



THERE'S ALWAYS SOLUTION

COMMON APPLICATION FORM

Form 1

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

Application No

Distributor Code / ARN No	Sub-distributor Code / ARN No / Sol ID	Serial Number, Date and Time Stamp

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.

**1 EXISTING FOLIO NUMBER** [ ] Existing Investors - Please fill in Sections 1, 9, 10, 11 and 13 only

**2 UNIT HOLDER INFORMATION**

**Name of the First Applicant / Corporate Investor** [ ] **Date of Birth** | D | D | M | M | Y | Y |

Mr/ Ms/ M/s/ Dr/ Minor [ ]

PAN (mandatory) [ ] Enclosed -  PAN Proof  KYC Letter Refer instruction related to PAN & KYC

**Name of the Second Applicant**

Mr/ Ms/ M/s/ Dr [ ]

PAN (mandatory) [ ] Enclosed -  PAN Proof  KYC Letter Refer instruction related to PAN & KYC

**Name of the Third Applicant**

Mr/ Ms/ M/s/ Dr [ ]

PAN (mandatory) [ ] Enclosed -  PAN Proof  KYC Letter Refer instruction related to PAN & KYC

**Name of the Guardian** (in case of a minor)

Mr/ Ms/ M/s/ Dr [ ]

PAN (mandatory) [ ] Enclosed -  PAN Proof  KYC Letter Refer instruction related to PAN & KYC

**Name of the Power of Attorney Holder**

Mr/ Ms/ M/s [ ]

PAN (mandatory) [ ] Enclosed -  PAN Proof  KYC Letter Refer instruction related to PAN & KYC

**3 STATUS OF FIRST APPLICANT**  Resident Individual  Bank  HUF  Proprietor  Minor  Society  FII

Partnership Firm  NRI  PIO  Trust  Company  Other (specify) [ ]

**4 MODE OF OPERATION**  Single  Joint  Anyone or Survivor (Default option is Joint)

**5 OCCUPATION** (of First/ Sole Applicant)  Service  Housewife  Defence  Professional  Retired  Business  Agriculture  Other (specify) [ ]

**6A CONTACT DETAILS - FIRST APPLICANT/ GUARDIAN/ CORPORATE** (PO Box address is not sufficient. Mobile number and email id is mandatory to avail of online facility)

Contact Person (In case of Non Individual Investor) [ ]

Address [ ] City [ ]

State [ ] Pincode [ ] Landline No [ ]

Mobile (Holder 1)\* [ ] Email (Holder 1)\* [ ]

Mobile (Holder 2)\* [ ] Email (Holder 2)\* [ ]

Mobile (Holder 3)\* [ ] Email (Holder 3)\* [ ]

\* Mandatory to transact using online transaction mode on our website www.axismf.com

**6B OVERSEAS ADDRESS** (Mandatory in case of NRIs/ FIIs) (PO Box address is not sufficient. Investors residing overseas & with PO Box address must provide their Indian address)

Address [ ]

City [ ] State [ ] Pincode [ ]

Mobile [ ] Landline No [ ]

Email [ ]

**7 CONTACT & ADDRESS OF POWER OF ATTORNEY HOLDER** (PO Box address is not sufficient)

Address [ ]

City [ ] State [ ] Pincode [ ]

Mobile [ ] Landline No [ ]

Email [ ]

AXIS MUTUAL FUND - DEBIT MANDATE

**10A DEBIT MANDATE** (For Axis Bank account holders only) Date | D | D | M | M | Y | Y | Application No

**TO BE DETACHED BY THE REGISTRAR (KARVY COMPUTERSHARE PVT. LTD.) AND PRESENTED TO AXIS BANK CMS BRANCH**

To CMS DEPARTMENT - Axis Bank\*

I/ We [ ] Name of the account holder(s)

authorise you to debit my/ our account no [ ] to pay for the purchase of **Axis Treasury Advantage Fund / Axis Liquid Fund / Axis Equity Fund / Axis Tax Saver Fund** (Strike off those not applicable)

Please debit an amount of Rs (in figures) [ ] Rs (in words) [ ]

**\*To be processed in CMS software under client code "AXISMF"** Signature of Account Holder(s) as per bank records / Authorised Signatory(es)

**AXIS MUTUAL FUND - ACKNOWLEDGMENT SLIP** (To be filled in by the investor) Application No

Received from Mr/ Ms/ M/s/ Dr [ ]

an application for purchase of units in  Axis Treasury Advantage Fund  Axis Liquid Fund  Axis Equity Fund  Axis Tax Saver Fund

Option  Growth  Dividend Payout#  Dividend Re-investment Option Dividend Frequency  Daily  Weekly  Monthly

# Not available for Daily Dividend Frequency Applicable for Axis Treasury Advantage Fund & Axis Liquid Fund

for Rs (in figures) [ ] on Date | D | D | M | M | Y | Y | vide Instrument no [ ] Stamp & Signature [ ]

**8 MODE OF CORRESPONDENCE** (Where the investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive correspondence through physical mode instead of e-mail are requested to ✓) Email communication will help save paper & the planet.  I/ We wish to receive all communication through physical mode in lieu of email.

**9 BANK ACCOUNT DETAILS OF FIRST/ SOLE APPLICANT** (Refer "Bank Details" under Instructions. Please enclose a copy of a cancelled cheque)

Name of Bank \_\_\_\_\_ State \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ Account No \_\_\_\_\_

Account Type  Current  Savings  NRO  NRE  FCNR  Others \_\_\_\_\_ (specify)

MICR code\* \_\_\_\_\_ IFSC code\*\* \_\_\_\_\_

\*Mandatory for dividend payout via ECS (The 9 digit code appears on your cheque next to the cheque number) \*\*Mandatory for credit via RTGS/ NEFT (11 digit code also found on your cheque leaf.)

**10 PAYMENT OPTIONS** (Please ✓ either Cheque payment or RTGS/ NEFT)

Cheque  RTGS  NEFT  Debit Mandate (For Axis Bank A/c holders only. Also fill the section 10A)

Cheque/DD UTR (for RTGS/ NEFT) No \_\_\_\_\_ Cheque/DD Date 

D	D	M	M	Y	Y
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Drawn on (Bank/ Branch Name) \_\_\_\_\_

Cheque Issuer Name \_\_\_\_\_ In case cheque is issued by person other than the investor

**Total amount** Rs (In figures) inclusive of DD charges if any \_\_\_\_\_

Rs (In words) inclusive of DD charges if any \_\_\_\_\_

**DD Charges** Rs (In figures) if any \_\_\_\_\_

**11 INVESTMENT DETAILS**  Axis Treasury Advantage Fund  Axis Liquid Fund  Axis Equity Fund  Axis Tax Saver Fund

Option  Growth  Dividend Payout<sup>†</sup>  Dividend Re-investment Option | Dividend Frequency  Daily  Weekly  Monthly

<sup>†</sup>Not available for Daily Dividend Frequency

| Applicable for Axis Treasury Advantage Fund & Axis Liquid Fund

**12 NOMINATION DETAILS**

I/We \_\_\_\_\_ do hereby nominate the under mentioned person to receive the units to my/ our credit in this folio no. in the event of my/ our death. I/ We also understand that all payments and settlements made to such Nominee, and signature of the Nominee acknowledgment receipt thereof shall be a valid discharge by the AMC/ Mutual Fund/ Trustee.

Nominee's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

**In case Nominee is a Minor**

Name of Guardian \_\_\_\_\_

Address of Guardian \_\_\_\_\_

Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 Signature of Guardian \_\_\_\_\_

In case of more than one nominee, kindly submit multiple nomination (maximum 3 nominees) forms. Extra nomination forms can be obtained from the nearest ISC or Registrar or from the AMC website.

**13 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.

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

**CHECKLIST** Documents as listed below are to be submitted along with the Application Form (as applicable to your specific case)

Document submitted. Kindly (✓)	Sr No	Documents	Individuals	Companies	Trusts	Societies	Partnership Firms	FIs	NRIs	Investments through POA
	1	Resolution/ Authorisation to invest		✓	✓	✓	✓	✓		
	2	List of Authorised Signatories with Specimen Signature(s)		✓	✓	✓	✓	✓		✓
	3	Memorandum & Articles of Association		✓						
	4	Trust Deed			✓					
	5	Bye-Laws				✓				
	6	Partnership Deed					✓			
	7	Notarised Power of Attorney								✓
	8	Account Debit Certificate in case payment is made by DD from NRE/ FCNR A/c where applicable						✓	✓	
	9	PAN Proof (not required for existing investors)	✓	✓	✓	✓	✓	✓	✓	✓
	10	KYC acknowledgment letter (required if not already submitted, for investments of Rs 50,000 or more)	✓	✓	✓	✓	✓	✓	✓	✓
	11	Copy of cancelled Cheque	✓	✓	✓	✓	✓	✓	✓	✓

All documents in 1 to 6 above should be originals or true copies certified by the Director/ Trustee/ Company Secretary/ Authorised Signatory/ Notary Public/ Partner as applicable. Originals will be handed over after verification.

**Axis Asset Management Company Limited**

Investment Manager to Axis Mutual Fund

11th Floor, Nariman Bhavan, Vinay K Shah Marg, Nariman Point, Mumbai 400 021, India.

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