

# APPLICATION FORM

**APPLICATION NO.**

## Axis Income Plus Arbitrage Passive FOF

(An open-ended fund of funds scheme investing in passive debt oriented mutual fund schemes and arbitrage funds)

**NFO OPENS : OCTOBER 28, 2025 AND NFO CLOSES : NOVEMBER 11, 2025**

FOR FIRST TIME INVESTORS FOR LUMP SUM INVESTMENTS / SIP INVESTMENTS.

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

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

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

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

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

### Unit Holding Option

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

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

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

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

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

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

Guardian named is ☐ Father ☐ Mother ☐ Court Appointed  Guardian named is

### 02 JOINT APPLICANTS (IF ANY) DETAILS

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

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

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

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                                                                                                                                                                                                                                                       | Frequency                                                                                                                                          | SIP Period                                                                                       | TOP-UP Facility<br>(Optional) Only available for Monthly SIP                                                                                                                                                                                                                           |                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> LUMP SUM <input type="checkbox"/> SIP<br>Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct<br>Scheme Name <input type="text"/><br>Option <input type="text"/> | ₹ <input type="text"/><br>Less DD charges <input type="text"/><br>SIP Date <input type="text"/> Refer Inst. 13 B<br><input type="checkbox"/> <input type="text"/> <input type="text"/> (1 <sup>st</sup> to 28 <sup>th</sup> )<br><input type="checkbox"/> Last date of month | <input type="checkbox"/> Daily<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly (default)<br><input type="checkbox"/> Yearly | Start Date <input type="text"/><br>End Date <input type="text"/><br>Maximum Duration of 40 years | <input type="checkbox"/> % Top-Up <input type="checkbox"/> Fixed Amount<br><input type="text"/> % ₹ <input type="text"/><br>(in multiple of 5 only)<br>Frequency<br><input type="checkbox"/> Half Yearly<br><input type="checkbox"/> Yearly<br><input type="checkbox"/> Dynamic TOP-UP | <input type="text"/> in figures<br><input type="text"/> in words |
| <input type="checkbox"/> LUMP SUM <input type="checkbox"/> SIP<br>Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct<br>Scheme Name <input type="text"/><br>Option <input type="text"/> | ₹ <input type="text"/><br>Less DD charges <input type="text"/><br>SIP Date <input type="text"/> Refer Inst. 13 B<br><input type="checkbox"/> <input type="text"/> <input type="text"/> (1 <sup>st</sup> to 28 <sup>th</sup> )<br><input type="checkbox"/> Last date of month | <input type="checkbox"/> Daily<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly (default)<br><input type="checkbox"/> Yearly | Start Date <input type="text"/><br>End Date <input type="text"/><br>Maximum Duration of 40 years | <input type="checkbox"/> % Top-Up <input type="checkbox"/> Fixed Amount<br><input type="text"/> % ₹ <input type="text"/><br>(in multiple of 5 only)<br>Frequency<br><input type="checkbox"/> Half Yearly<br><input type="checkbox"/> Yearly<br><input type="checkbox"/> Dynamic TOP-UP | <input type="text"/> in figures<br><input type="text"/> in words |
| <input type="checkbox"/> LUMP SUM <input type="checkbox"/> SIP<br>Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct<br>Scheme Name <input type="text"/><br>Option <input type="text"/> | ₹ <input type="text"/><br>Less DD charges <input type="text"/><br>SIP Date <input type="text"/> Refer Inst. 13 B<br><input type="checkbox"/> <input type="text"/> <input type="text"/> (1 <sup>st</sup> to 28 <sup>th</sup> )<br><input type="checkbox"/> Last date of month | <input type="checkbox"/> Daily<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly (default)<br><input type="checkbox"/> Yearly | Start Date <input type="text"/><br>End Date <input type="text"/><br>Maximum Duration of 40 years | <input type="checkbox"/> % Top-Up <input type="checkbox"/> Fixed Amount<br><input type="text"/> % ₹ <input type="text"/><br>(in multiple of 5 only)<br>Frequency<br><input type="checkbox"/> Half Yearly<br><input type="checkbox"/> Yearly<br><input type="checkbox"/> Dynamic TOP-UP | <input type="text"/> in figures<br><input type="text"/> in words |

In case of multiple selection, SIP Top Up will be registered with 'Fixed Amount mentioned'.

SIP minimum Top-up amount is ₹ 1/- and in multiple 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  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.

## 06 NOMINATION DETAILS

(For nomination, Please refer instruction No. 18)

| Nominee 1                                                                                                                                                                                  |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Name of the Nominee* <input type="text"/>                                                                                                                                                  | Nomination (%)* <input type="text"/>      |
| Relationship with applicant* <input type="text"/>                                                                                                                                          | Mobile Number* <input type="text"/>       |
| Email ID* <input type="text"/>                                                                                                                                                             | Residential Address* <input type="text"/> |
| <input type="text"/>                                                                                                                                                                       | Pincode* <input type="text"/>             |
| Proof of Identity* <input type="checkbox"/> Pan <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhar <input type="checkbox"/> Passport number in case of NRI/ OCI/ PIO | Identification No* <input type="text"/>   |
| Nominee / Guardian (In Case of Minor) <input type="text"/>                                                                                                                                 | DOB <input type="text"/>                  |
| Nominee 2                                                                                                                                                                                  |                                           |
| Name of the Nominee* <input type="text"/>                                                                                                                                                  | Nomination (%)* <input type="text"/>      |
| Relationship with applicant* <input type="text"/>                                                                                                                                          | Mobile Number* <input type="text"/>       |
| Email ID* <input type="text"/>                                                                                                                                                             | Residential Address* <input type="text"/> |
| <input type="text"/>                                                                                                                                                                       | Pincode* <input type="text"/>             |
| Proof of Identity* <input type="checkbox"/> Pan <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhar <input type="checkbox"/> Passport number in case of NRI/ OCI/ PIO | Identification No* <input type="text"/>   |
| Nominee / Guardian (In Case of Minor) <input type="text"/>                                                                                                                                 | DOB <input type="text"/>                  |
| Nominee 3                                                                                                                                                                                  |                                           |
| Name of the Nominee* <input type="text"/>                                                                                                                                                  | Nomination (%)* <input type="text"/>      |
| Relationship with applicant* <input type="text"/>                                                                                                                                          | Mobile Number* <input type="text"/>       |
| Email ID* <input type="text"/>                                                                                                                                                             | Residential Address* <input type="text"/> |
| <input type="text"/>                                                                                                                                                                       | Pincode* <input type="text"/>             |
| Proof of Identity* <input type="checkbox"/> Pan <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhar <input type="checkbox"/> Passport number in case of NRI/ OCI/ PIO | Identification No* <input type="text"/>   |
| Nominee / Guardian (In Case of Minor) <input type="text"/>                                                                                                                                 | DOB <input type="text"/>                  |

\*All fields are mandatory.

## 06 | NOMINATION DETAILS (CONTD.)

(For nomination, Please refer instruction No. 18)

I/We want the following details on nomination to be printed in the statement of account, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)

☐ Name of nominee(s)
 ☐ Nominee Registration Status Yes / No

I /We hereby authorize \_\_\_\_\_ (Nominee No) \_\_\_\_\_ to operate my account on my behalf, in case of my incapacitation .He/

She is authorized to encash my assets up to \_\_\_\_\_ % of assets in the account / folio or Rs. \_\_\_\_\_/-

☐ I wish to complete the KYC of nominee (For completing KYC of nominee, kindly fill the separate KYC Form)

☐ I do not wish to complete KYC of nominee.

## 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. This nomination shall supersede any prior nomination made by me / us, if any.

| Name and Signature of Holder | Signature(s) of holder/<br>Thumb impression | Witness Name and Address** | Witness Signature** |
|------------------------------|---------------------------------------------|----------------------------|---------------------|
| Sole / First Holder _____    |                                             |                            |                     |
| Second Holder _____          |                                             |                            |                     |
| Third Holder _____           |                                             |                            |                     |

## 07 | KNOW YOUR CUSTOMER (KYC) DETAILS (Please Tick ✓ / Specify)

(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"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                         |                                      |                               | Student                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Others (Please specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                         |                                      |                               | Others (Please specify)                         |                          |                          |                          |                          |
| 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). <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                           |                                         |                                      |                               | <b>Politically Exposed Person (PEP) details</b> |                          |                          |                          |                          |
| If yes, please quote Registration No. of Darpan portal of Niti Aayog. (refer point no 21)                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                         |                                      |                               | Is a PEP                                        |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                         |                                      |                               | Related to PEP                                  |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                         |                                      |                               | Not Applicable                                  |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                         |                                      |                               | 1st Applicant                                   |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                         |                                      |                               | 2nd Applicant                                   |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                         |                                      |                               | 3rd Applicant                                   |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                         |                                      |                               | Guardian                                        |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                         |                                      |                               | Authorised Signatories                          |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                         |                                      |                               | Promoters                                       |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                         |                                      |                               | Partners                                        |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                         |                                      |                               | Karta                                           |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                         |                                      |                               | Whole-time Directors/Turstees                   |                          |                          |                          |                          |
| <b>Gross Annual Income Range (in ₹)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                         |                                      |                               |                                                 |                          |                          |                          |                          |
| Below 1 lac                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                         |                                      |                               | 1-5 lac                                         |                          |                          |                          |                          |
| 5-10 lac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                         |                                      |                               | 10-25 lac                                       |                          |                          |                          |                          |
| 25 lac- 1 cr                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                         |                                      |                               | 1 -5 cr                                         |                          |                          |                          |                          |
| 5 - 10 cr                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                         |                                      |                               | > 10 cr                                         |                          |                          |                          |                          |
| <b>OR Networth in ₹</b><br>(Mandatory for Non Individual) (not older than 1 year)                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           |                                         |                                      |                               |                                                 |                          |                          |                          |                          |
| as on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                         |                                      |                               | as on                                           |                          |                          |                          |                          |
| DDMMYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                         |                                      |                               | DDMMYY                                          |                          |                          |                          |                          |

## 08 | 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 &amp; 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 Income Plus Arbitrage Passive FOF** 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\* DDMMYYYY \*Date is mandatory

APPLICATION NO.



## ACKNOWLEDGEMENT SLIP

APPLICATION NO.

Received from \_\_\_\_\_

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Amount \_\_\_\_\_ Cheque/DD No. \_\_\_\_\_ Date DDMMYYYY

Bank & Branch details \_\_\_\_\_ Stamp & Signature \_\_\_\_\_

## 09 | 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DP ID: | I | N |  |  |  |  |  |  |  |  |
|       | Beneficiary Ac No.          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |   |   |  |  |  |  |  |  |  |  |
| CDSL: | Depository Participant Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |   |   |  |  |  |  |  |  |  |  |
|       | Beneficiary Ac No.          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |   |   |  |  |  |  |  |  |  |  |

Enclosed ☐ Client Master ☐ Transaction / Statement Copy / DIS Copy

## 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 have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/us. I / we give my / our consent to collect personal data or information as prescribed in the privacy policy which is available on the website of the AMC / Fund. I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its

## 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

Google Play | App Store

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

X.com/AxisMutualFund

LinkedIn.com/company/Axis-Mutual-Fund

YouTube.com/AxisMutualFund

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 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table> |                  | D               | D                        | M | M | Y | Y | Y | Y | Place <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |  |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D                | M               | M                        | Y | Y | Y | Y |   |   |                                                                               |  |

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## APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

### Axis Income Plus Arbitrage Passive FOF

(An open-ended fund of funds scheme investing in passive debt oriented mutual fund schemes and arbitrage funds)

**NFO OPENS : OCTOBER 28, 2025 AND NFO CLOSES : NOVEMBER 11, 2025**

| 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             | <input type="checkbox"/> National Securities Depository Ltd. | <input type="checkbox"/> 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 Income Plus Arbitrage Passive FOF

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

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

#### Axis Income Plus Arbitrage Passive FOF

|                                   |          |
|-----------------------------------|----------|
| 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 losses, 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](http://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                                                                                                                                                                                                                                                                                       |
| "Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes" |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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 |

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)                                                                                              | ₹ as on                                                                                                                                                                                                                           |
| 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 <sup>6</sup><br>OR<br><input type="checkbox"/> Direct reporting NFE <sup>7</sup> (please tick as appropriate) | GIIN<br>Name of sponsoring entity                                                                                                                                                                            | 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)<br>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 <sup>10</sup><br><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 <sup>1</sup> (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)<br>Name of stock exchange                                                                                                                                                                                          |
| 2 | Is the Entity a related entity <sup>2</sup> 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)<br>Name of listed company<br>Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Co. or <input type="checkbox"/> Controlled by a Listed Co.<br>Name of stock exchange |
| 3 | Is the Entity an active <sup>3</sup> NFE                                                                                                                   | Yes <input type="checkbox"/> Nature of Business<br>Please specify the sub-category of Active NFE (Mention code-refer 2c of Part D)                                                                                                                                                                                                     |
| 4 | Is the Entity a passive <sup>4</sup> NFE                                                                                                                   | Yes <input type="checkbox"/> Nature of Business                                                                                                                                                                                                                                                                                        |

**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                              | <input type="text"/><br><input type="text"/><br>Zip <input type="text"/><br>State <input type="text"/><br>Country <input type="text"/> | <input type="text"/><br><input type="text"/><br>Zip <input type="text"/><br>State <input type="text"/><br>Country <input type="text"/> | <input type="text"/><br><input type="text"/><br>Zip <input type="text"/><br>State <input type="text"/><br>Country <input type="text"/> |
| 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="text"/>                | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/>                | <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="text"/>                |
| 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        | <input type="text"/> |
| Designation | <input type="text"/> |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signatures           | Signatures           | Signatures           |

|      |                      |       |                      |
|------|----------------------|-------|----------------------|
| Date | <input type="text"/> | Place | <input type="text"/> |
|------|----------------------|-------|----------------------|