growth option. However, it is available under both Regular and Direct plans of the Eligible Source scheme and Target Scheme.
- The AMC reserves the right to modify list of eligible schemes from time to time.
- 9. Cancellation of Atmanirbhar facility: The registration under the Facility will be discontinued:
 - Investor can discontinue the facility by giving 10 calendar days written notice to any nearest OPA/ISC of Axis Mutual Fund.
 - On cancellation/cessation of SIP before the end of SIP tenure, the switch and SWP facility will cease.
 - In case of redemption / switch out is processed in Source Scheme after the SIP tenure till the execution of SWP, SWP will cease.
 - In case redemption / switch out is processed in Source Scheme during the SIP tenure, the switch transaction and SWP facility will cease, however SIP shall continue like normal SIP.
 - In case of investor demise intimation during the SIP tenure, the switch and the SWP shall cease.
 - In case of investor demise intimation post SIP tenure but up to Dec 2099 (or till units are available), the SWP shall cease.
 - The SIP will be discontinued automatically if payment is not received for three successive instalments.
- 10. Under the Atmanirbhar SIP folio, investor may undertake Additional Purchase/Switch-in/Atmanirbhar SIP/STP/registrations etc. However, only total clear units accumulated through Atmanirbhar SIP facility will be considered for switch to Target Scheme.
- 11. Purchase and Switch in is allowed under the Target Scheme. However, SWP amount under the facility would be triggered on a first in first out basis.
- 12. The Facility is available only under non-demat mode.
- 13. The Facility is not available to minor investors.
- 14. This facility is available for individuals and non individual investors.
- 15. All other terms and conditions applicable to Systematic Investment Plan and Systematic Withdrawal Plan (SWP) facilities for respective schemes shall apply mutatis mutandis to this Facility.

The AMC/Trustee reserves the right to change / modify the terms and conditions of the facility or withdraw the facility.

Investors are requested to refer to the Enrolment Form available on our website viz. www.axismf.com or with ISCs, for the latest terms and conditions, before enrolling.



ONE TIME MANDATE (OTM) FORM

- $One Time \, Mandate \, (OTM) \, is a \, common \, application \, for \, registration \, of \, mandate \, centrally \, and \, not \, being \, folio \, specific.$ •
- 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.

Name of Applican	+																						1		T	T			
PAN																													
Bank Name										Acco	ountl	No.																	
I / We declare tha payment of SIP ins to time. If the transaction i I/We will also info I/We hereby auth Further, I authoriz I/We hereby agre I/ We request you payments) in all th I/ We give my cor queries and/or re irrespective of my Signature	stallments ar is delayed or rm Axis Mutt orize to honc ze my represe to read the to read the u to make pro- ne folios asso ssent to Axis eccive comm	nd/or not effi ual Fui our suc entativ respe ovision ciatec Asset uunica	any lui fected nd abo ch payi ve (the ctive S ms for r d with r t Mana tition p cces wi	mpsum l at all fo out any c ments a bearer SID and s my PAN agemen pertainir th the C	paym prreas chang and ha r of thi SAI of and/ of and/ of to custor	ents th sons of es in m ve sign s reque t the m or an a tioned npany transa	nrough a incomple y bank ac led and e est) to ge utual fun dvisor at above an Limited a actions/	n Elect ete or i ccount ndorse t the a d befo uthoriz ny mod and its non-co	tronic l incorre t. ed the l bove N ore inve zed by le of tra s agent ommer	Debit ect inf Mand Aanda esting me to ansact s to c rcial t	arrar forma date Fe ate ve gin any o be a tion a contac transa	ngeme ntion, orm. rified y sche ble to vailal ct me	ent / N //We Man me of o utiliz ole to r over r	JACH woul date Axis e thi ne ti phon	H (Na d not verifi Mut s ma metc e, SM	tiona hold catic ual Fu ndate time 1S, er	the und u e for mail	toma user in arges using any t mAxis or an	ted nstin s, if a this this s Mu y ot	Clea tutio any, i faci sact utua	may lity. I Fur moc	; Hou: spon: be cha (not li nd. le to a	se) a sible arge mite	ed to ress r	r my my/c o SIP my ir	our and/ nvest	iest fr ccoun / or Lu tment	om t t. Imps	ime sum
Date D D M	M Y Y	Y	Y	Place																									
																••••						 Det							
KIS MUTUAL FUND		UMR							Bank	use			. [Date					Y	Y	Y
	Sponsor Bar					Bank	USE				Utili	ity Co	de								Ba	ank us	se						
ATE 🖌 🛛 I/\ DIFY 🗙	We hereby a	uthoria	ze		Axi	is Mut	ual Fun	d		1	to deb	oit (tio	:k√)		SB		A	🗌 C(C	S	B-NF	RE	<u> </u>	SB-NI	10		Other		
	Bank a/c	numb	er																										
ICEL X			omore	bank					IFSC											or	MIC	R							
	Name o	of cust																											
Bank	Name (of cust	.omers					In V																		In Fi	qures		
Bank mount of Rupees				1-Yrly	X	Yrly	🗸 As		/ords	esen	ted				DE	BIT T	YPE	: >		ixeo	R	Ę	t ·			In Fi		oun	t
Bank mount of Rupees DUENCY X M				H-Yrly Pan M	X	Yrly	🖌 As		/ords		ted Phone	No.			DE	BIT T	YPE			ixed	R		t •				gures n Am	oun	t
Bank mount of Rupees IUENCY X M rence 1		ltly	X	PAN N	No.				/ords	F	Phone	- L			DE	BIT T	YPE			ixed	R	Ę	t 4					oun	t
Bank mount of Rupees LUENCY X M rence 1 rence 2	Ithly 🗵 ()tly All Si	X F	PAN N es of Axi	No. (is Mu	tual Fi	und	& wl	Vords hen pr	F	Phone Email	ID [of char	ges o			YPE			ixed	R	Ę	t •					oun	t
Bank mount of Rupees UENCY M rence 1 rence 2 for the debit of manda P om	Ithly 🗵 ()tly All Si	X F	PAN N es of Axi	No. K is Mu m I am a	tual Fi	und	& wł	hen pr	F E s per la	Phone Email atest sc	ID [f the b	ank.		: hold		ixed	R	Ę			Vax	imur			
Bank mount of Rupees UENCY Mence 1 rence 2 for the debit of manda pm aximum period of v	tthly I C	All Sonarges b	X Cheme by the base Y Y Y Y	PAN N es of Axi	No. K is Mu m I am a	tual Fi	und ng to debit	& wł	hen pr	F E s per la	Phone Email atest sc	ID [Siį	gnati	f the b	ank.	ount	: hold	er	ixeo	R	Ę			Vax	imur	n Am		
Bank mount of Rupees UENCY M rence 1 rence 2 ror the debit of manda rence 2 ror the debit of manda rence 2 ror the debit of manda rence 3 ror the debit of manda rence 4 ror the debit of manda rence 4 rence	Ithly X C Ithly X Y Ithly M Y Validity Ithly Y claration (as menuthrized to can C	All Si All Si arges b Y	Image: Cheme cheme y <td>PAN N es of Axi ank whon f) has bee s mandate</td> <td>No. kis Mu m I am a en caref e by ap</td> <td>itual Fu authorizi Signato Na fully reac</td> <td>und ng to debit ure Prima ame as in d, understo ely commu</td> <td>& wh my acc ary Ac h bank od & ma nicating</td> <td>hen pr counts as count account a record ade by m the cam</td> <td>F F F F F F F F F F F F F F F F F F F</td> <td>Phone Email Intest sc er 2 . I am a on / ame</td> <td>ID [hedule</td> <td>Siç I ing the t reque</td> <td>ynati Vame User</td> <td>f the b ire of e as in Entity the Us</td> <td>ank. Acc 1 ban 1 Corp er enti</td> <td>ount ount ik re orate ty / C</td> <td>cords to debi</td> <td>er eit my</td> <td>/ acci</td> <td>₹ J An 3. punt, bank</td> <td>nount</td> <td>Si on the</td> <td>gnat Nam e instr</td> <td>Max cure (ne as ructio</td> <td>of Ac</td> <td>n Am</td> <td>t hol ecorc</td> <td>der Is</td>	PAN N es of Axi ank whon f) has bee s mandate	No. kis Mu m I am a en caref e by ap	itual Fu authorizi Signato Na fully reac	und ng to debit ure Prima ame as in d, understo ely commu	& wh my acc ary Ac h bank od & ma nicating	hen pr counts as count account a record ade by m the cam	F F F F F F F F F F F F F F F F F F F	Phone Email Intest sc er 2 . I am a on / ame	ID [hedule	Siç I ing the t reque	ynati Vame User	f the b ire of e as in Entity the Us	ank. Acc 1 ban 1 Corp er enti	ount ount ik re orate ty / C	cords to debi	er eit my	/ acci	₹ J An 3. punt, bank	nount	Si on the	gnat Nam e instr	Max cure (ne as ructio	of Ac	n Am	t hol ecorc	der Is
Bank mount of Rupees UENCY Mence 1 rence 2 for the debit of manda momentum period of v to confirm that the dec understood that 1 am an	Ithly Ithly Ithly Ithly	All Sinarges b	Image: Characteristic condition Cheme by the binst of the bins	PAN N es of Axi ank whom f) has bee s mandate	No. mlama en caref e by ap	tual Fu authorizi Signati Na fully rea propriate	und ng to debit ure Prima ame as ir d, understo ely commu	& wi	hen pr hen pr hounts as counts as counts count r recorr the can	F F F F F F F F F F F F F F F F F F F	Phone Email Itest sc er 2 1 am a on / ame	ID [hedule	Siç f ing the t reque	ynati Vame User st to	f the b Ire of e as in Entity the Us	Acc 1 ban 1 corp	ount ovate ty / C	cords to debi	er er	/ acci the l	J An J An 3. bunt,	hount based d where	Si on the	gnat Nam e instr e auth	Uax cure ne as	of Ac	n Am	t hol ecorc	der Is igne
rence 1 rence 2 e for the debit of manda	Ithly Ithly Ithly <	Itly All Sinarges t Y Y Y is mar ntioned cel / and riod st	Image: Characteristic state Image: Charac	PAN N es of Axi ank whom f) has bee s mandate	No. is Mu m I am a en caref e by app nt type end da	tual Fu authorizi Signati Na fully rea propriate	und ng to debit ure Prima ame as ir d, understo ely commu	& wi	hen pr hen pr hounts as counts as counts count r recorr the can	F F F F F F F F F F F F F F F F F F F	Phone Email Itest sc er 2 1 am a on / ame	ID [hedule	Siç f ing the t reque	ynati Vame User st to	f the b Ire of e as in Entity the Us	Acc 1 ban 1 corp	ount ovate ty / C	cords to debi	er er	/ acci the l	J An J An 3. bunt,	hount based d where	Si on the	gnat Nam e instr e auth	Uax cure ne as	of Ac	n Am	t hol ecorc	der Is igne
Bank mount of Rupees UENCY X M rence 1 rence 2 e for the debit of manda o o aximum period of v 40 years only s to confirm that the dec understood that I am an Stout (in words & in	Ithly Ithly Ithly <	Itly All Sinarges t Y Y Y is mar ntioned cel / and riod st	Image: Characteristic state Image: Charac	PAN N es of Axi ank whom f) has bee s mandate	No. is Mu m I am a en caref e by app nt type end da	tual Fu authorizi Signati Na fully rea propriate	und ng to debit ure Prima ame as ir d, understo ely commu	& wi	hen pr hen pr hounts as counts as counts count r recorr the can	F F F F F F F F F F F F F F F F F F F	Phone Email Itest sc er 2 1 am a on / ame	ID [hedule	Siç f ing the t reque	ynati Vame User st to	f the b Ire of e as in Entity the Us	Acc 1 ban 1 corp	ount ovate ty / C	cords to debi	er er	/ acci the l	J An J An 3. bunt,	hount based d where	Si I have ode	gnat Nam e instr e auth (as p	Max ture ne ass ructio norizer t	of Ac	n Am	t hol ecorc	der Is igne

INSTRUCTIONS FOR ONE TIME MANDATE

- 1. One Time Mandate is currently available to HUFs, Proprietor Firms and individual investors with "Single" or "Either or Survivor" the mode of holding.
- 2. OTM end date cannot be more than 40 years form the date of the mandate.
- 3. The end date mentioned on SIP application should be equal to or, less than the end date mentioned on SIP NACH/OTM. If SIP end date exceeds from the date mentioned on the NACH/OTM then, SIP will be registered as per NACH/OTM end date.
- 4. Registration of One Time Mandate will take 21 days from the date of submission of form.
- 5. Mandate will be processed through NACH platform offered by NPCI.
- 6. "National Automated Clearing House (NACH)" is Direct Electronic Debit mode implemented by National Payments Corporation of India (NPCI), list of banks is available on NPCI website www.npci.org.in. The said list is subject to modifications. The investor agrees to abide by the terms and conditions of NACH Debit/ECS of Reserve Bank of India/Banks.
- 7. In case the Mandatory fields on the Mandate are not filled, the mandate will be rejected.
- 8. Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. As investor can register for multiple SIPs with one time NACH mandate. The transaction amount should not exceed the maximum amount mentioned in the NACH mandate. It is suggested to choose a higher amount to commence additional investments in future or to absorb Top-Up increments.
- 9. Axis One Time Mandate cannot be utilized for Liquid schemes, ETF schemes, closed ended schemes, and during NFO period.
- 10. The Investor/s shall not hold the AMC liable for the following:
 - For any transaction using the Facility carried out in good faith by the AMC on instructions of the Investor/s.
 - For unauthorized usage/ unauthorized transactions conducted by using the Facility.
 - For any loss or damage incurred or suffered by the Investor/s due to any error, defect, failure or interruption in the provision of the Facility arising from or caused by any reason whatsoever.
 - For any negligence/mistake or misconduct by the Investor/s.
 - For any breach or non-compliance by the Investor/s of the rules/ terms and conditions stated in the Scheme Information Document.
 - For not verifying the identity of the person giving the telephone instructions in the Investor/s name.
 - For not carrying out any such instructions where the AMC has reason to believe (which decision of the AMC the Investor/s shall not question or dispute) that the
 instructions given are not genuine or are otherwise improper, unclear, vague or cause for doubt.
 - For carrying out a transaction after such reasonable verification as the AMC may deem fit regarding the identity of the Investor/s.
 - In case of error in NAV communication.
 - For accepting instructions given by any one of the Investor/s or his/her authorized person.
- 11. Axis Asset Management Company Limited (AMC) has the right to ask such information (Key Information) from the available data of the Investor/s before allowing him/ her access to avail the One Time Mandate facility (the Facility). If for any reason, the AMC is not satisfied with the replies of the Investor/s, the AMC has at its sole discretion the right of refusing access without assigning any reason/s to the Investor/s.
- 12. It is clarified that the Facility is only with a view to accommodate / facilitate the Investor/s and offered at the sole discretion of the AMC. The AMC is not bound and/or obliged in any way to give access to the Facility to Investor/s.
- 13. The Investor/s shall check his/ her account records carefully and promptly. If the Investor/s believes that there has been a mistake in any transaction using the Facility, or that an unauthorized transaction has been effected, the Investor/s shall notify the AMC immediately. If the Investor/s defaults in intimating the discrepancies in the statement within a period of fifteen days of receipt of the statements, he waives all his rights to raise the same in favor of the AMC, unless the discrepancy/ error is apparent on the face of it. By opting for the facility the Investor/s hereby irrevocably authorizes and instructs the AMC to act as his/ her agent and to do all such acts as AMC may find necessary to provide the Facility.
- 14. The Investor/s shall at all times be bound by any modifications and/ or variations made to these Terms and Conditions by the AMC at their sole discretion and without notice to them.
- 15. The Investor/s agrees and confirms that the AMC has the right to ask the Investor/s for an oral or written confirmation of any transaction request using the Facility and/ or any additional information regarding the Account of the Investor/s.
- 16. The Investor/s agrees and confirms that the AMC may at its sole discretion suspend the Facility in whole or in part at any time without prior notice.
- 17. The Investor/s shall not assign any right or interest or delegate any obligation arising herein.
- 18. The Investor/s shall take responsibility for all the transactions conducted by using the Facility and will abide by the record of transactions generated by the AMC. Further, the Investor/s confirms that such records generated by the AMC shall be conclusive proof and binding for all purposes and may be used as evidence in any proceedings and unconditionally waives all objections in this behalf.
- 19. The Investor/s agrees that use of the Facility will be deemed acceptance of the Terms and Conditions and the Investor/s will unequivocally be bound by these Terms and Conditions.



SIP REGISTRATION FORM

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

Distribut ARN	tor SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code			PMR (Portfolio Manager's Registration) Number ^^	Serial No., Date & Time Stamp
Upfront commis	ssion shall be paid directly by the inve	/estor to the AMFI registered di	istributor based on the inv	vestor's assessment of v	various facto	ors including the se	rvice rendered by the distribution	utor. ^I/We, have invested in the
Axis Mutual Fun transactions dat	is Mutual Fund under Direct Plan. I/V nd, to the above mentioned SEBI Re ta feed/portfolio holdings/ NAV etc.	Nehereby give my/our consent egistered Investment Adviser. c. in respect of my/our investme	.to share/provide the trans ^^I/We, have invested in ents under Direct Plan of a	sactions data reed/port the scheme(s) of Axis all schemes of Axis Mut	folio holding Mutual Fur ual Fund, to	35/NAV etc. in resp nd under Direct Pl the above mentior	lan. I/We hereby give my/our ned SEBI Registered Portfolic	der Direct Plan of all schemes of r consent to share/provide the Manager.
I/We hereb	by confirm that the EUIN box ha above distributor/sub broker or	as been intentionally left bla	lank by me/us as this tra	ansaction is executed	d without a	any interaction or	or advice by the employee/	relationship manager/sales
	ole Applicant /Guardian		Applicant		hird Appl	·		Attorney Holder
I confirm	TION CHARGES FOR APPLIC m that I am a first time inves bscription amount is ₹ 10,000 or mu inits will be issued against the balanc	stor across Mutual Funds nore and your Distributor has op	s. OR 🗌 I confirm	m that I am an exis	ting inves			on amount and payable to the
1. YOUR IN	NFORMATION (MANDATOF	RY)						
	NVESTOR'S FOLIO NUMBE		io number					
	(as in PAN Card / KYC records)							
		· []	t l'estrent (Cer	i i Davier	::			
Name of the	e Guardian Mr. Ms. M			ntact Person - Designa	ation / PoA		e of Non-individual Investor	S)
Your PAN	L	2nd Holde	er PAN			3rd Holder	PAN	
ا 	DO NOT FILL THE MA To reg	ANDATE BELOW, IF gister Axis One Time Mar						GE.
AXIS MUTUAL FUND	UMRN		Bank us	e			Date D	D M M Y Y Y
Tick (🗸)	Sponsor Bank Code	Bank use	se la	Utility Code			Bank use	
REATE 🖌	I/We hereby authorize	Axis Mutual		, to debit (tick√)	SB			NRO Other
IODIFY X ANCEL X	Bank a/c number							
ith Bank	Name of customer	ers bank	IFSC				or MICR	
n amount of Rup	ipees		In Words				₹	In Figures
EQUENCY	x Mthly x Qtly x	K H-Yrly 🕱 Yrly 🗸	🖌 As & when prese	ented	DE	BIT TYPE	🛛 Fixed Amount 🖌	Maximum Amount
eference 1		PAN No.		Phone No.				
eference 2	All Scher	mes of Axis Mutual Fund	i	Email ID				
	of mandate processing charges by the				rges of the b	Jank.		
	PERIOD							
From		Y						
To		Y Signature	Primary Account hold	Ider Si	anature oʻ	f Account holde	or Sign	ature of Account holder
	od of validity of this mandate		-		-		3. Nai	
is is to confirm that ave understood that	nt the declaration (as mentioned overl at I am authorized to cancel / amend t	leaf) has been carefully read, und this mandate by appropriately co	nderstood & made by me / u communicating the cancellat	us. I am authorizing the ation / amendment reque	e User Entity est to the Us	/ Corporate to debit ser entity / Corporat	it my account, based on the ins te or the bank where I have au	structions as agreed and signed by uthorized the debit.
ANDATORY FI	IELDS : • Instrument Date or ds&infigures) • Period start of	• Account type • Bank A	A/c number (core ba	anking a/c no only	 Bank 	aname • IFSC o	code or MICR code (as	per the cheque / pass bo
	U ,	GMENT SLIP (To be filled b	0	Accountries	diffic do p .	Dankrees.		
Investor Name	e							
SIP Scheme 1	<u> </u>			Тор	-up	Yes N	10	
SIP Scheme 2				Тор	-up	Yes N	lo	
SIP Scheme 3				Тор	-up	Yes N	Jo Stam	np & Signature

2. 9								SI	P Registr	ation I	Мо	de		A-OTM	1		K-O	TM		_ N	Man	date	alo	ng w	ith S	SIP fo	orm
OTM	Reference No.										Γ																
	Scheme / Plan / Optior	<u> </u>	· ·	uency st. no. 5)	SIP Date (DD		E		nent Peri	od				moun	t			(0	Option			JP Fa ailable			ly SIF	.	
					(Ref Inst.			(№	IMYY)								Fi	reque	ency				Ar	mou	nt		
				Daily Weekly			From				₹		in	figures	ò			Half	Year	rly	₹		i	n figi	ures	;	
-				A	Defai SIP Dat		То				-			uanda		_		Year	ly		-			in wo	ords		—
			*Y	'early			M		ım Durat 0 years	ion	-		In V	vords		-	-			D	yna	mic 1	_)	—
			**	Daily			From				₹		in	figures	5			Half	Year	rly	₹		i	n figi	ures	;	
				Weekly	Defa	ult	То							-				Year	·lv		L			-			
				/onthly /early	SIP Dat	e 7th			Im Durat	ion			inv	vords					., 					in wo		5	_
=				Daily				of 4	0 years									Half	Vool		г	mic⊺		-UP	_		\neg
-				Weekly			From				₹		int	figures	5			⊓ali	real	iiy	₹		i	n figı	ires	5	
			*N	/onthly	Defai SIP Dat		То				-		in v	vords		-		Year	ly		-		j	in wo	ords	;	-
			*Y	'early					Im Durat 0 years	ion	-									D	ynar	mic⊺	TOF	P-UP			_
	itial payment details (O n on bank / branch nam															A									-		
		e Cheque													4	Amour											
Mode	e of multiple SIP, mentio			Itiple Scl	hemes"			l	ostrume	Da	ted		D	Μ	IVI	Y	Y	Y	Y								
	Declaration and Sign						• •				σi	is 'io	int')														
	declare that the particul			<u> </u>							<u> </u>			gh its (serv	/ice pro	ovide	ersto	debi	it mv	v / 01	urba	ank	acco	unt	tow	ards
payme	ent of SIP installments ar o time. If the transaction	nd/orany	y lumps	um paym	nents thr	ough	an Ele	ctron	ic Debit a	arrang	em	nent	/NACI	Ĥ (Nat	ion	al Auto	mat	ed Clo	earin	ng H	ouse	e) as	per	my r	equ	lest f	rom
willal	so inform Axis Mutual Fu er, l authorize my represe	ind abou	t any ch	anges in	my bank	acco	unt. I/	Wehe	ereby aut	thoriz	e to	o hon	nour su	ich pay	/me	nts and	d hav	e sigr	ned a	ind e	endo	orsec	dth	e Ma	nda	ate Fo	orm.
	You/ Sole Applica	ant /Guar	dian					Se	cond App	olicant									Thi	rd A	\ppli	icant	:				
									S FOF																		
1. Mu	Itiple SIP registration facility	is not avai	lable for a													hNACH	platfo	orm off	eredb	oy NP	PCI.						
INO	Itiple SIP registration facility ing NFO. AXIS CONSUMPTIC sical mode, if the SIP date fall /24. If the SIP date falls betw	9 N FUND - s between een 16th t	For digita 1st to 15 o 28th, th	al mode, SI oth, the firs oen the firs	P will com st SIP insta st SIP insta	mence Iment Iment	from O will tak will tak	ct'24. F e place e place	or 12 in in	2 Δ c	ner	SER	L circul	ar date	od A	August 2 arged fro of chargin ing to Pu	22 21	011 1	Trans:	actic	nn Cl	harge e paya respe	e pe able ect of	er sub to the applie	oscri e dist catio	iption tributo ns rou	ı of ors/ ited
2. OT	24. Mend date cannot be more that end date mentioned on SIP app					e end d	atemen	tioned	on	SIP)	,sut	bjectt	o the fol	lowing:		ing to Þu 100/₹1											
bei	end date mentioned on SIP app NACH/OTM. If SIP end date ex egistered as per NACH/OTM e estors are required to submit	nd date.								•	Trar to₹	nsacti 10,00	oncharg	ge for SII above. Ir	P sha	all be app ch cases t	licabl	e only	if thẹ t	total	com	mitme	ent tł	hroug	ḥ SIP	, amon	unts
	estors are required to submit ount at least 21 days before the restor shall have the option of h. 30th and 31st. If SIP date is									:	The The	ere sha ere sha	all be not all be not	transact transact	tion o	charge or charges o	ndire	ect inve	stmer	nts.							
mo the trig	Vestor shall have the option of h, 30th and 31st. If SIP date is nth. If the SIP date falls on a nor following business day. ** Wi gered and processed on the day be triggered and processed on	h-business II be trigge opted by t	day or a ba red and p he investo	ank holiday processed o or. If the day	y, the SIP do only on Bu y opted fal	ebit wil siness ls on no	l be pro Days. n-busin	cessed # will ess day	be ,it	•	rela Trar	ating to nsacti	o new inf ons carr	flows sur	ch as thro	on charge Switche ough the	s, etc.									•	
6. Ple	be triggered and processed on ase refer below table for minim	uminstalln	nents:	y. **Monthly			early						transac nent of n e minim			i. olication nent due	amou to dec	int sha ductior	ll not l nof tra	be ap ansac	plica	ible if charg	[:] the ges fr	invest om th	rmen e sut	nt amo oscript	unt
	schemes, except ETFs	Min. 100	₹	Min Inst. 6	Mi 120	า.₹		n Inst. 3			veve	er, the				ansactior tors can										me of	the
	schemes mentioned in oles below.	**Daily/	#Weekly	*M	lonthly		*Yea	rly	13	Sch app	eme licat	e. Acco ble.	ordingly,	the trar	nsact	tion char;	gės w	ould be	e dedu	lcted	from	n the s	subso	criptio	on an	iounts	s, as
	is Overnight Fund &	Min.₹ 1000	Min Inst. 6	Min.₹	Min Inst.		in.₹ NA	Min Inst. NA	_	tran spec Fun	isaci cific d, its	tion is SIP d s regis	delayed late due strars ar	for not e to varie nd other	effectous of serv	clearing vice prov the inves sk of usin	e inve cycles iders	estor b s of NA shall n	ank ac ACH E ot be l	cour Debit held	nt is d / Loc respo	ebite al/Ba	d in a ink h le or	advan Ioliday liable	ce or /. Ax for c	after is Mut amag	the tual ges /
A: A:	tis Liquid Fund tis ELSS Tax Saver Fund*	NA	NA	500	6	6	000	3	14	ł. Inve	estoi	r can c	change b	oank det	tailst	or SIP by	/subn	nitting	a "CH	ANG	E OF	· BANI	IK M/	ANDA	AIE-	FORS	SIP"
A: Ci	tis Banking & PSU Debt Fund, tis Childrens Gift Fund, Axis edit Risk Fund, Axis Dynamic	100	6	1000	6	12	2000	3	15	forn new	n av /bar >-UF	/ailabl nk witl P Faci	e on the h the inv lity: Un	website estor's r ter this	e or a name facil	at any Inv eprinted lity the I	vestor on it. nvest	r Servio or can	e Cer	ntre a	along the SI	; with	cano	celled	chec	que of	the
A	ond Fund, Axis Equity ETFs FoF (is Floater Fund, Axis Gilt Fund, (is Money Market Fund, Axis	,								inte inve	rval stor	ls by a rsonly	a fixed a /.Forava	mount of the second sec	or ar said	facilities	inves	the re tors ar	erequ	ired	s faci to not	ility is tethe	s ava follo	ailable owing:	for	individ	dual
Sh	tirement Savings Fund, Axis ort Term Fund, Axis Silver nd Of Fund, Axis Treasury												nt details num am xis ELSS		r Axis aver	TOP-UF	P facil e mini	ity is₹ imum	500/-	and i nt is	n muľ ₹50	Itiples 0 and	sof₹ din	- ₹ 1/- fo multin	or all	schem of ₹5	nes; 500
Ad Sh	Ivantage Fund, Axis Ultra ort Term Fund is Nifty AAA Bond Plus	NA	NA	1000	6	<u> </u>	NA	NA	_		ther	reafte	er.			TOP-UP ansidered,											
SE Ax	DL Apr 2026 50:50 ETF FoF, tis CRISIL IBX 50:50 Gilt Plus	INA		1000				INA		•	TOF Inca	P-UP f ase TC	requent DP-UP fr	cies avai equenc	ilable y is n	e are Half ot indica	-Year ted, it	ly/Yea will be	rly/ Dy consi	ynam dere	nic rec d as Y	queste /early	ed in by D	nterva Defaul	ls. t.		
FL Pl	DL September 2027 Index nd, Axis CRISIL IBX 50:50 Gilt us SDL June 2028 Index Fund									•	TOF	P-UPv	will cont	inue till t	the E	ITOP-UF Ind of the	SIPte	, enure b	oy defa	ault.						llation	for
& 20	Axis Nifty SDL September 126 Debt Index Fund tis CRISIL IBX SDL May	NA	NA	1000	6	12	2000	3	_	•	Onl	IyTOP	P-UP can	not be d	lisco	hange th esh SIP. ntinued a	anywł	nere du	ringtl	he SI I	Pten	ure.					
20 IB	27 Index Fund, Axis CRISIL X 70:30 CPSE Plus SDL April 25 Index Fund & Axis Long							-			of 6 shoi	mont ould be	Dynam hs from 3 mont	ic Top up the date hs and a	p opt e of tl mou	ion, any o he first in nt specif	chang Istalln ied in	es in th nent ar last re	ne amo nd min quest	ount imun shall	can b n gap be cc	e mac betw ontinu	de or /een Jed t	nly aft two to ill the	er co op up End	omplet reque of the	lion ests SIP
	aration Fund										tenı Plea		etheillu	stration	belo	ow to kno	whow	wtocal	culate	e SIP	Top-l	Upam	noun	t:			

· · · · · §<· · · ·

- 7. 8.
- 9.
- 10.
- 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

op opanioancis (boo	. top oprieducite, ist		
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

· >{· · ···



SYSTEMATIC TRANSFER PLAN (STP)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol	ID EUIN	Employee Code	RIA CODE^		Portfolio Manager's n) Number ^/	
front commission sh eme(s) of Axis Mutu	all be paid directly by the inv al Fund under Direct Plan. I/A	estor to the AMFI registe Ne hereby give my/our co	red distributor based on isent to share/provide th	the investor's assessment of viet ansactions data feed/port	various factors includi folio holdings/NAV e Mutual Fund under	ing the service ren	dered by the distri	ibutor. ^I/We, have invested in under Direct Plan of all scheme our consent to share/provide
nsactions data reed,	portrollo noldings/ NAV etc	. In respect of my/our inve	stments under Direct Pi	an of all schemes of Axis Muti	ual Fund, to the above	e mentioned SEBI	Registered Portro	e/relationship manager/sa
rson of the above	distributor/subbroker or	notwithstandingthea	dvice of in-appropria	teness, if any, provided by	the employee/relat	tionshipmanag	er/sales person o	of the distributor/sub broke
You/ Sole A	pplicant /Guardian	Seco	ond Applicant	Tł	nird Applicant		Power of	f Attorney Holder
	CHARGES FOR APPLIC t I am a first time inves			ONLY (Refer Instruction Onfirm that I am an exis		oss Mutual Fu	nds.	
 case the subscrip		or more and your Distri	butor has opted to re		0			rchase/subscription amou
					Folio No.			
1 Applic Sole / 1st U	ant Details							
(as in PAN Card	/ KYC records)							
(as case of mind	or)	First Na			1iddle Name			Last Name
1st Holder PAN		tApplicant	2nd Holder PAN	2nd	Applicant			
3rd Holder PAN	3rd	Applicant						
2 SYSTE	MATIC TRANSF	ER PLAN (STP)	(To be submitted	l at least 4 working d	lays before the	1st due dat	e for transfei	r).
From Schem	e [#]					Plan	Direct	Regular
Option (tick	🖌) 🖌 Growth							
To Scheme						Plan	Direct	Regular
Option (tick	✓) □ Growth □	IDCW Reinvestm	ient 🗌 IDCV	V Payout	IDCV	V Frequency		
Svs	tematic Transfer	· Plan (STP) (Per	Instruction 5)			Systemati	c Transfer	Plan (CapSTP)
				(Ref Instruct	•			
Iransfer Free	quency (Please tick (✔)	any one of the below	frequencies)	Transfer Frequency		·	elowfrequenci	les)
	(Monday To Friday) D	ay of transfer			se tick (✓) any one)			
Fortnight	y (Every Alternate We	dnesday)		Quarterly \$ 1	st 🗌 7th	🗌 10th	🗌 15th	25th
Monthly Quarterly	1st 7th	□ 10th □	15th 🗌 25th	^s Please ref instruction	no. 12.			
Transfer Inst	alment₹	No.	of Instalments	OR Transfe	r Period From	D D M M (First Insta	1 Y Y D	D M M Y Y (Last Instalment)
terms, conditi not involve an Money Laund Scheme(s), leg Mutual Fund, other actionw The ARN hold Mutual Funds For NRIs only channels or frr	ons, rules and regulatio d is not designed for th ering Laws, Anti Corrup / we have not received r (ally belong to me / us. Ir to redeem the funds inn- vith such funds that may er has disclosed to me/ from amongst which th	ns governing the Sch e purpose of the con- tion Laws or any oth hor have been induce: the event "Know Yo vested in the Scheme be required by the La is all the commission: e Scheme is being rec am / we are Non Res n-Resident External/	eme(s). I/ We hereby cravention of any Ac er applicable laws ei d by any rebate or gi ur Customer" proce (s), in favour of the a w. s (in the form of trail ommended to me/u idents of Indian nat Non-Resident Ordi	ionality / origin and tha	t invested in the S otifications or Dir ent of India from t in making this inv e / us to the satisfa le NAV prevailing r mode), payable t	cheme(s) is thr rections of the ime to time. I / estment. I / We action of the M g on the date of o him for the di	ough legitimat provisions of the We have under e confirm that the utual Fund, I / v f such redempt ifferent compe	e sources only and does he Income Tax Act, Anti 'stood the details of the he funds invested in the ve hereby authorise the ion and undertake such ting Schemes of various
First / So	e Applicant / Guardi	an Seo	ond Applicant	Thi	ird Applicant		POA	Holder

Folio No. Investor Name	
From Scheme To Scheme	
Amount Amount Frequency	Stamp & Signature

STP Enrolment Form - Instruction

- 1. The STP Enrolment Form should be completed in English and in Block Letters only. Please tick in the appropriate box, where boxes have been provided. The STP Enrolment Form complete in all respects, should be submitted at any of the Official Points of Acceptance of Axis Mutual Fund.
- 2. One STP Enrolment Form can be filled for one Scheme/Plan/Option only.
- 3. Investors are advised to read the Key Information Memorandum(s) (KIMs) and Scheme Information Document(s) (SIDs) of the Transferee Scheme(s) and Statement of Additional Information (SAI) carefully before investing. The SIDs / KIMs of the respective Scheme(s) and SAI are available with the ISCs of Axis Mutual Fund, brokers/distributors and also displayed at the Axis Mutual Fund website i.e. www.axismf.com
- 4. Unit holders should note that unit holders' details and mode of holding (single, joint, anyone or survivor) in the Transferee Scheme will be as per the existing folio number of the Transferor Scheme, Units will be allotted under the same folio number. Unit holders' names should match with the details in the existing folio number, failing which; the application is liable to be rejected.
- 5. STP offers unit holders the following two Plans:
 - 1. Systematic Transfer Plan (STP)
 - 2. Capital Appreciation Systematic Transfer Plan (CapSTP)

Investor's can opt for any of the above facility.

Systematic Transfer Plan (STP) offers transfer facility at Daily, Weekly, Fortnightly, Monthly and Quarterly intervals.

Capital Appreciation STP (CapSTP) offers transfer facility at Weekly, Monthly and Quarterly intervals. If no frequency is chosen, Monthly frequency shall be treated as the Default Frequency.

6. Under the CapSTP-Weekly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum ₹ 500) by way of capital appreciation from Monday to Friday.

Monthly Interval, unit holders will be eligible to transfer the entire capital appreciation amount(minimum ₹ 500) by way of capital appreciation on the 1st, 7th, 10th, 15thor 25thofeach month.

Under the CapSTP-Quarterly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum ₹1,000) by way of capital appreciation on the 1st, 7th, 10th, 15th or 25th of the first month of each quarter. The beginning of the quarter could be of any month e.g. January, March, July, September, etc. Please note that no transfers will take place if there is no minimum capital appreciation amount (except for last transfer leading to closure of account). The capital appreciation, if any, will be calculated from the enrolment date of the CapSTP under the folio, till the first transfer date. Subsequent capital appreciation, if any, will be the capital appreciation between the previous CapSTP date(where CapSTP has been processed and paid) and the next CapSTP date.

- 7. The provision of 'Minimum Redemption Amount' as specified in the Scheme Information Document(s) of the respective designated Transferor Schemes and 'Minimum Application Amount' specified in the Scheme Information Document(s) of the respective designated Transferee Schemes will not be applicable for STP.
- 8. Unit holders are required to fill in either the number of instalments OR the enrolment period in the STP Form, failing which the STP shall be registered as per No. of Instalments mentioned.
- 9. In case Day of Transfer has not been indicated under STP- Weekly frequency, Wednesday shall be treated as Default day.
- 10. In case, the Enrolment Period has been filled, but the STP Date and/or Frequency (Monthly/Quarterly) has not been indicated, Monthly frequency shall be treated as Default frequency and 10th shall be treated as Default Date.
- 11. The application for STP/ Cap STP enrolment Monthly & Quarterly Interval should be submitted at least 4 working days and not more than 90 days before the desired commencement date.

12. Please refer below table for min. no. of installments and minimum amount per installment	12.	Please refer below table for min. no. of installments and minimum amount per installment	nt:
--	-----	--	-----

STP Frequency	Cycle Date	Minimum Amount* (in ₹)	Minimum Installment	
Daily	Monday To Friday	1,000/-	6	
Weekly	Monday To Friday	1,000/-	6	
Fortnightly	Alternate Wednesday	1,000/-	6	
Monthly	1st, 7th, 10th, 15th or 25th	1,000/-	6	
Quarterly	1st, 7th, 10th, 15th or 25th	3,000/-	2	

If the Transferree scheme is Axis Long Term Equity Fund, minimum STP amount is ₹500.

- 13. In respect of STP, the Load Structure prevalent at the time of enrolment shall govern the investors during the tenure of the STP.
- 14. A minimum period of 4 working days shall be required for registration under STP. Units will be allotted/redeemed at the applicable NAV of the respective dates of the Scheme on which such investments/withdrawals are sought from the Scheme.
- 15. The AMC reserves the right to introduce STPs at any other frequencies or on any other dates as the AMC may feel appropriate from time to time. In the event that such a day is a Holiday, the transfer would be affected on the next Business Day.
- 16. The requests for discontinuation of STP/CapSTP shall be subject to an advance notice of 4 working days before the next due date for STP.
- 17. STP will terminate automatically if all Units are liquidated or withdrawn from the account or upon the Funds' receipt of notification of death or incapacity of the Unit holder. Further, in case where the balance amount in a folio is less than the STP/CapSTP amount, the entire amount will be transferred to the transferee scheme.
- 18. If STP date/day is a non-Business Day, then the next Business Day shall be the STP Date / Day and the same will be considered for the purpose of determining the applicability of NAV.
- 19. The Trustee reserves the right to change/modify the terms and conditions of the STP. For the updated terms and conditions of STP, contact the nearest ISC or visit our website www.axismf.com