AXIS MUTUAL FUND | 15 YEARS AS YOUR INVESTMENT PARTNER

COMMON APPLICATION FORM

APPLICATION NO.

FOR FIRST TIME INVESTORS FOR LUMPSUM 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
323376			E613650				

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** D D M M Y Y Y Y   ☐ **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** D D M M Y Y Y Y   Note: LEI code mandatory to provide if transaction value is equal to or exceeds ₹ 50 crore limit, with LEI proof.

05 | MY INVESTMENT DETAILS

(For investments, Please refer instruction No. 1 & 21)

(Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied incase 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 (Optional) Only available for Monthly SIP
☐ LUMPSUM ☐ SIP Plan ☐ Regular ☐ Direct Scheme Name Option	₹ Less DD charges **SIP Date** Refer Inst. 13 B ☐ D D (1ˢᵗ to 28ᵗʰ) ☐ Last date of month	☐ Daily ☐ Weekly ☐ Day ☐ Monthly (default) ☐ Yearly	Start Date M M Y Y Y End Date M M Y Y Y Maximum Duration of 40 years	☐ % Top-Up ☐ Fixed Amount ___% ₹ in figures (in multiple of 5 only) in words Frequency ☐ Half Yearly ☐ Yearly ☐ Dynamic TOP-UP
☐ LUMPSUM ☐ SIP Plan ☐ Regular ☐ Direct Scheme Name Option	₹ Less DD charges **SIP Date** Refer Inst. 13 B ☐ D D (1ˢᵗ to 28ᵗʰ) ☐ Last date of month	☐ Daily ☐ Weekly ☐ Day ☐ Monthly (default) ☐ Yearly	Start Date M M Y Y Y End Date M M Y Y Y Maximum Duration of 40 years	☐ % Top-Up ☐ Fixed Amount ___% ₹ in figures (in multiple of 5 only) in words Frequency ☐ Half Yearly ☐ Yearly ☐ Dynamic TOP-UP
☐ LUMPSUM ☐ SIP Plan ☐ Regular ☐ Direct Scheme Name Option	₹ Less DD charges **SIP Date** Refer Inst. 13 B ☐ D D (1ˢᵗ to 28ᵗʰ) ☐ Last date of month	☐ Daily ☐ Weekly ☐ Day ☐ Monthly (default) ☐ Yearly	Start Date M M Y Y Y End Date M M Y Y Y Maximum Duration of 40 years	☐ % Top-Up ☐ Fixed Amount ___% ₹ in figures (in multiple of 5 only) in words Frequency ☐ Half Yearly ☐ Yearly ☐ Dynamic TOP-UP

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 D D M M Y Y Y Y   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* _____   Nomination (%)* ____

Relationship with applicant* _____   Mobile Number* ____

Email ID* _____   Residential Address* _____

Pincode* ____

Proof of Identity* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO   Identification No* ____

Nominee / Guardian (In Case of Minor) _____   DOB D D M M Y Y Y Y

Nominee 2

Name of the Nominee* _____   Nomination (%)* ____

Relationship with applicant* _____   Mobile Number* ____

Email ID* _____   Residential Address* _____

Pincode* ____

Proof of Identity* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO   Identification No* ____

Nominee / Guardian (In Case of Minor) _____   DOB D D M M Y Y Y Y

Nominee 3

Name of the Nominee* _____   Nomination (%)* ____

Relationship with applicant* _____   Mobile Number* ____

Email ID* _____   Residential Address* _____

Pincode* ____

Proof of Identity* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO   Identification No* ____

Nominee / Guardian (In Case of Minor) _____   DOB D D M M Y Y Y Y

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/ 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
Resident Individual	☐	☐	☐	☐
NRI/PIO/OCI	☐	☐	☐	☐
Sole Proprietorship	☐	-	-	-
Minor through Guardian	☐	-	-	-

Non Individual:
☐ Company ☐ Body Corporate ☐ Partnership
☐ Trust ☐ Society ☐ HUF ☐ Bank
☐ AOP ☐ FI ☐ FII ☐ FPI
☐ In case of Non-Profit Entity (refer point no 21)

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).
☐ YES
☐ NO

If yes, please quote Registration No. of Darpan portal of Niti Aayog. (refer point no 21)
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Gross Annual Income Range (in ₹)

Below 1 lac	☐ ☐ ☐ ☐	1-5 lac	☐ ☐ ☐ ☐
5-10 lac	☐ ☐ ☐ ☐	10-25 lac	☐ ☐ ☐ ☐
25 lac- 1 cr	☐ ☐ ☐ ☐	1 -5 cr	☐ ☐ ☐ ☐
5 - 10 cr	☐ ☐ ☐ ☐	> 10 cr	☐ ☐ ☐ ☐

OR Networth in ₹ (Mandatory for Non Individual) (not older than 1 year)
as on DDMMYY　as on DDMMYY　as on DDMMYY　as on DDMMYY

Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Private Sector	☐	☐	☐	☐
Public Sector	☐	☐	☐	☐
Government Service	☐	☐	☐	☐
Business	☐	☐	☐	☐
Professional	☐	☐	☐	☐
Agriculturist	☐	☐	☐	☐
Retired	☐	☐	☐	☐
Housewife	☐	☐	☐	☐
Student	☐	☐	☐	☐
Others (Please specify)	_____	_____	_____	_____

Politically Exposed Person (PEP) details	Is a PEP	Related to PEP	Not Applicable
1st Applicant	☐	☐	☐
2nd Applicant	☐	☐	☐
3rd Applicant	☐	☐	☐
Guardian	☐	☐	☐
Authorised Signatories	☐	☐	☐
Promoters	☐	☐	☐
Partners	☐	☐	☐
Karta	☐	☐	☐
Whole-time Directors/Turstee	☐	☐	☐

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 & 21)

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

APPLICATION NO.

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 _____ 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

AXIS MUTUAL FUND 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	☐ Male ☐ Female
Second Applicant		D D M M Y Y Y Y	☐ Male ☐ Female
Third Applicant		D D M M Y Y Y Y	☐ Male ☐ Female
Guardian or POA^		D D M M Y Y Y Y	☐ Male ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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

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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.

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affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

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

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

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

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

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

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

Date | D D M M Y Y Y Y | Place | |

SIP REGISTRATION FORM

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

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE^	PMR (Portfolio Manager's Registration) Number ^^	Serial No., Date & Time Stamp
323376			E613650				

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

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

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

1. YOUR INFORMATION (MANDATORY)

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

Folio number: _____

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

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

Your PAN: _____ 2nd Holder PAN: _____ 3rd Holder PAN: _____

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

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

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AXIS MUTUAL FUND

UMRN	☐☐☐☐☐ Bank use ☐☐☐☐☐☐☐☐ Date D D M M Y Y Y Y

Tick (✓)	
CREATE ✓	
MODIFY X	
CANCEL X	

Sponsor Bank Code: Bank use   Utility Code: Bank use

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

Bank a/c number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

with Bank: Name of customers bank   IFSC ☐☐☐☐☐☐☐☐☐☐☐ or MICR ☐☐☐☐☐☐☐☐☐

an amount of Rupees: In Words   ₹ In Figures

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

Reference 1: PAN No.   Phone No. _____

Reference 2: All Schemes of Axis Mutual Fund   Email ID _____

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

PERIOD

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only

Signature Primary Account holder	Signature of Account holder	Signature of Account holder
1.	2.	3.
Name as in bank records	Name as in bank records	Name as in bank records

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

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

AXIS MUTUAL FUND **ACKNOWLEDGMENT SLIP (To be filled by the investor)**

Investor Name			
SIP Scheme 1		Top-up	☐ Yes ☐ No
SIP Scheme 2		Top-up	☐ Yes ☐ No
SIP Scheme 3		Top-up	☐ Yes ☐ No

Stamp & Signature

2. SIP DETAILS

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

OTM Reference No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Scheme / Plan / Option	Frequency (Ref Inst. no. 5)	SIP Date/Day (DD) (Ref Inst. no. 5)	Enrollment Period (MMYY)	SIP Amount	TOP-UP Facility (Optional) Only available for Monthly SIP
_____ _____ _____	☐ **Daily ☐ #Weekly ☐ *Monthly ☐ *Yearly	☐☐ (1ˢᵗ to 28ᵗʰ) ☐ Last date of month	From ☐☐ ☐☐ To ☐☐ ☐☐ Maximum Duration of 40 years	₹ [in figures] ___ [in words]	☐ % Top-Up ☐ Fixed Amount ___% (in multiple of 5 only) ₹ [in figures] [in words] Frequency ☐ Half Yearly ☐ Yearly
_____ _____ _____	☐ **Daily ☐ #Weekly ☐ *Monthly ☐ *Yearly	☐☐ (1ˢᵗ to 28ᵗʰ) ☐ Last date of month	From ☐☐ ☐☐ To ☐☐ ☐☐ Maximum Duration of 40 years	₹ [in figures] ___ [in words]	☐ % Top-Up ☐ Fixed Amount ___% (in multiple of 5 only) ₹ [in figures] [in words] Frequency ☐ Half Yearly ☐ Yearly
_____ _____ _____	☐ **Daily ☐ #Weekly ☐ *Monthly ☐ *Yearly	☐☐ (1ˢᵗ to 28ᵗʰ) ☐ Last date of month	From ☐☐ ☐☐ To ☐☐ ☐☐ Maximum Duration of 40 years	₹ [in figures] ___ [in words]	☐ % Top-Up ☐ Fixed Amount ___% (in multiple of 5 only) ₹ [in figures] [in words] Frequency ☐ Half Yearly ☐ Yearly

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.

SIP initial payment details (Optional)

Drawn on bank / branch name	☐☐☐☐☐☐☐☐☐☐☐	Amount	☐☐☐☐☐☐☐☐☐

Mode ☐ Cheque/DD Cheque/DD _____ Dated ☐☐ ☐☐ ☐☐☐☐ (D D M M Y Y Y Y)

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

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

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

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant

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INSTRUCTIONS FOR SIP & TOP-UP

1. Multiple SIP registration facility is not available for Axis Children's Fund, ETF schemes and during NFO.
2. OTM end date cannot be more than 40 years form the date of the mandate.
3. The end date mentioned on SIP application should be equal to or, less than the end date mentioned on SIP NACH/OTM. If SIP end date exceeds from the date mentioned on the NACH/OTM then, SIP will be registered as per NACH/OTM end date.
4. Investors are required to submit Form along with a photo copy/cancelled cheque of Debit Bank Account at least 21 days before the first SIP Installment date.
5. *Investor shall have the option of choosing any date. In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day/date. If SIP debit date is not mentioned default date would be considered as 7th of every month. If the SIP date falls on a non-business day or a bank holiday, the SIP debit will be processed on the following business day. ** Will be triggered and processed only on Business Days.   # will be triggered and processed on the day opted by the investor. If the day opted falls on non-business day, it will be triggered and processed on the next business day.
6. Please refer below table for minimum installments.

	**Daily/#Weekly/*Monthly		*Yearly	
	Min.₹	Min Inst.	Min.₹	Min Inst.
All schemes, except ETFs & schemes mentioned in tables below.	100	6	12000	3

	**Daily/#Weekly		*Monthly		*Yearly	
	Min. ₹	Min Inst.	Min. ₹	Min Inst.	Min. ₹	Min Inst.
Axis Overnight Fund & Axis Liquid Fund	1000	6	NA	NA	NA	NA
Axis ELSS Tax Saver Fund*	NA	NA	500	6	6000	3
Axis Banking & PSU Debt Fund, Axis Children's Fund, Axis Credit Risk Fund, Axis Dynamic Bond Fund, Axis Equity ETFs FoF, Axis Floater Fund, Axis Gilt Fund, Axis Money Market Fund, Axis Retirement Fund, Axis Short Duration Fund, Axis Silver Fund Of Fund, Axis Treasury Advantage Fund, Ultra Short Duration Fund	100	6	1000	6	12000	3
Axis Nifty AAA Bond Plus SDL Apr 2026 50:50 ETF FoF, Axis CRISIL IBX 50:50 Gilt Plus SDL September 2027 Index Fund, Axis CRISIL IBX 50:50 Gilt Plus SDL June 2028 Index Fund & Axis Nifty SDL September 2026 Debt Index Fund AXIS CRISIL-IBX AAA NBFC INDEX – JUN 2027 FUND	NA	NA	1000	6	NA	NA
Axis CRISIL IBX SDL May 2027 Index Fund, Axis CRISIL IBX 70:30 CPSE Plus SDL April 2025 Index Fund & Axis Long Duration Fund	NA	NA	1000	6	12000	3

Note: For all schemes, minimum amount is as per above table and thereafter in multiple of ₹ 1.
For Axis ELSS Tax Saver Fund Minimum amount is as per above table and thereafter in multiple of ₹500*.

7. If no amount is mentioned minimum SIP installment amount would be considered.
8. For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
9. For daily, weekly and monthly frequency the SIP will be discontinued automatically if payment is not received for three successive installments. In case of Yearly frequency, the SIP registration will stand automatically cancelled, in case of 2 consecutive failed debits.
10. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar KFin Technologies Limited. Revised timeline for SIP cancellation is T+2 working days. Any transaction presented before cancellation, shall be processed.
11. Mandate will be processed through NACH platform offered by NPCI.
12. Investor will not hold Axis Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/ Local/Bank holiday. Axis Mutual Fund, its registrars and other service providers shall not be held responsible or liable for damages / compensation / loss incurred by the investor as a result of using the SIP or ECS / Auto debit facility. The investor assumes the entire risk of using this facility and takes full responsibility.
13. Investor can change bank details for SIP by submitting a "CHANGE OF BANK MANDATE - FOR SIP" form available on the website or at any Investor Service Centre along with cancelled cheque of the new bank with the investor's name printed on it.
14. TOP-UP Facility: Under this facility the Investor can increase the SIP installment at pre-defined intervals by a fixed amount or any time as per the request. This facility is available for individual investors only. For availing the said facilities, investors are required to note the following:
   - Investor willing to register TOP-UP should provide the TOP-UP details along with the SIP enrolment details.
   - The application form for availing the SIP Top-up facility should be submitted 21 days before the first SIP instalment date.
   - The minimum amount for SIP Top-up facility is Re 1- and in multiples of Re 1/- for all schemes offering SIP facility; except Axis ELSS Tax Saver Fund, where the minimum amount for SIP Top-up is Re 500 and in multiples of Rs 500 thereafter.
   - The minimum Top-up percentage is 5% of the SIP amount and in multiples of 5% thereafter for all schemes offering SIP facility. Currently, percentage based SIP Top-up is available for physical mode. The percentage based SIP Top-up is unavailable for Axis ELSS Tax Saver Fund.
   - Percentage SIP Top-up would be computed on the immediately preceding SIP instalment amount.
   - In case of discrepancy in the Top-Up amount/percentage, SIP will be registered without Top-Up Facility.
   - Top-up frequencies available are Half-Yearly/ Yearly/ Dynamic (i.e. as and when requested).
   - In case Top-Up frequency is not indicated, it will be considered as Yearly by Default.
   - The Top-up date will correspond to the date of registered SIP.
   - Top-up will continue till the end of the SIP tenure by default.
   - In case of Dynamic Top-up option, the gap between SIP registration and first Top-Up request should be at least 6 months and subsequently the gap between two Top-up requests should be at least 3 months.
   - No modification can be made to SIP Top-up frequency / amount / percentage during the SIP tenure. SIP Top-up facility can be discontinued only by cancelling the SIP."
   - Please see the illustration below to know how to calculate SIP Top-Up amount:
     - SIP Starts on 07/May/2016 • SIP ends on 07/12/2099 • SIP amount is ₹1000
     - Top-Up amount is ₹500 • Top-Up Frequency is Half-yearly

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