

APPLICATION NO.

## COMMON APPLICATION FORM 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					
scheme(s) of Axis Mutua Axis Mutual Fund, to th	al Fund under Direct Plan. I/V be above mentioned SEBI Re	/e hereby give my/our consent t	o share/provide the transa ^I/We, have invested in the	ctions data feed/port he scheme(s) of Axis	folio holdings/NAV etc. in re Mutual Fund under Direct	espect of my/our investments up Plan, I/We hereby give my/ou	uttor. ^I/We, have invested in the nder Direct Plan of all schemes of ur consent to share/provide the o Manager.					
l/We hereby cont person of the above of	firm that the EUIN box ha distributor/sub broker or	s been intentionally left bla notwithstanding the advice	nk by me/us as this trans of in-appropriateness,	saction is executed if any, provided by t	without any interaction the employee/relationsh	or advice by the employee, ip manager/sales person of	/ relationship manager/sales the distributor/sub broker.					
	oplicant /Guardian	Second A		<u> </u>	ird Applicant		Attorney Holder					
TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20)  ☐ I confirm that I am a first time investor across Mutual Funds. OR ☐ I confirm that I am an existing investor across Mutual Funds.  ☐ In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.  ☐ Physical Mode ☐ Demat Mode (in case of Demat, please fill sec 7)												
01 🙏   M	IY DETAILS (To be fi	lled in Block Letters. Please p	provide the following deta	ails in full)	(In case of investr	nent "On behalf of minor", Pl	ease refer instruction No. 11)					
Existing folio num	ber				I/ We want to	create new Folio (Instruc	tion No. 26)					
My Name (Should r	match with PAN Card)					PAN/PEKRN (1st	Applicant) KYC					
						DANK (DEK DANK)						
My Guardian's Na	ime (if minor)/POA/Con	tact Person (For Non-indivi	iduals)			PAN/PEKRN (Gua	rdian/POA) KYC					
		uments as per instructions)	Date of Birth I	Minor's	D M M Y Y	Y Y Date of I	Birth Proof attached*					
<b>Guardian</b> named i	s Father Mo	other Court Appoi	nted		Guardian n	amed is						
02 🔐   JO	DINT APPLICANT	S (IF ANY) DETAIL	S									
Mode of Operation			rvivor(s) [Default] (Jo	oint applicant deta	ails not to be filled in c	ase of minor investments						
Znd Applicant Na	me (Should match with PA	N Card)				PAN/PEKRN (Seco	ond applicant) KYC					
3rd Applicant Na	me (Should match with PAI	N Card)				PAN/PEKRN (Thir	rd applicant) KYC					
ота Аррисант (ча	ne (Should mater with A	v Cai uj										
		ot related to the 1st holde I in this form belongs to (tick a		Children	Siblings	Parents						
03 🗐   M	IY CONTACT DET	AILS (As per KYC records	s. To be filled in Block Leti	ters)	(For e	electronic communication, Pl	ease refer instruction No. 17)					
Address Type (Mar					gistered Office							
Address												
City			State			Pin Code						
	ress (Mandatory for NRI /					7 III Gode						
Add Over seas add	1 C33 (Manuacory for Milit)	т п дрисанся)										
City			Country			Pin Code						
, L	umber should pertain to First	Holder only.				1 iii Gode						
Mobile No.		Tel No.		Email ID (CAPITAL								
	nil address provided in this for	m belongs to (tick any one):	Self Spous				nts Guardian PMS					
I declare that Mal	pile Number provided in this fo	oum halanas to (tiel; our, oue)	and approve for usa		etails for any communication hildren Dependent Si		nts Guardian PMS					
	·	then (Self) option is considered			etails for any communication	with Axis Mutual Fund.						
		long with Annual Report & Abr		Online (Preferred &	Default) Physical Copy	y (Choose online mode to he towards a greener & clean	elp us save paper & contribute					
					(P	-	egulations it is mandatory for					
04 <u>      B</u>	ANK ACCOUNT I	<b>DETAILS</b> (Avail Multiple	Bank Registration Facili	ty)			etails. Refer Instruction No. 6)					
My Bank Name												
Bank A/C No.				A/C Type Sav	rings Current I	NRE NRO FCNR	Others					
Branch Address												
City			State			Pin Code						
IFSC code: (11 digit	:)		MICR code (9 digi	it)		(This is a 9 digit number r	next to your cheque number)					
LEI Code			 Valid up t	to D D M		 Note: LEI code mandatory to equal to or exceeds ₹ 50 crore	provide if transaction value is limit, with LEI proof.					

05 MY INVESTI	MENT DETAILS			(For inv	estments, Please refer instruction No
(Cheque/DD should be in favour of "So should be drawn favouring "Axis MF N	cheme Name". Default plan/Option will be app Multiple Schemes"	plied incase of no information	on, ambiguity or c	discrepancy). If the investment is	in multiple schemes. "The Cheque/ [
Full Scheme/Plan/	/Option Amount/Each S	IP Amount SIP Date	Frequency	SIP Period	TOP-UP Facility (Optional) Only available for Monthl
LUMPSUM SIP	₹	D D	Daily	Start Date	Frequency Amoun
Plan Regular Dire	ect Less DD charges	(If left blank	Weekly	M M Y Y Y Y	Half Yearly  in figure
Scheme		7 <sup>th</sup> will be considered as the	Day	End Date	Yearlyin words
Name		default date)	Monthly (default)		
Option		between 1st to 28th	Yearly	Maximum Duration of 40 years	Dynamic TOP-UP
LUMPSUM SIP	₹		Daily	Start Date	Frequency Amoun
Plan Regular Dire			Weekly	M M Y Y Y Y	Half Yearly ₹ in figure
	charges	(If left blank 7 <sup>th</sup> will be considered	Dav	End Date	Yearly in words
Scheme Name		as the default date)	Monthly	M M Y Y Y Y	
		Any date between 1st	(default) Yearly	Maximum Duration	
Option		to 28 <sup>™</sup>	learry	of 40 years	Dynamic TOP-UP
LUMPSUM SIP	₹	D D	Daily	Start Date	Frequency Amoun  Half Yearly ₹ infigure
Plan Regular Dire	ect Less DD charges	(If left blank	Weekly	MMYYYY	
Scheme		7 <sup>th</sup> will be considered as the	Day	End Date	Yearlyin words
Name		default date) Any date	Monthly (default)		
Option		between 1st to 28th	Yearly	Maximum Duration of 40 years	Dynamic TOP-UP
The minimum amount for Avis TOD I	JP facility is ₹ 500/- and in multiples of ₹ 1/- fo	or all schemes event Avial	ng Term Fault :	Fund the minimum amount is # 5	
Payment through NAC		eference No.	nig termitquity i		if one time mandate are registered)
	ed to avoid Third Party Payment Reject		ank Certificate		
Payment Details	· · · · ·				
First Cheque Date	M M Y Y Y Amount			Chec	que No.
Bank Name		Account N	о.		
IFSC Code		MICR Cod	e		
RTGS/ NEFT/ Funds Transfer					
If source of payment bank is	same as above bank details tick here.				
06 🗐 NOMINATIO	ON DETAILS			(Fo	r nomination, Please refer instructio
Details	NOMINEE 1	N	OMINEE 2		NOMINEE 3
Nominee Name	NOMINEE 1		JIVIIIVEE 2		NOIMINEE 0
PAN					
Allocation (%)					
Relationship					
With Investor Nominee date	MMYYYY	D D M I	и у у	YYDD	MMYYY
of birth D D		DDM	VI Y Y	YYYDD	
(in case of Minor)					
Relationship of					
Guardian with Minor (incase nominee is minor)					
Guardian with Minor					
Nominee/Guardian  Nominee/Guardian					
Nominee Address  Nominee/Guardian Signature  OR I/We hereby confirm th	nat I / We do not wish to appoint any no				
Nominee Address  Nominee/Guardian Signature  OR I / We hereby confirm the in non-appointment of nomineele	nat I / We do not wish to appoint any no (s) and further are aware that in case of Impetent authority, based on the value	f death of all the accoun	t holder(s), my	/ our legal heirs would need	
Nominee Address Nominee/Guardian Signature OR I/We hereby confirm the in son-appointment of nominee issued by Court or other such co	(s) and further are aware that in case of ompetent authority, based on the value	f death of all the accoun of assets held in the mu	t holder(s), my tual fund folio.	/ our legal heirs would need	to submit all the requisite docu
Nominee Address  Nominee Guardian Signature  OR I/We hereby confirm the in non-appointment of nominee issued by Court or other such co	(s) and further are aware that in case of impetent authority, based on the value Y ACCOUNT DETAILS (Optional)	f death of all the accoun of assets held in the mu al. To be filled if investor wis	t holder(s), my tual fund folio. nes to hold the ur	/ our legal heirs would need	to submit all the requisite docu
Nominee Address Nominee/Guardian Signature OR I/We hereby confirm the insued by Court or other such co	(s) and further are aware that in case of ompetent authority, based on the value  Y ACCOUNT DETAILS (Optional of names as mentioned in the application)	f death of all the accoun of assets held in the mu al. To be filled if investor wis	t holder(s), my tual fund folio. nes to hold the ur	/ our legal heirs would need hits in Demat mode). (For D	EMAT details Please refer instruction pant) Refer Instruction No. 19.
Nominee Address  Nominee/Guardian Signature  OR I/We hereby confirm the in non-appointment of nominee issued by Court or other such co	(s) and further are aware that in case of ompetent authority, based on the value  Y ACCOUNT DETAILS (Optional of names as mentioned in the application)	f death of all the accoun of assets held in the mu al. To be filled if investor wis	t holder(s), my tual fund folio. nes to hold the ur	/ our legal heirs would need	to submit all the requisite docu
Nominee Address  Nominee/Guardian Signature  OR I/We hereby confirm the in non-appointment of nomineel issued by Court or other such coordinates of the such coordinates of th	(s) and further are aware that in case of ompetent authority, based on the value  Y ACCOUNT DETAILS (Optional of names as mentioned in the application)	f death of all the accoun of assets held in the mu al. To be filled if investor wis	t holder(s), my tual fund folio. nes to hold the ur	/ our legal heirs would need hits in Demat mode). (For D	EMAT details Please refer instruction pant) Refer Instruction No. 19.
Nominee Address  Nominee/Guardian Signature  OR I/We hereby confirm the in non-appointment of nominee issued by Court or other such color of the such color	(s) and further are aware that in case of impetent authority, based on the value  Y ACCOUNT DETAILS (Optional of names as mentioned in the application of name application of name and the application	f death of all the accoun of assets held in the mu al. To be filled if investor wis	t holder(s), my tual fund folio. nes to hold the ur	/ our legal heirs would need hits in Demat mode). (For D	EMAT details Please refer instruction pant) Refer Instruction No. 19.
Nominee Address  Nominee/Guardian Signature  OR I/We hereby confirm the in non-appointment of nominee issued by Court or other such colors.  OP DEPOSITOR  Please ensure that the sequence  Depository Participant  Beneficiary Ac No.  Depository Participant  Depository Participant  Depository Participant  Depository Participant	(s) and further are aware that in case of impetent authority, based on the value  Y ACCOUNT DETAILS (Optional of names as mentioned in the application of name application of name and the application	f death of all the accoun of assets held in the mu al. To be filled if investor wis	t holder(s), my tual fund folio. nes to hold the ur	/ our legal heirs would need hits in Demat mode). (For D	EMAT details Please refer instruction pant) Refer Instruction No. 19.
Nominee Address  Nominee/Guardian Signature  OR	(s) and further are aware that in case of impetent authority, based on the value  Y ACCOUNT DETAILS (Optional of names as mentioned in the application of name application of name and the application	f death of all the account of assets held in the mulant. To be filled if investor wis on form matches with the	t holder(s), my tual fund folio. nes to hold the ur	/ our legal heirs would need hits in Demat mode). (For D	EMAT details Please refer instruction pant) Refer Instruction No. 19.

	TOOK COS	TOMER (KY	C/DEIAII	LS if details not	filled.)		ation is liable to get r	(For I	CYC details. Refer	ilisti uctioili
Tax Status details for	1st Applicant	2nd Applicant	3rd Applica	nt Guardiar	n Oc	cupation details	for 1st Applica	t 2nd Applicant	3rd Applicant	Guardi
Resident Individual					Pr	ivate Sector				
NRI/PIO/OCI					Pu	blic Sector				
Sole Proprietorship		-	-	-	Go	vernment Service	e			
Minor through Guardian	1 -	-	-	-	Bu	siness				
	Company	Body Co	rporate	Partnersh	ip Pr	ofessional				
Non Individual	Trust	Society	HUF	Bank	Ag	riculturist				
	AOP	FI	FII	FPI		tired				
	In case of	Non-Profit Ent	tity (refer poi	nt no 21)		ousewife				
Others (Please specify)				_	Sto	udent				
We are falling under "Non-P for religious or charitable pu	rofit Organization urposes referred	n" [NPO] which h to in clause (15)	as been consti of section 2 c	tuted YES	_	hers (Please specify	у)			
Income-tax Act, 1961 (43 of 1 Societies Registration Act, 18	1961), and is regist .860 (21 of 1860)	tered as a trust o ) or any similar S	r a society unde state legislation	erthe noral NC			Person (PEP) detai	s Is a PEP	Polated to DED	Nat A. II
Company registered under the If yes, please quote Registration	ne section 8 of the 0	Companies Act, 2	013 (18 of 201	3).			reison (PEP) detal	ISAPEP	Related to PEP	Not Applic
, , , , , , , , , , , , , , , , , , ,			J. W. C. C. POINT NO			t Applicant				
Gross Annual Income Ra	ange (in₹)					d Applicant				
Below 1 lac		1-5 lac			$\neg$	d Applicant				
5-10 lac		10-25 lac			$\neg \vdash$	ıardian				
25 lac- 1 cr	1	1-5 cr			$\neg$	thorised Signator	ries			
5 - 10 cr	<del>                                     </del>	> 10 cr			$\neg$	omoters				
OR Networth in ₹	<u> </u>	1000			$\neg$	rtners				
(Mandatory for Non Individual) (not older	as on	as on	as on	as on	_	rta		<u> </u>		
than 1 year)	DDMMYY	DDMMYY	DDMMY	YDDMMY	Y W	hole-time Directo	ors/Turstee			
9 ADDITI	ONAL INFO			No. (If KYC done	e via CKYC	)	Date of E	additional informat	Gend	
First App							D D M M	Y Y Y	Male	Female
Second Ap	plicant						D D M M	Y Y Y	Male	Female
Third App	•						D D M M	Y Y Y	Male	Female
Guardian o	·						D D M M	/ Y Y Y	Male	Female
Date of Birth - Mandatory if C		ed. ^G: Guardian;	POA: Power Of	Attorney			1 1 1 1 1	1 1 1		
Details	Seco	ond Applicant			Th	ird Applicant			G or POA	
Mobile No.	1									
				1			I			
Mobile No.  Email Id.  Relationship with										
Mobile No. Email Id.										
Mobile No.  Email Id.  Relationship with	provided in this form	m belongs to (tick ar	ny one):			Dependent Children ese contact details for	Dependent Sibli		t Parents Gua	rdian P
Mobile No.  Email Id.  Relationship with Investor				and approve for	r usage of th	ese contact details for Dependent Children	any communication w	th Axis Mutual Fund. ngs Dependen		
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Mobile No.  Email Id.  Relationship with Investor  I declare that Email address  I declare that Mobile Number If above any option is not tice.  10 DEBIT No.  I/ We authorise you to debit my/or Account type Saving to pay for the purchase of Amount (in Figures)  Sign First Account Type Saving Sign First Account Type Si	MANDATE  Our account no.  gs NRO  f Scheme I	Only for Axis Baan Axis Bank Acc	any one)  s considered as of the count, To be produced to the count of the count ords.  Current ords)	and approve for Self Sp and approve for a default.  ders: Now you do coessed in CMS self CNR Si Second	rusage of the course of the co	ese contact details for Dependent Children ese contact details for issue a cheque if you der client code "AXIS")  Others  Others	u hold SME"	th Axis Mutual Fund.  The properties of the prop	Please refer instru  APPLICAT  Axis MF Mu  nature of count Holder	rdian P
Mobile No. Email Id. Relationship with Investor  I declare that Email address If above any option is not tice  10 DEBIT N  I/ We  authorise you to debit my/or Account type Saving to pay for the purchase of Amount (in Figures)  Sign First Ac  Date* D M M  AXIS MUTUAL FUND	MANDATE  Our account no.  gs NRO  f Scheme I	Only for Axis Baan Axis Bank Acc	any one)  s considered as of the count, To be produced to the count of the count ords.  Current ords)	and approve for Self Sp and approve for a default.  ders: Now you do coessed in CMS self CNR Si Second	rusage of the course of the co	ese contact details for Dependent Children ese contact details for issue a cheque if you der client code "AXIS")  Others  Off Holder	u hold SME"	th Axis Mutual Fund.  The properties of the prop	Please refer instru  APPLICAT  Axis MF Mu  nature of count Holder	rdian Pi
Mobile No. Email Id. Relationship with Investor I declare that Email address If above any option is not tice  10 DEBIT N  I/ We authorise you to debit my/c Account type Saving to pay for the purchase of Amount (in Figures)  Sign First Account TUAL FUND  AXIS MUTUAL FUND  Received from	MANDATE  Our account no.  gs NRO  f Scheme I	(Only for Axis Ba an Axis Bank Acc N a NRE Name (in water to the bank account of the b	any one)  s considered as of the count, To be produced to the count of the count ords.  Current ords)	and approve for self Spand approve for a default.  ders: Now you do coessed in CMS self CMS s	rusage of the course of the co	ese contact details for Dependent Children ese contact details for issue a cheque if you der client code "AXIS")  Others  Others	u hold SME"	th Axis Mutual Fund.  The properties of the prop	Please refer instru  APPLICAT  Axis MF Mu  nature of count Holder	rdian Pl

11 🗐   FATCA	AND CRS DETAILS For Individual mandatorily	als (Mandatory). Non Individual investors inc fill separate FATCA/CRS/UBO details form	cluding HUF should (Includin	g Sole Proprietor. Refer Instruction No. 23)
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	Yes No	Yes No  If Yes: Mandatory to enclo	Yes No	Yes No
India?		ii fes: Mandatory to encid	sse FATCA/CR3 Affilexure	
12 / DECLAR	RATION AND SIGNATURE		(For declaration	and signature, please refer point number 4)
understood the terms, cor only and does not involve Money Laundering Laws, by any rebate or gifts, direc process is not completed I applicant, at the applicable disclosed to me/us all the Scheme is being recommented the AMC / Fund. I/We het through any channel of coaffiliates/group companie products and offering of or the above mentioned partiat the website of the Comp I/We confirm that I/We def 50,000 in a year (Applica I/We have remitted funds that details provided by me I/ We give my consent to fueries and/or receive coirrespective of my blocking I/We hereby provide my/o (ii) updating my/ our Aadt consent for sharing/disclo Registrar and Transfer Age CERTIFICATION: I / We h provided by me/us on this accept the same.  I/We have read and under the control of t	iditions, details, rules and regulations designed for the purpose of the contranti Corruption Laws or any other appetly or indirectly in making this investmy me/us to the satisfaction of the Mu e NAV prevailing on the date of such recommissions (trail commission or any need to me/us. I / we give my / our content of their very experience of their Authorized Agents or Third ther services. I/We agree that all perses including with any regulatory, statuany.  In oach tave any existing Micro SIP/Lur ble for Micro investment only.) with ye from abroad through approved banking/us are true and correct.  Axis Asset Management Company Lingmunication pertaining to transact greferences with the Customer Preferur consent in accordance with Aadhaaiaar number(s) (if provided) in according the Adhaar number(s) includient (RTA) for the purpose of updating thave understood the information requerom is true, correct, and complete. I /	r Act, 2016 and regulations made ther lance with the Aadhaar Act, 2016 (an ng demographic information with the lesame in my/our folios with my PAN. irements of this Form (read along wit We also confirm that I / We have read on given below/overleaf and I/We he	eclare that the amount invested in the is, Notifications or Directives of the pit of India from time to time. I/we have ted in the Scheme, legally belongs to mutual Fund, to redeem the funds in without on with such funds that may be required in the such funds that may be required in the privacy policy service provides to use information urther authorise the disclosure of the rovide information and updates to me ion collected/provided by me can be since with any law or regulation in accordith the current application will result on firm that I am/we are Non Resident on Resident External/Non Resident Or er phone, SMS, email or any other mopromotional/potential investments asset management companies of SEE the FATCA & CRS Instructions) and and understood the FATCA & CRS Ter	scheme is through legitimate source rovisions of the Income Tax Act, Anti en ont received nor have been induced e/us. In event "Know Your Customer" rested in the Scheme, in favour of the uired by the law.) The ARN holder has us Mutual Funds amongst which the cywhich is available on the website of voldata provided by me to contact me information contained herein to its on various financial and investment hared/transferred and disclosed with dance with privacy policy as available in aggregate investments exceeding s of Indian nationality/origin and that dinary / FCNR account. I/We confirm the to address my investment related and other communication/ material rage (ii) validating/authenticating and PMLA. I/ We hereby provide my/our it registered mutual fund (s) and their hereby confirm that the information ms and Conditions below and hereby
supercedes all previous no	minations made by me/us in respect of	the folio(s) mentioned above.		
You/ Sole Applicant	/Guardian Second	d Applicant	Third Applicant	Power of Attorney Holder
Date D D M M Y	Y Y Y Place			
KYC acknowledgement scheme name Mult Email id and mobile nu application is in the name of	umber provided for online transaction faminor)  FATCA Declaration	n (if you want to register multiple bank facility SIP Registration Form fo Additional documents attached fo	k accounts so that future payments ca or SIP investments Relationship or Third Party payments. Refer instruct	proof between guardian and minor (if
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## SIP REGISTRATION FORM

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

Distribu ARN		SUB-Distributor ARN		ternal oker/Sol ID		EUIN		Employe Code	ee		RIA DDE	`	R	PN tegist	R (Po	ortfolio Nur	Mana <b>nbe</b>	ger's		Seria & Ti		o., D Star	
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Your Name	(as in PAI	N Card / KYC record	s) M	r. Ms. M/s.																	_		
Name of th	ne Guardi	an Mr. Ms. N	1/s. (In	case First / Sole /	Applicant	is minor) /	Contact	Person - D	esignation	n / PoA	HOLE	DER (Ir	n case	e of I	Von-i	ndivid	ual In	vesto	rs)				
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IP Scheme 1	.								Top-up		Yes		N	10									
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SIP Scheme 2									Top-up		Yes			10									

2. SIP DETAILS			SIP Registration N	Mode A-OTM		K-OTM Mandate along with SIP form
OTM Reference No.						
Scheme / Plan / Option	1 ' '	IP Date/Day En	rollment Period	SID Amount		TOP-UP Facility (Optional) Only available for Monthly SIP
Scheme / Plan / Option	(Ref Inst. no. 3 & 4) (I	Ref Inst. no. 3)	(MMYY)	SIP Amount		Frequency Amount
	**Daily #Weekly	From		₹ in figures		Half Yearly ₹ in figures
		Default IP Date 7th Max	ximum Duration	in words		Yearly in words
	*Yearly		of 40 years			Dynamic TOP-UP
		From		₹ in figures		Half Yearly ₹ in figures
	*Monthly SI	Default To IP Date 7th	ximum Duration	in words		Yearly in words
	*Yearly		of 40 years			Dynamic TOP-UP
	**Daily #Weekly	From		₹ in figures		Half Yearly ₹ in figures
	—  <u> </u>	Default To	. 5 .:	in words		Yearly — in words
	*Yearly	Max	ximum Duration of 40 years			Dynamic TOP-UP
SIP initial payment details (Option	onal)					
Drawn on bank / branch name					Amour	nt
Mode Cheque/DD Ch	heque/DD		Dat	ted D D M N	ИΥ	YYY
In case of multiple SIP, mention	"Axis MF Multiple Sche	emes" on the payme	ent instrument.			
3. Declaration and Signati	ure (to be signed by	all unit holders i	f mode of holdin	g is 'joint')		
payment of SIP installments and/ time to time. If the transaction is a will also inform Axis Mutual Fund	or any lumpsum payme delayed or not effected a about any changes in m	ents through an Elec at all for reasons of ny bank account. I/V	tronic Debit arrang incomplete or incor Ve hereby authorize	ement/NACH (Natio rect information, I/W e to honour such paym	nal Auto e would ents and	oviders to debit my / our bank account towards omated Clearing House) as per my request from not hold the user institution responsible. I/We d have signed and endorsed the Mandate Form arges, if any, may be charged to my/our account.
You/ Sole Applicant	/Guardian		Second Applicant			Third Applicant
	_IN	ISTRUCTIO	NS FOR SI	P & TOP-UP		
Multiple SIP registration facility is not during NFO.  OTM end date cannot be more than 40. Investors are required to submit For Account at least 21 days before the first. Investor shall have the option of chood 29th. 30th and 31st. If SIP date is not	ot available for Axis Childrer  Oyears form the date of the mar  rm along with a photo copy/c st SIP Installment date.	n's Gift Fund, ETF scher ndate. cancelled cheque of Deb	mes and brok thro SIP), pit Bank	ers (who have not opted out ugh distributor/broker rela subject to the following: For Existing / New investors	:₹100/₹1	ng the transaction charge) in respect of applications routed archases / subscription / new inflows only (lumpsum and 50 as applicable per subscription of ₹10,000/- and above. blicable only if the total commitment through SIP amounts the transaction charge would be recovered in maximum 4

29th, 30th and 31st. If SIP date is not mentioned, default date would be considered as 7th of every month. If the SIP date falls on a non-business day or a bank holiday, the SIP debit will be processed on the following business day. \*\* Will be triggered and processed only on Business Days. # will be triggered and processed on the day opted by the investor. If the day opted falls on non-business day, it will be triggered and processed on the next business day.

Please refer below table for minimum installments:

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	**Daily/#	Weekly/*	Monthly	*Yearly					
	Min.₹	F	Min Inst.	Min.₹		Min Inst.			
All schemes, except ETFs & schemes mentioned in tables below.	100		6	12000	)	3			
	**Daily/#	Weekly	*Mo	nthly	*Y	early			
	Min.₹	Min Inst.	Min.₹	Min Inst.	Min.₹	Min Inst.			
Axis Overnight Fund & Axis Liquid Fund	1000 6		NA	NA	NA	NA			
Axis Long Term Equity Fund*	NA	NA	500	6	6000	3			
Axis Banking & PSU Debt Fund, Axis Childrens Gift Fund, Axis Credit Risk Fund, Axis Dynamic Bond Fund, Axis Equity ETFs Gra- Axis Floater Fund, Axis Gilt Fund, Axis Money Market Fund, Axis Retirement Savings Fund, Axis Short Term Fund, Axis Silver Fund Of Fund, Axis Treasury Advantage Fund, Axis Ultra Short Term 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	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			

For Long Term Equity Fund Minimum amount is as per above table and thereafter in multiple of ₹500\*.

- If no amount is mentioned minimum SIP installment amount would be considered. For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes/Addendum issued from time to time carefully before investing. 8

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

- The SIP will be discontinued automatically if payment is not received for three successive installments. Instalments.

  Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar KFin Technologies Limited. Notice of such discontinuance should be received at least 20 days prior to the due date of the next installment/debit.

  Mandate will be processed through NACH platform offered by NPCI.
- As per SEBI circular dated August 22, 2011, Transaction Charge per subscription of ₹ 10,000/- and above shall be charged from the investors and shall be payable to the distributors/ 11.

- There shall be no transaction charge on subscription below ₹10,000/-.
- There shall be no transaction charges on direct investments
- There shall be no transaction charges for transaction other than purchases/ subscriptions relating to new inflows such as Switches, etc.
- Transactions carried out through the Stock Exchange platforms for mutual funds shall not be subject to transaction charges.

The requirement of minimum application amount shall not be applicable if the investment amount falls below the minimum requirement due to deduction of transaction charges from the subscription

However, the option to charge "transaction charges" is at the discretion of the distributors.

Investors may note that distributors can opt to receive transaction charges based on type of the Scheme. Accordingly, the transaction charges would be deducted from the subscription amounts, as

- applicable.

  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 Axis Mutual Fund, its registrars and other service providers shall not be held responsible or liable for assimest he entire risk of using this Facility and takes full responsibility.

  Investor can change bank details for SIP by submitting a "CHANGE OF BANK MANDATE -FOR SIP orm available on the website or at any investor Service Centre along with cancelled cheque of the newbank with the investor's name printed on it.

  TOP-UP Facility: Under this facility the Investor can increase the SIP installment at pre-defined intervals by a fixed amount or any time as per the request. This facility is available for individual investors only. For availing the said facilities, investors are required to note the following:

   Investor willing to register TOP-UP should provide the TOP-UP details along with the SIP enrolment details.

   The minimum amount for Axis TOP-UP facility is ₹500/- and in multiples of ₹1/- for all schemes;
- - The minimum amount for Axis TOP-UP facility is ₹500/- and in multiples of ₹1/- for all schemes; except Axis Long Term Equity Fund the minimum amount is ₹500 and in multiples of ₹500 thereafter.
  - If no amount is mentioned as TOP-UP amount under frequency yearly and half-yearly, minimum TOP-UP amount would be considered, i.e.,  $\overline{<}$  500/- for all schemes.
  - TOP-UP frequencies available are Half-Yearly/Yearly/Dynamic requested intervals Incase TOP-UP frequency is not indicated, it will be considered as Yearly by Default.

  - The date for Axis Mutual Fund TOP-UP Facility will correspond to the registered SIP. TOP-UP will continue till the End of the SIP tenure by default.
  - In case an investor wishes to change the Top-Up amount, he/she has to provide a cancellation for the existing SIP and register fresh SIP.

  - ${\sf Only TOP-UP} \ cannot \ be \ discontinued \ anywhere \ during \ the \ SIP \ tenure.$ Only 10P-OP cannot be discontinued anywher eduring the 3P relative.

    In case of Dynamic Top up option, any changes in the amount can be made only after completion of 6 months from the date of the first installment and minimum gap between two top up requests should be 3 months and amount specified in last request shall be continued till the End of the SIP

  - 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

10p-0p date	(₹)	Amount (₹)	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	