

APPLICATION FORM FOR
APPLICATION NO.
AXIS CRISIL-IBX AAA NBFC INDEX - JUN 2027 FUND

(An open-ended Target Maturity Index Fund investing in constituents of CRISIL-IBX AAA NBFC Index - Jun 2027. A moderate interest rate risk and relatively low credit risk.)

NFO OPENS : SEPTEMBER 13, 2024 AND NFO CLOSES : SEPTEMBER 23, 2024
FOR FIRST TIME INVESTORS FOR LUMP SUM INVESTMENTS / SIP INVESTMENTS.
(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLACK/BLUE COLOURED INK & IN BLOCK LETTERS)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE [^]	PMR (Portfolio Manager's Registration) Number ^{^^}	Serial No., Date & Time Stamp

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor. [^]I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^{^^}I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/subbroker.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
-------------------------------	------------------	-----------------	--------------------------

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

01 MY DETAILS (To be filled in Block Letters. Please provide the following details in full) (In case of investment "On behalf of minor", Please refer instruction No. 11)

Existing folio number I/ We want to create new Folio (Instruction No. 25)

My Name (Should match with PAN Card) PAN/PEKRN (1st Applicant) KYC

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

On behalf of Minor (*Attach Mandatory Documents as per instructions) Date of Birth Minor's Date of Birth Proof attached*

Guardian named is Father Mother Court Appointed Guardian named is

02 JOINT APPLICANTS (IF ANY) DETAILS

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

2nd Applicant Name (Should match with PAN Card) PAN/PEKRN (Second applicant) KYC

3rd Applicant Name (Should match with PAN Card) PAN/PEKRN (Third applicant) KYC

MFD / EUIN holder/ sub-distributor is not related to the 1st holder. If yes, declare that joint holders details provided in this form belongs to (tick any one): Spouse Children Siblings Parents

03 MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) (For electronic communication, Please refer instruction No. 17)

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

Address

City State Pin Code

Add overseas address (Mandatory for NRI / FII Applicants)

City Country Pin Code

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

Mobile No. Tel No. Email ID (CAPITAL letters only)

I declare that Email address provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

I declare that Mobile Number provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS 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.

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

04 BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility) (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

My Bank Name

Bank A/C No. A/C Type Savings Current NRE NRO FCNR Others

Branch Address

City State Pin Code

IFSC code: (11 digit) MICR code (9 digit) (This is a 9 digit number next to your cheque number)

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

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

Full Scheme/Plan/Option	Amount/Each SIP Amount	SIP Date	Frequency	SIP Period	TOP-UP Facility (Optional) Only available for Monthly SIP
<input type="checkbox"/> LUMPSUM <input type="checkbox"/> SIP Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Scheme Name _____ Option _____	₹ _____ Less DD charges _____	DD (If left blank 7 th will be considered as the default date) Any date between 1 st to 28 th	<input checked="" type="checkbox"/> Monthly	Start Date: MMYYYY End Date: MMYYYY Maximum Duration of 40 years	Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly Amount: ₹ _____ _____ <input type="checkbox"/> Dynamic TOP-UP
<input type="checkbox"/> LUMPSUM <input type="checkbox"/> SIP Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Scheme Name _____ Option _____	₹ _____ Less DD charges _____	DD (If left blank 7 th will be considered as the default date) Any date between 1 st to 28 th	<input checked="" type="checkbox"/> Monthly	Start Date: MMYYYY End Date: MMYYYY Maximum Duration of 40 years	Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly Amount: ₹ _____ _____ <input type="checkbox"/> Dynamic TOP-UP
<input type="checkbox"/> LUMPSUM <input type="checkbox"/> SIP Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Scheme Name _____ Option _____	₹ _____ Less DD charges _____	DD (If left blank 7 th will be considered as the default date) Any date between 1 st to 28 th	<input checked="" type="checkbox"/> Monthly	Start Date: MMYYYY End Date: MMYYYY Maximum Duration of 40 years	Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly Amount: ₹ _____ _____ <input type="checkbox"/> Dynamic TOP-UP

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

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

Payment Details
 First Cheque Date: DDMMYYYY Amount: _____ Cheque No. _____
 Bank Name: _____ Account No. _____
 IFSC Code: _____ MICR Code: _____
 RTGS/ NEFT/ Funds Transfer: _____ If source of payment bank is same as above bank details tick here.

ANNEXURE - A **Format for Providing Nomination**

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Sr. No.	Nomination can be made upto three nominees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
Mandatory Details				
1.	Name of the nominee(s) (Mr./Ms.)*			
2.	Share of each Nominee Equally (If not equally, please specify percentage)	_____%	_____%	_____%
Any odd lot after division shall be transferred to the first nominee mentioned in the form.				
3.	Relationship with the Applicant (If Any)			
4.	Minor Date of birth			
5.	Guardian name			
*Date of Birth and Name of Guardian to be provided in case of minor nominee(s)				
Non Mandatory Details				
6.	Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country PIN Code			
7.	Mobile/Telephone no. of nominee(s) / Guardian in case of Minor	Mobile No. _____ Tel. No. _____	Mobile No. _____ Tel. No. _____	Mobile No. _____ Tel. No. _____
8.	Email ID of nominee(s)/ Guardian in case of Minor			
9.	Nominee/ Guardian (in case of Minor) Identification details (Please tick any one of following and provide details of same)	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Saving Bank A/c no. <input type="checkbox"/> Demat A/c ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Saving Bank A/c no. <input type="checkbox"/> Demat A/c ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Saving Bank A/c no. <input type="checkbox"/> Demat A/c ID
*Name and Signature of Holder		First Unitholder Name	Second Unitholder Name	Third Unitholder Name
		First Unitholder Signature	Second Unitholder Signature	Third Unitholder Signature

ANNEXURE - B

Declaration for Opting-out of Nomination

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

*Name and Signature of Holder	First Unitholder Name _____ First Unitholder Signature	Second Unitholder Name _____ Second Unitholder Signature	Third Unitholder Name _____ Third Unitholder Signature
--------------------------------------	--	--	--

*Witness Name _____ and address _____ are required,
if the account holder affixes thumb impression, instead of signature.

Witness Signature

07 | **DEPOSITORY ACCOUNT DETAILS** (Optional. To be filled if investor wishes to hold the units in Demat mode). (For DEMAT details Please refer instruction No. 19)

(Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c held with the depository participant) Refer Instruction No. 19.

NSDL:	Depository Participant Name _____	Beneficiary Ac No. _____	DP ID: I N _____
CDSL:	Depository Participant Name _____	Beneficiary Ac No. _____	

Enclosed Client Master Transaction / Statement Copy / DIS Copy

08 | **KNOW YOUR CUSTOMER (KYC) DETAILS** (Mandatory. Please Tick/ Specify. The application is liable to get rejected if details not filled.) (For KYC details. Refer Instruction No. 8)

Tax Status details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian	Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian		
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NRI/PIO/OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sole Proprietorship	<input type="checkbox"/>	-	-	-	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Minor through Guardian	<input type="checkbox"/>	-	-	-	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Non Individual	<input type="checkbox"/> Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership		Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Trust	<input type="checkbox"/> Society	<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> AOP	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> FPI	Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> In case of Non-Profit Entity (refer point no 21)				Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Others (Please specify) _____				Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).					Politically Exposed Person (PEP) details				Is a PEP	Related to PEP	Not Applicable
If yes, please quote Registration No. of Darpan portal of Niti Aayog. (refer point no 21)					1st Applicant				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Annual Income Range (in ₹)					2nd Applicant				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below 1 lac <input type="checkbox"/>					3rd Applicant				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac <input type="checkbox"/>					Guardian				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 cr <input type="checkbox"/>					Authorised Signatories				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 cr <input type="checkbox"/>					Promoters				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Networth in ₹ (Mandatory for Non Individual) (not older than 1 year)					Partners				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
as on _____					Karta				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
as on _____					Whole-time Directors/Turstee				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
as on _____											
as on _____											

09 | **DEBIT MANDATE** (Only for Axis Bank Account holders: Now you don't have to issue a cheque if you hold an Axis Bank Account). To be processed in CMS software under client code "AXISMF" (For Debit mandate Please refer instruction No. 5 & 21)

I/ We _____ Name of the account holder(s)

authorise you to debit my/our account no. _____

Account type Savings NRO NRE Current FCNR Others _____ Specify

to pay for the purchase of Scheme Name **AXIS CRISIL-IBX AAA NBFC INDEX - JUN 2027 FUND** OR Axis MF Multiple Schemes

Amount (in Figures) _____ (in words) _____

Signature of First Account Holder _____ Signature of Second Account Holder _____ Signature of Third Account Holder _____

Date* *Date is mandatory

AXIS MUTUAL FUND ACKNOWLEDGEMENT SLIP

APPLICATION NO.

Received from _____

Scheme Name _____ Plan _____ Option _____

Amount _____ Cheque/DD No. _____ Date

Bank & Branch details _____ Stamp & Signature _____

10 | **ADDITIONAL INFORMATION**

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

Applicant	KIN No. (If KYC done via CKYC)										DOB/DOI [#]				Gender						
First Applicant												D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Second Applicant												D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Third Applicant												D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Guardian or POA [^]												D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Male	<input type="checkbox"/> Female

[#]Date of Birth - Mandatory if CKYC ID mentioned. [^]G: Guardian; POA: Power Of Attorney DOB: Date of Birth and DOI: Date of Incorporation

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

I declare that **Email address** provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS and approve for usage of these contact details for any communication with Axis Mutual Fund.

I declare that **Mobile Number** provided in this form belongs to (tick any one): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS 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.

11 | **FATCA AND CRS DETAILS**

For Individuals (Mandatory). Non Individual investors including HUF should mandatorily fill separate FATCA/CRS/UBO details form

(Including Sole Proprietor. Refer Instruction No. 22)

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

If Yes: Mandatory to enclose FATCA /CRS Annexure

12 | **DECLARATION AND SIGNATURE**

(For declaration and signature, please refer point number 4)

Having read and understood the content of the SID / KIM of the scheme and SAI of the Axis Mutual Fund (The Fund), I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us. I / we give my / our consent to collect personal data or information as prescribed in the privacy policy which is available on the website of the AMC / Fund. I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro investment only) with your fund house. For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External / Non Resident Ordinary / FCNR account. I/We confirm that details provided by me/us are true and correct.

I/We give my consent to Axis Asset Management Company Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/ our Aadhaar number(s) (if provided) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund(s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

CERTIFICATION: I/ We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

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

You/ Sole Applicant /Guardian

Second Applicant

Third Applicant

Power of Attorney Holder

Date Place

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 want to register multiple bank accounts so that future payments can be made from any of the accounts)
- Email id and mobile number provided for online transaction facility
- SIP Registration Form for SIP investments
- Relationship proof between guardian and minor (if application is in the name of a minor)
- FATCA Declaration
- Additional documents attached for Third Party payments. Refer instruction No. 7.



https://ifaconnect.axismf.com/#/home



Scan the QR code to download the new AxisMF App





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



To stay up to date with your mutual fund investments, connect with us on our WhatsApp number. Sent us a 'Hi' on 7506771113 from your registered mobile number to have your queries answered.



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

APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

AXIS CRISIL-IBX AAA NBFC INDEX – JUN 2027 FUND

(An open-ended Target Maturity Index Fund investing in constituents of CRISIL-IBX AAA NBFC Index – Jun 2027. A moderate interest rate risk and relatively low credit risk.)

NFO OPENS : SEPTEMBER 13, 2024 AND NFO CLOSSES : SEPTEMBER 23, 2024

BROKER/AGENT INFORMATION				FOR OFFICE 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.

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor. ^I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
-------------------------------	------------------	-----------------	--------------------------

NAME OF FIRST APPLICANT (Name should be as available in Demat Account)

Mr. Ms. M/s.

Folio Number (If you have an existing folio number, please mention the number here)

DEPOSITORY ACCOUNT DETAILS

Depository Name National Securities Depository Ltd. Central Depository Services [India] Limited

Depository Participant Name

DP-ID Beneficiary Account Number

PAN DETAILS (Permanent Account Number)

1st applicant 2nd applicant 3rd applicant

INVESTMENT DETAILS

Scheme	Plan	Option	Amount
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct		

DETAILS OF BANK ACCOUNT FOR BLOCKING OF FUNDS

Bank Account Number Bank Name

Branch Name where account is held

Total Amount to be blocked In figures in words

CONTACT DETAILS - FIRST APPLICANT/GUARDIAN/CORPORATE (PO Box address is not sufficient. Mobile number and email is mandatory to avail online facility.)

Contact Person (In case of non Individual Investor)

Address City

State Pincode Landline No.



ACKNOWLEDGMENT SLIP (to be filled in by the investor)

APPLICATION NO.

AXIS CRISIL-IBX AAA NBFC INDEX – JUN 2027 FUND Date

Received from Mr / Ms / Mrs / M/s an application for purchase of units

AXIS CRISIL-IBX AAA NBFC INDEX – JUN 2027 FUND

SCSB Account details: Account No.

Bank Name Branch

Total Amount to be blocked In figures in words

Time of receipt

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 "SCSB/ASBA 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 entitling me/us to receive Units on such transfer of funds, etc. (b) Registrar and Transfer Agent to issue instruction to the SCSB to remove the block on the funds in the bank account specified in the application, upon allotment of Units and to transfer the requisite money to the Scheme's account / Bank account of Axis Mutual Fund. 3) In case the amount available in the bank account specified in the application is insufficient for blocking the amount equivalent to the application money towards the Subscription of Units, the SCSB shall reject 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 loss, if any. All future communication in connection with NFO should be addressed to the SCSB/RTA/AMC quoting the full name of the Sole/First Applicant, NFO 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 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 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, 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 correct.

	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 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 will 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 Offer or until withdrawal/rejection of the ASBA Application, as the case may be. 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 with it.
4. 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.
6. Duly certified Power of Attorney, if applicable, not submitted along with 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.

FOR NON-INDIVIDUALS - SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM

Name of the entity	
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
<small>"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"</small>	
Folio Number	Folio Number
PAN	Date of incorporation
City of incorporation	Country of incorporation
Entity Constitution Type (Please ü as appropriate)	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others <input style="width: 100px;" type="text" value="specify"/>

Is "Entity" a tax resident of any country other than India Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number *	Identification Type (TIN or Other, please specify)

*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

ADDITIONAL KYC INFORMATION

Gross Annual Income (₹)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore
OR	
Net-worth (Mandatory for Non-Individuals)	₹ <input style="width: 150px;" type="text"/> as on <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> (Not older than 1 year)
Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)	<input type="checkbox"/> PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable
Is the entity involved in any of the mentioned services: (Please ü as appropriate)	<input type="checkbox"/> Foreign exchange/ Money changer <input type="checkbox"/> Gaming/ Gambling/ Lottery (Casinos, betting syndicates) <input type="checkbox"/> Money lending/ Pawning <input type="checkbox"/> Not applicable

*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

<input type="checkbox"/> We are a, Financial institution ⁶ OR <input type="checkbox"/> Direct reporting NFE ⁷ (please tick as appropriate)	GIIN <input style="width: 100px;" type="text"/> Name of sponsoring entity <input style="width: 100px;" type="text"/>	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below
GIIN not available (please ü as applicable) If the entity is a financial institution	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input style="width: 40px;" type="text"/>	<input type="checkbox"/> Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input style="width: 150px;" type="text"/>
2	Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input style="width: 150px;" type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Co. or <input type="checkbox"/> Controlled by a Listed Co. Name of stock exchange <input style="width: 150px;" type="text"/>
3	Is the Entity an active ³ NFE	Yes <input type="checkbox"/> Nature of Business <input style="width: 150px;" type="text"/> Please specify the sub-category of Active NFE <input style="width: 40px;" type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive ⁴ NFE	Yes <input type="checkbox"/> Nature of Business <input style="width: 150px;" type="text"/>

¹Refer 2a of Part C | ²Refer 2b of Part C | ³Refer 2c of Part C | ⁴Refer 3(ii) of Part C | ⁶Refer 1 of Part C | ⁷Refer 3(vii) of Part C | ¹⁰Refer 1A of Part C

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category)	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company	<input type="checkbox"/> Unincorporated association / body of individuals
	<input type="checkbox"/> Private Trust	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Others <input type="text"/>

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of part C)

Details	UBO1	UBO2	UBO3
Name			
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No.®			
Tax ID Type			
Address	_____ _____ Zip <input type="text"/> State _____ Country _____	_____ _____ Zip <input type="text"/> State _____ Country _____	_____ _____ Zip <input type="text"/> State _____ Country _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percentage of Holding (%)^			

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* 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 | Refer 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

Signatures	Signatures	Signatures
------------	------------	------------

Date 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 its income attributable 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
 - (i) 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 Financial asset or money on behalf of other persons;

OR
- The gross income of which is primarily attributable to investing, reinvesting, or trading in Financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified 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:

- (i) 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 Retirement Fund; 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 share traded on the exchange)

b. 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: <ul style="list-style-type: none"> • 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; <p>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</p> <p>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.</p> <p>Explanation:- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <ul style="list-style-type: none"> (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

- (i) 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 entity that 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 settlor, 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 a legal arrangement 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:

- i. 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
- iii. 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:

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 arrangement-trust-trustee
06	CP of legal arrangement-trust-protector
07	CP of legal arrangement-trust-beneficiary
08	CP of legal arrangement-trust-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:

- (i) 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 NFFE

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

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)
B	The United States or any of its agencies or instrumentalities
C	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
H	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
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

ONE TIME MANDATE (OTM) FORM

- One Time Mandate (OTM) is a common application form 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.

01 INVESTOR DETAILS (If One Time Mandate registration is not required, skip this section and only fill the NACH Mandate below.)

Name of Applicant

PAN

Bank Name Account No.

I / We declare that the particulars furnished here are correct. I / We authorize Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/ or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time.

If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible.

I/We will also inform Axis Mutual Fund about any changes in my bank account.

I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.

Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

I/We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Axis Mutual Fund using this facility.

I/ We request you to make provisions for me/ us and/ or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/ or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from Axis Mutual Fund.

I/ We give my consent to Axis Asset Management Company Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

Signature of PAN Holder (as per folio record)

Date Place

UMRN Bank use Date

Tick (✓)

CREATE MODIFY CANCEL

Sponsor Bank Code Bank use Utility Code Bank use

I/We hereby authorize **Axis Mutual Fund** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees In Words ₹ In Figures

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

Reference 1 PAN No. Phone No.

Reference 2 All Schemes of Axis Mutual Fund Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From

To

Maximum period of validity of this mandate is 40 years only

1. Signature Primary Account holder Name as in bank records

2. Signature of Account holder Name as in bank records

3. Signature of Account holder Name as in bank records

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

MANDATORY FIELDS : • Instrument Date • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date • Account holder signature • Account holder name as per bank records

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Investor Name

PAN No.

Stamp & Signature

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 from 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.

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE [^]	PMR (Portfolio Manager's Registration) Number ^{^^}	Serial No., Date & Time Stamp

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor. [^]I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^{^^}I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
-------------------------------	------------------	-----------------	--------------------------

1. YOUR INFORMATION (MANDATORY)

EXISTING INVESTOR'S FOLIO NUMBER
(If you have an existing folio with KYC validated, please mention here) Folio number


Your Name (as in PAN Card / KYC records) Mr. Ms. M/s.

Name of the Guardian Mr. Ms. M/s. (In case First / Sole Applicant is minor) / Contact Person - Designation / PoA HOLDER (In case of Non-individual Investors)

Your PAN 2nd Holder PAN 3rd Holder PAN

DO NOT FILL THE MANDATE BELOW, IF OTM DETAILS ARE PROVIDED IN SECTION 2 ON THE NEXT PAGE.

To register Axis One Time Mandate, please fill and submit the One Time Mandate form separately.


	UMRN <input style="width: 100%;" type="text"/>	Bank use <input style="width: 100%;" type="text"/>	Date <input style="width: 100%;" type="text"/>
<input checked="" type="checkbox"/> Tick (✓) <input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	Sponsor Bank Code <input style="width: 100%;" type="text"/>	Utility Code <input style="width: 100%;" type="text"/>	Bank use <input style="width: 100%;" type="text"/>
I/We hereby authorize <input style="width: 100%;" type="text"/> Axis Mutual Fund		to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other	
Bank a/c number <input style="width: 100%;" type="text"/>			
with Bank <input style="width: 100%;" type="text"/>		IFSC <input style="width: 100%;" type="text"/>	or MICR <input style="width: 100%;" type="text"/>
an amount of Rupees <input style="width: 100%;" type="text"/>		In Words <input style="width: 100%;" type="text"/>	₹ <input style="width: 100%;" type="text"/>
FREQUENCY <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Reference 1 <input style="width: 100%;" type="text"/>	PAN No. <input style="width: 100%;" type="text"/>	Phone No. <input style="width: 100%;" type="text"/>	
Reference 2 <input style="width: 100%;" type="text"/>	All Schemes of Axis Mutual Fund	Email ID <input style="width: 100%;" type="text"/>	

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD			
From <input style="width: 100%;" type="text"/>			
To <input style="width: 100%;" type="text"/>			
Maximum period of validity of this mandate is 40 years only			
1. _____	2. _____	3. _____	
Signature Primary Account holder	Signature of Account holder	Signature of Account holder	
Name as in bank records	Name as in bank records	Name as in bank records	

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

MANDATORY FIELDS : • Instrument Date • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date • Account holder signature • Account holder name as per bank records

	ACKNOWLEDGMENT SLIP (To be filled by the investor)
Investor Name <input style="width: 100%;" type="text"/>	Stamp & Signature
SIP Scheme 1 <input style="width: 100%;" type="text"/>	
SIP Scheme 2 <input style="width: 100%;" type="text"/>	
SIP Scheme 3 <input style="width: 100%;" type="text"/>	

2. SIP DETAILS

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

OTM Reference No. _____

Scheme / Plan / Option	Frequency (Ref Inst. no. 5)	SIP Date/Day (DD) (Ref Inst. no. 5)	Enrollment Period (MMYY)	SIP Amount		TOP-UP Facility (Optional) Only available for Monthly SIP	
				₹ in figures	in words	Frequency	Amount
	<input checked="" type="checkbox"/> Monthly	Default SIP Date 7th	From _____ To _____ Maximum Duration of 40 years	₹ _____	_____	<input type="checkbox"/> Half Yearly	₹ _____
	<input checked="" type="checkbox"/> Monthly	Default SIP Date 7th	From _____ To _____ Maximum Duration of 40 years	₹ _____	_____	<input type="checkbox"/> Yearly	_____
	<input checked="" type="checkbox"/> Monthly	Default SIP Date 7th	From _____ To _____ Maximum Duration of 40 years	₹ _____	_____	<input type="checkbox"/> Dynamic TOP-UP	_____

SIP initial payment details (Optional)

Drawn on bank / branch name	_____	Amount	_____
Mode	<input type="checkbox"/> Cheque/DD	<input type="checkbox"/> Cheque/DD	<input type="checkbox"/> Dated
	D	D	M M Y Y Y Y

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

3. Declaration and Signature (to be signed by all unit holders if mode of holding is 'joint')

I/ We declare that the particulars furnished here are correct. I/ We authorize Axis Mutual Fund acting through its service providers to debit my/ our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Axis Mutual Fund about any changes in my bank account. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant
-------------------------------	------------------	-----------------

INSTRUCTIONS FOR SIP & TOP-UP

- Multiple SIP registration facility is not available for Axis Children's Gift Fund, ETF schemes and during NFO. **AXIS CRISIL-IBX AAA NBFC INDEX - JUN 2027 FUND** - For digital mode, SIP will commence from 8th Oct'24. For physical mode, SIP will commence from Nov'24.
 - OTM end date cannot be more than 40 years from the date of the mandate.
 - 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.
 - Investors are required to submit Form along with a photo copy/cancelled cheque of Debit Bank Account at least 21 days before the first SIP Installment date.
 - *Investor shall have the option of choosing any date of the month as the SIP date except the dates 29th, 30th and 31st. If SIP date is not mentioned, default date would be considered as 7th of every month. If the SIP date falls on a non-business day or a bank holiday, the SIP debit will be processed on the following business day. ** Will be triggered and processed only on Business Days. # will be triggered and processed on the day opted by the investor. If the day opted falls on non-business day, it will be triggered and processed on the next business day.
 - Please refer below table for minimum installments:
- | | **Daily/#Weekly*/Monthly | | *Yearly | |
|---|--------------------------|-----------|---------|-----------|
| | Min. ₹ | Min Inst. | Min. ₹ | Min Inst. |
| All schemes, except ETFs & schemes mentioned in tables below. | 100 | 6 | 12000 | 3 |
- If no amount is mentioned minimum SIP installment amount would be considered.
 - For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
 - For daily, weekly and monthly frequency the SIP will be discontinued automatically if payment is not received for three successive installments. In case of Yearly frequency, the SIP registration will stand automatically cancelled, in case of 2 consecutive failed debits.
 - Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar KFin Technologies Limited. Notice of such discontinuance should be received at least 10 days prior to the due date of the next installment / debit.
 - Mandate will be processed through NACH platform offered by NPCI.
 - Investor will not hold Axis Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/ Local/Bank holiday. Axis Mutual Fund, its registrars and other service providers shall not be held responsible or liable for damages / compensation / loss incurred by the investor as a result of using the SIP or ECS / Auto debit facility. The investor assumes the entire risk of using this facility and takes full responsibility.
 - Investor can change bank details for SIP by submitting a "CHANGE OF BANK MANDATE - FOR SIP" form available on the website or at any Investor Service Centre along with cancelled cheque of the new bank with the investor's name printed on it.
 - TOP-UP Facility: Under this facility the Investor can increase the SIP installment at pre-defined intervals by a fixed amount or any time as per the request. This facility is available for individual investors only. For availing the said facilities, investors are required to note the following:
 - Investor willing to register TOP-UP should provide the TOP-UP details along with the SIP enrolment details.
 - The minimum amount for Axis TOP-UP facility is ₹ 500/- and in multiples of ₹ 1/- for all schemes; except Axis ELSS Tax Saver Fund the minimum amount is ₹ 500 and in multiples of ₹ 500 thereafter.
 - If no amount is mentioned as TOP-UP amount under frequency yearly and half-yearly, minimum TOP-UP amount would be considered, i.e., ₹ 500/- for all schemes.
 - TOP-UP frequencies available are Half-Yearly/Yearly/ Dynamic requested intervals.
 - In case TOP-UP frequency is not indicated, it will be considered as Yearly by Default.
 - The date for Axis Mutual Fund TOP-UP Facility will correspond to the registered SIP.
 - TOP-UP will continue till the End of the SIP tenure by default.
 - In case an investor wishes to change the Top-Up amount, he/she has to provide a cancellation for the existing SIP and register fresh SIP.
 - Only TOP-UP cannot be discontinued anywhere during the SIP tenure.
 - In case of Dynamic Top up option, any changes in the amount can be made only after completion of 6 months from the date of the first installment and minimum gap between two top up requests should be 3 months and amount specified in last request shall be continued till the End of the SIP tenure.
 - Please see the illustration below to know how to calculate SIP Top-Up amount:
 - SIP Starts on 07/May/2016 • SIP ends on 07/12/2099 • SIP amount is ₹ 1000
 - Top-Up amount is ₹ 500 • Top-Up Frequency is Half-yearly

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

Note: For all schemes, minimum amount is as per above table and thereafter in multiple of ₹ 1.

For Axis ELSS Tax Saver Fund Minimum amount is as per above table and thereafter in multiple of ₹ 500.

SYSTEMATIC TRANSFER PLAN (STP)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE [^]	PMR (Portfolio Manager's Registration) Number ^{^^}	Serial No., Date & Time Stamp

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor. [^]I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^{^^}I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
-------------------------------	------------------	-----------------	--------------------------

1 Applicant Details

Folio No.

Sole / 1st Unitholder (as in PAN Card / KYC records)

Guardian's Name (as case of minor) First Name Middle Name Last Name

1st Holder PAN 1st Applicant 2nd Holder PAN 2nd Applicant

3rd Holder PAN 3rd Applicant

2 SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 4 working days before the 1st due date for transfer).

From Scheme[†] Plan Direct Regular

Option (tick) Growth

To Scheme Plan Direct Regular

Option (tick) Growth IDCW Reinvestment IDCW Payout IDCW Frequency

<input type="checkbox"/> Systematic Transfer Plan (STP) (Ref. Instruction 5) Transfer Frequency (Please tick (<input checked="" type="checkbox"/>) any one of the below frequencies) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly* (Monday To Friday) Day of transfer <input type="text"/> <input type="checkbox"/> Fortnightly (Every Alternate Wednesday) <input type="checkbox"/> Monthly \$ <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> Quarterly \$	<input type="checkbox"/> Capital Appreciation Systematic Transfer Plan (CapSTP) (Ref Instruction 6) Transfer Frequency (Please tick (<input checked="" type="checkbox"/>) any one of the below frequencies) <input type="checkbox"/> Weekly (Monday To Friday) * Day of transfer <input type="text"/> <input type="checkbox"/> Monthly \$ (Please tick (<input checked="" type="checkbox"/>) any one) <input type="checkbox"/> Quarterly \$ <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th §Please ref instruction no. 12.
Transfer Instalment ₹ <input type="text"/>	No. of Instalments <input type="text"/> OR Transfer Period From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (First Instalment) (Last Instalment)

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / we hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s). I/We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions 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 understood the details of the Scheme(s) & 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(s), legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / we hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme(s), 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 correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder
-----------------------------------	------------------	-----------------	------------

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Folio No. Investor Name

From Scheme To Scheme

Amount Frequency Stamp & Signature

STP Enrolment Form - Instruction

- 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.
- One STP Enrolment Form can be filled for one Scheme/Plan/Option only.
- 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
- 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.
- STP offers unit holders the following two Plans:
 - Systematic Transfer Plan (STP)
 - 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.

- 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, 15th or 25th of each 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.

- 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.
- 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.
- In case Day of Transfer has not been indicated under STP- Weekly frequency, Wednesday shall be treated as Default day.
- 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.
- 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.
- Please refer below table for min. no. of installments and minimum amount per installment:

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 Transferee scheme is Axis Long Term Equity Fund, minimum STP amount is ₹500.

- In respect of STP, the Load Structure prevalent at the time of enrolment shall govern the investors during the tenure of the STP.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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

Declaration Form of Non-Profit Organization (NPO) (Mandatory for Trusts/Society)

Investor Name

PAN

I/We hereby confirm that above stated entity / organization is falling under “**Non-profit organization**” [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Registration Number of DARPAN portal

If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

I/We hereby confirm that the above stated entity / organization is **NOT** falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries or any other statutory authorities to facilitate single submission / update & for regulatory purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/tax authorities.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
----------------------	----------------------	----------------------

Date

Place

This Page has been intentionally left blank.