FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



Application No.

PLEASE READ THE I	NSTRU	ICTIONS	S BEFO	RE FILLI	NG UP TH	E FORM. All sec	ctions to be co	mpleted in ENGI	ISH in B	LACK / BLUI	E COLOURED	INK and in B	LOCK LETT	ERS.)				
Distributor ARM	ı	Sub-l	Distrib	utor ARN	1	Internal Sub-B	roker / Sol ID	Employee (Code	EUIN	N RI	IA CODE^	Serial N	lo., Date 8	& Time Sta	ımp		
ARN 157526		ARN								E28649	97							
Jpfront commission shall b `I/We, have invested in the he below mentioned scher	e scheme	(s) of Axis	Mutual	Fund under	Direct Plan.	I/We hereby give my	y/our consent to sh						of my/our inves	stments unde	er Direct Plan	(s) of al		
"I/We hereby confirm ransaction is executed nanager/sales person of t ppropriateness, if any, istributor/sub broker."	without the above	any into e distribut	eraction tor/sub b	or advice oroker or n	e by the er otwithstandi	nployee/relationship ng the advice of in	p First / So	ole Applicant / uardian	Sec	cond Applican	t	Third Applica	ant	nt Power of Attorney Holder				
TRANSACTION (CHAR	GES FO	OR AP	PLICAT	IONS RO	OUTED THRO	UGH DISTR	IBUTORS/AGE	NTS OF	VLY (Refer In:	struction No. 20)							
I confirm that I am n case the subscription ime mutual fund invest EXISTING INV	n (lumps tor) will l	um) amo be deduc	unt is ₹ ted fror	10,000/- n the subs	or more an cription am	d your Distributo ount and paid to	r has opted to re the distributor. I		n Charges, I against tl	₹ 150/- (for the balance an	first time mutu		or) or ₹ 100, E OF HOL		tor other th	an firs		
(If you have an please menti						LUMP SUM		UMP SUM WITH		<u> </u>	(in case of Dem	nat Purchase Mode			s in Demat Acc	ount)		
piease menti	on nere an	u skip to se	CUUII 0/7.	.)		LUMP SUM WIT		SINGLE CHEQUE N		SCHEMES	Single	☐ Join	t (Default)	☐ Any	one or Surv	ivor		
1 APPLICANT	INFOF	RMATI	ON (N	ΙΔΝΠΔΊ	TORY) (In	case of investment "C	On behalf of Minor". I	Please Refer Instruction	ı no. 11.)									
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GUARDIAN DETAIL	S (In ca	se First ,	Sole A	Applicant i	is minor) / (CONTACT PERSO	ON - DESIGNAT	ION / PoA HOLDE	R (In case	of Non-indiv	idual Investors	s)						
Mr. Ms. M/s.																		
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Relationship Of Guard	ian (Refer	r Instruction	n No. 11)			E	Email ID											
Proof of the Relation	nshin 14	/ith Min	nr 🕝	Rirth C	artificato [School Cartifi	cate Pacent	ort Other				Specify				=		
TAX STATUS (Appli						_ SCHOOL CELLIII	rate massbi	ort Other										
Resident Individual			NRI -		•	Club / Societ	ty 🗌 PIO	Body Corpo	rate	Minor	Governmen	t Body	Trust	NRI - NRI	E 🗌 Ban	k & F		
Sole Proprietor	☐ Par	rtnership	Firm	□ QFI	Prov	vident Fund	Others			S	Specify							
6 DEBIT MAND	ATE (Fo	or Axis Ban	k A/c only	.) To be prod	essed in CMS	software under client	code "AXISMF"	TO BE DETACHED B	Y KARVY & PR	ESENTED TO AXIS	ванк смя Ар	plication No.						
/ We				Name	of the acc	ount holder(s)			а	uthorise you	to debit my/ou	r account no.	Date	D D	M M Y	Y		
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		f First Ac	count H	older			Sinnature o	of Second Account H		,		Sinnature	of Third Acco	ount Holder				
														2411 HUIUGI				
	GMENT	SLIP	Received	subject to	realisation, ve	erification and condit	tions, an application	n for purchase of Unit	s as mentior	ned in the applic	ation form. Ap	plication No.						
From																		
Cheque no.			Date			Amount			Scheme									
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OCCUPATION [Please tick (🗸)]			Please Refer Instruction No. 11)													
	☐ Private Sector Serv	vice Public Se	ctor Service Governm	ent Service	Business Pr	rofessiona	l Agric	ulturist	Ret	ired	House					
FIRST APPLICANT	Student Fore	x Dealer 🔲 Othe	rs													
SECOND APPLICANT	☐ Private Sector Serv☐ Student ☐ Fores		ctor Service 🔲 Governm ers	ent Service	Business Pr	rofessiona	l Agric	ulturist	Ret	ired 🗌	House					
THIRD APPLICANT	Private Sector Serv		ctor Service Governm ers	ent Service 🗌	Business P	rofessiona	l Agric	ulturist	Ret	ired 🗌	House					
GROSS ANNUAL INCOME [Plea	ase tick (√)]															
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SECOND APPLICANT	Below 1 Lac	1-5 Lacs	0 Lacs	> 25 Lacs	- 1 Crore >	1 Crore C	OR Net Worth	1								
THIRD APPLICANT	Below 1 Lac	1-5 Lacs 5-1	O Lacs 10-25 Lacs	> 25 Lacs	- 1 Crore >	1 Crore C	OR Net Worth	וו								
For Individuals		For Non-Individu	ıal Investors (Companies,	Trust. Partners	ship etc.)											
I am Politically Exposed Pers	son		isted Company or Subsidia		•	y a Listed	I Company:			Yes	N					
_ , ,			ch mandatory UBO Declarat	ion)	•	,										
☐ I am Related to Politically Ex	cposed Person		Money Charger Services							Yes	_ N					
☐ I am not related to Political	y Exposed Person															
		money zenamy, .	g							Yes						
ne below information is required	1		Country of D	irth		Count	ry of Citizon	ohin / Na	tionalit	v						
First Applicant / Guardian	Place/City o	JI DII (III	Country of B	irui		Gouiiti	ry of Citizen	SIIIh / ING	llollall	У						
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Second applicant Third applicant	uı assessed for Taxl in any	other country outs	ide India? Ves I	No [Please tick	☐ Indian ☐	U.S.	_									
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5	5 NOMINATION DETAILS (Mandatory) (Refer Instruction No. 18)																																
Sr. Nominee Name					PAN										loca	tion	Relationship with Investor						Guardian Name (in case of Minor)						Guardian Signature				
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2												Ī		1																			
3							Ī	T	Ī					1																			
I/\	We DO NOT w	vish to nominate	and sign here																														
First / Sole Applicant					Second Appli									olicant	cant									TI	nird Ap	pplio	ant						
7A	PAYME	NT TYPE																															
	Non-Third P	arty Payment	Third Part	y Paym	nent	(Refer in	struct	tion no.	7 and a	ittach	'Third P	arty	Paymer	ıt Declar	ation	Form')																	
7B	INVEST	MENT DETAI	LS Refer Instruction	n No. 22)																													
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8	BANK ACC	COUNT DETA	ILS FOR PAY	/OUT	(Ple	ease note	that a	s per S	EBI Reg	ulatio	ns it is n	nand	datory fo	r investo	ors to	provide	their b	ank a	ccount de	etails. R	efer Ins	structio	n No.	6)									
	ick here ar	nd don't fill the	e section belo	ow, if	the	Bank	aco	coun	t det	ails	for P	ay	/-Out	shou	ld b	oe sai	me a	s th	e ban	k ac	coun	ıt de	tail	s me	enti	onec	l in	sect	ion	7C.			
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regula Notific nor had comple on the transa I/We of only.) Non R CERT comple AADH	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 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 melus. 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 IAV prevailing on the date of such 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 give my consent to AMC and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication/material irrespective of my blocking preferences with the Customer Preference Registration Facility. I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro investment only.) with your fund house. For NRIs only - I/We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non Resident Ordinary FCNR account. I/We confirm that details provided by me/us o																																
Date :		t / Sole Applicant / Guardian	Y Place	: [econ	iu Aþ[licant								Third	Аррі	ncaill							L.0//	vel (n All	or rie	/ Holde	-		