FORM 1 - FOR LUMP SUM / SIP INVESTMENTS

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

П



Application No.

| ARN 82 | | | | | Employe | | EUIN | | o., Date & Time Stamp |
|--|---|---|---|--|---|--|---|--|---|
| | 2882 | ARN | | | | | E 028251 | | |
| pfront comr | mission shall be paid o | lirectly by the investor to the A | AMFI registered distributor ba | ased on the investor's assessn | nent of various facto | rs including the se | ervice rendered by the | e distributor. | |
| | | box has been intentionally left blar rice by the employee/relationship m ding the advice of in-appropriati son of the distributor/sub broker." OR APPLICATIONS THR | | | | ond Applicant | | Applicant | Power of Attorney Holder |
| r more and you | | o receive Transaction Charges, the | | | | | | | investor in Mutual Funds. |
| 1 UNI | T HOLDING OF | TION (To be filed in case of de | emat holding only) | | | 2 EXIST | ING INVESTO | R'S FOLIO N | UMBER |
| DEMAT | - | YSICAL MODE | | | | (If you have an exis | sting folio with KYC vali | dated, please mention | here and skip to section 6/8.) |
| lame should | ount Details of Firs d be as per demat acc | ount) | | | | Folio Number | | | |
| epository | Participant Name | | | | | 3 INVES | STMENT TYPE | (Please tick any one | 3) |
| NSDL | DP ID IN Beneficiery ID | 1 | CDSL Beneficiery Note: Please attach co | ID py of Client Master List. | | LUMP SL | JM 🗌 LUN | 1P SUM WITH SI | P 🔲 LUMP SUM WITH S |
| 4 MOI | DE OF HOLDIN | G (in case of Demat Purchase M | ode of Holding should be same a | s in Demat Account) | | Single | 🗌 Joint | (Default) | Anyone or Survivor |
| | ST APPLICANT | 'S DETAILS (Non-individ | ual invertors please fill in FATCA / | CRS, UBO annexure and attach al | ong with application form | n) Ref. 9 & 22. All fi | elds are mandatory. | Gender 🗌 M | ale 🗌 Female |
| Vame (1 st) As in PAN care | rd/KYC records) | | | | | | | | |
| PAN (Minor / Refer 10 | 1st Holder) | | | | | | | | |
| Father's Na | ame | | | | | Date of b (Minor / 1st | | D M M | Y Y |
| lame of the | e Guardian (in case d | of minor please attach proof | of date of birth) / POA (Co | ntact person for non individu | ials / PoA holder nai | me) Guardian | / PoA PAN | | |
| | | | | | | | | | |
| Country of | Birth | | Place of Birth | | | Nationali | ty | | |
| | | of Minor'' (Refer 11) 🗌 Bi | | | Other Spec | | named above is | Eather | Mother 🗌 Court Appointe |
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| | | e note. Address will be replace as p | | | | | | | |
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|)verseas a | address (For FIIs/NRIs | s/PIOs) | | | | | | | |
| City | | | State | | Count | ry | | Pin Code | |
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| Country [#] | Tax identification number " | Identification type (TIN or Other, please specify) |
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| · · · | $\% {\rm ln}$ case Tax Identification Number is not available, kindly provide its functional equivalent $\$ | |
| SECOND APPLICANT'S DETAILS (All fields are mandatory) | | Gender 🗌 Male 🗌 Female |
| Name (2 ^{m)} (As in PAN card/KYC records) | | |
| Father's Name | | |
| PAN Ma | bbile | Email |
| Date of birth D M M Y Y En | close 🗌 Attested PAN card copy 🛛 KYC Acknowledgment (Refe | r 8) |
| Country of Birth Pla | Natio | nality |
| Status Resident Individual Proprietor HUF | Minor Society FII 67 Gross Annual Income | <pre></pre> |
| NRI PIO Partnership Firm Trust | Company Other Specify OR | as on D D M M Y |
| Occupation 🗌 Pvt. Sector Service 🗌 Public Sector 🗌 Gov. Ser | vice ☐ Housewife ☐ Defence ☐ Retired | vear Politically Exposed Related to Not Person (PEP) a PEP Applicable |
| 🗌 Professional 🗌 Business 🗌 Agriculture 🗌 Stu | dent Forex Dealer Other Specify Any other information | |
| Are you FATCA Compliant (Please tick any one) | es 🗌 No (if no, please fill below details) | |
| | e in KRA database. In case of any change please approach | KRA & notify the changes |
| | Residential Business Registered Office | |
| | d PAN Card Govt. ID Card Driving License UIDAI C | |
| Are you a tax resident of any country other than India? | Yes No (If yes, please indicate all countries in which you are resident for tax pur | poses and the associated Tax ID Numbers below.) |
| Country [#] | Tax identification number $\%$ | Identification type (TIN or Other, please specify) |
| | | |
| THIRD APPLICANT'S DETAILS (All fields are mandatory) | %In case Tax Identification Number is not available, kindly provide its functional equivalent \$ | Gender 🗌 Male 🗌 Female |
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| | | k Registration Facility.) (Please attach cancelled cheque copy or latest ba | nk account statement.) (All heids are mandatory) |
|---|---|--|---|
| Bank Name | | | |
| Bank A/c No. | | Type 🗌 Current 🗌 Savings 🗌 NF | 0 NRE FCNR Others Specify |
| Branch Name | | City | Pin |
| IFSC Code (11 digit)* | MICR C | ode (9 digit)* | *Mentioned on your cheque leaf |
| 8 INVESTMENT & PAYMENT | DETAILS (Investors applying under Direct Plan must mention " | Direct" against scheme name, refer 2) (All fields are mandatory) | |
| Payment type 🗌 Non-Third Party Pay | | | |
| Scheme | Plan | | Option [#] Dividend Frequency (Quarterly/ Half Yearly/ Annual)* |
| 8A LUMP SUM Do not submit SIP Regis | tration Mandate - NACH (Form 2) | # Dividend Re-Investment | s not available for Axis Long Term Equity Fund *Applicable only for Axis Income Saver |
| Mode 🗌 Cheque 🗌 DD 🔲 Axis | Bank Debit Mandate (Please fill section 6.) | Cheque / DD no. | Dated D D M M Y Y |
| Amount (figures) | (words) | | |
| Pay-in A/c no. | | Drawn on bank / | |
| Account type 🗌 Savings 🗌 NRC | 0 🗆 NRE 🗆 Current 🗆 FCNR 🗆 Others | Specify branch name | |
| 8B SIP (SIP Registration details (Form 2) wit | h Form 1 | | |
| Monthly SIP Amount (figure) | (words | ;) | |
| SIP frequency (tick \checkmark any one) \square N | Ionthly Vearly (Default Frequency Monthly) Prefer | red Debit Date (Any date except 29° , 30° and 31°) (ref 13(b)) | be considered as 7 th of every month. |
| SIP period Start Date M M Y | Y End Date M M Y Y OR E | nd date (ref 13(i)) 1 2 9 9 Will be considered | mentioned then the SIP for perpetuity (Dec 2099). |
| First SIP Installment details | Mode 🗌 Cheque / DD 📃 Axis Bank Debit Manda | te (Please fill section 3.) Dated D D M M Y | Υ |
| | | | |
| Drawn on bank / branch name | · | | Cheque / DD no. |
| Drawn on bank / branch name 9 NOMINATION DETAILS (All 1 | iields are mandatory) (Refer 18) | | Cheque / DD no. |
| | iields are mandatory) (Refer 18) First Nominee | Second Nominee | Cheque / DD no. |
| | | Second Nominee | |
| 9 NOMINATION DETAILS (All 1 | | Second Nominee | |
| 9 NOMINATION DETAILS (All 1 Name (as in PAN card/KYC records) | | Second Nominee | |
| 9 NOMINATION DETAILS (All f Name (as in PAN card/KYC records) PAN | First Nominee | | Third Nominee |
| 9 NOMINATION DETAILS (All f Name (as in PAN card/KYC records) PAN Date of Birth Relationship with Investor | First Nominee | | Third Nominee |
| 9 NOMINATION DETAILS (All 1 Name (as in PAN card/KYC records) PAN Date of Birth | First Nominee | | Third Nominee |
| 9 NOMINATION DETAILS (All f Name (as in PAN card/KYC records) PAN Date of Birth Relationship with Investor | First Nominee | | Third Nominee |
| 9 NOMINATION DETAILS (All f Name (as in PAN card/KYC records) PAN Date of Birth Relationship with Investor Address Guardian Name | First Nominee | | Third Nominee |
| 9 NOMINATION DETAILS (All 1 Name (as in PAN card/KYC records) PAN Date of Birth Relationship with Investor Address Guardian Name (in case Nominee is a Minor) Signature | First Nominee | | Third Nominee |

10 DECLARATION AND SIGNATURE

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, 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 have by authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of 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. 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 and that I/We have remetted funds from abroad through approved banking channels or from funds in my/ our Non Resident External / Non Resident So florian nationality/origin and that I/We have remetted.

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.

| First / Sole Applicant / Guardian | Second Applicant | Third Applicant | Power of Attorney Holder |
|--------------------------------------|------------------|-----------------|--------------------------|
| Date: D D M M Y Y | ace : | | |

FORM 2 - SIP REGISTRATION MANDATE - NACH (Investor must read Key Scheme Features and Instructions before completing this form.)

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| 3 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint') VM: declaration of the the structure of the structure | | | | | L | 01 | | | | | | | | | | | | hequ | ie / DD | Am | ount | | | | | | | | | _ |
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FOR NON-INDIVIDUALS · SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM



| Name of th | he en | itity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Folio Numb | ber | | | | | | | | | | | | 1 | | | | | | | | | Τ | | | | | 1 | | | | | | | | | | | | | | | |
| PAN | | | | | | | | 1 | t | + | D | ate o | f inc | orpor | ation | Γ | D | D | M | M | Y | T | Y | Y | γ | | | | | | | | | | | | | | | | | |
| City of inco | orpo | ratio | 1 | | | | | _ | _ | | | | | | | | | | Coun | try | of in | cor | oorati | on | | | | | | | | | | | | | | | | | | |
| Entity Cons | stitu | tion | Type (I | Pleas | e tick | asi | approp | riate) | | Part | nersl | hip Fir | m | ŀ | IUF | | Priva | ite L | Limite | d C | ompa | any | |] Pi | ublic | Limi | ted (| Com | pany | / | | Soc | iety | | A | OP/B | 01 | | Trus | : [| Li | quidator |
| | | | | | | | | | | Limi | ted L | .iabilit | ty Pa | rtner | ship | | Artif | icia | l Juri | dica | l Per | son | | 0 | thers | | | | | | | | | | spe | cify | | | | | | |
| Please tic | k th | e ap | plicat | ole ta | ax re | esid | ent d | eclar | atior | 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Is "Ent | tity" | ' a ta | x res | iden | t of | any | coui | ntry o | ther | thar | ı Ind | ia | Ye | es | No | (If | yes, p | leas | e prov | ide c | countr | ry/ie | s in w | hich | n the e | ntity | is a | resi | dent | for t | ax p | urpos | es ar | nd th | e ass | sociat | ted T | ax ID | numb | er bel | low.) | |
| | | | | C | oun | try | | | | | | | | | | Ta | ax Id | ent | ifica | tion | n Nur | nbe | er % | | | | | | | I | den | tific | atio | n Ty | /pe | (TIN (| or Ot | her, p | lease | spec | ify) | |
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| [%] In case Tax In case TIN | or its | s func | tional | equiv | alent | is n | ot avai | lable, p | please | e provid | de Co | mpany | Iden | tifica | tion nu | | | | , | | | | | | | | | | | | | | | | | | | | | | | |
| In case th | | | | | | | | | / Tax | x resi | den | ce is | U.S. | but | Entity | y is | not a | a Sp | oecifi | ed | U.S. | Pe | rson, | me | entio | n Er | tity | 's e | xem | ptio | on c | ode | her | e | | | | | | | | |
| ADD 📕 | | JNA | LK | (C I | NFC | JKI | ΙΑΝ | IUN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gross Annu O | ual Ir D R | ncom | e (₹) | | | | | Be | low | 1 Lac | | | | 1 - | 5 Lacs | 3 | | [| 5 | - 10 |) Lacs | S | | | | 10 - | 25 L | acs | | | | | > 2! | 5 La | cs - | 1 Cr | ore | | | | >1 | Crore |
| Net-worth | | idatoi | y for N | lon-In | divid | uals) | 3 | ₹ | | | | | | | | | | а | as on | | D | D | M | N | Y | | Y | γ | γ | (| lot o | older | than | 1 yea | ar) | | | | | | | |
| Politically E | Expo | sed l | erson | (PEI | P) St | atu | s* (Al | so appl | licable | e for au | uthori | sed si | gnato | ries/ | Promot | ers/ | Karta | Trus | stee/ \ | Vhol | le tim | e Di | rector | s) [| | PEF |) | | | | | Rel | ated | to P | ΈP | | | | | Not | t App | licable |
| ls the entit (Please tick a | | | | ny of | the | mer | itione | d serv | ices: | | | | | | Mone wning | · | hange | r | | | - | | ı/ Gan plicab | | ng/ Lo | otte | ry (Ca | asino | s, beti | ting s | yndio | ates) | | | | | | | | | | |
| *PEP are def senior execu | | | | | | | | | | d with | prom | ninent | public | | | | foreign | cou | ntry, e | | | | | | of Go | verni | nents | s, se | nior p | oliti | cian | s, sei | nior G | iover | nmer | nt/jud | icial/ | milita | ary of | icers | 8, | |
| FAT | CA | & (| RS | Dec | lara | ntio | n | (P | lease | consu | lt you | ur prof | essio | nal ta | x advis | sor f | or furt | her g | quidan | ce o | n FAT | ĊA | & CRS | S cla | ssific | atior | 1) | | | | | | | | | | | | | | | |
| PART A | | | | | | | | tions c | or Din | ect Ri | eport | ting N | FEs) | | | | | | - | | | | | | | | | | | | | | | | | | | | | | | |
| We are a, Financial ir | instit | utior | 6 | | | | | GIIN | | e: If vo | u do i | not ha | ve a G | iliN b | ut you | are | sponse | ored | by an | othe | r entit | tv. n | lease | prov | vide vo | ur s | oonso | or's | GIIN | abov | e an | d ind | icate | vour | spo | nsor's | s nar | ne bel | ow | | | |
| (| OR | | | | | | | Nam | | spons | | | | | , | | | | | | | - // [- | | | | | | | | | | | | , | | | | | | | | |
| Direct repo | | | | | | | | | | | | | .1 | | | | - | | | | | | | | | | | | - | | | | - | | | | | | - | | | - |
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| GIIN not av If the entit | | | | | | | ole) | | \pplie | ed for | | | [| | lot red | quire | ed to | appl | ly for | - pl | ease | spe | ecify 2 | 2 di | gits s | ub- | cate | gory | ,10 | | | | | | N | lot o | btai | ned - | Non- | parti | icipa | ting Fl |
| PART B | (pla | ease | fill an | y one | e as | app | ropria | te "to | be fi | illed b | iy NF | Es ot | her t | han l | Direct | Rep | portin | g NF | FEs") | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | at is, a | com | pany w | vhose | shar | es are | | Yes | | (If ye | es, pl | lease | spe | cify aı | ту о | ne sto | ck e | xchar | ıge | on wl | hich | the | stock | is re | gular | ly tr | aded) | | | | | | |
| | regi | liariy | traded | on a | n est | adiis | nea se | curitie | s mari | Ket) | | | | | | | Name | e of | stocl | cex | chan | ge | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | / | | | tradeo hed se | | | | mpai | ıy | | Yes | | (If ye | es, pl | lease | spe | cify na | ame | of the | e list | ed co | mpa | ny ar | nd or | ne st | ock e | excha | nge o | on w | hich 1 | the s | tock i | s regu | larly | trade | ed) |
| | vviit | 126 21 | idies d | ie ieg | uidii | y lia | ueu oi | I dii es | Laniisi | ieu sei | LUIILI | 55 IIIdi | Kel) | | | | Name | e of | listeo | l co | mpar | ıy | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | Natu | re c | of rel | atio | n: | | | Su | bsidia | ary (| of th | e Li | sted | Со | omp | any | 0 | r | | Co | ntro | lled b | y a L | isteo | d Cor | mpany |
| | | | | | | | | | | | | | | | | | Name | e of | stocl | (ex | chan | ge | | | | | | | | | | | | | | | | | | | | |
| 3 | ls t | he E | ntity a | an ac | tive ³ | NF | E | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | Natu | re o | f Bus | ines | S | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | Pleas | ie sp | pecify | the | e sub | -ca | tegor | y of | Acti | ve N | FE | | | | (1) | /lenti | on co | de-re | fer 2 | 2c of | Part | D) | | | | |
| 4 | ls t | he E | ntity a | a pas | sive | NF | E | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | Natu | re o | f Bus | ines | s | | | | | | | | | | | | | | | | | | | | | |

| Category (Please tick applicable category) Unlist | ed Company 🗌 Partnership Firm 🔲 Limited Lia | ability Partnership Company 🗌 Unincorporated as | sociation / body of individuals 🗌 Private Trust |
|--|---|---|---|
| | Charitable Trust 🗌 Religious Trust 🗌 Others | | |
| Please list below the details of controlling person((Please attach additional sheets if necessary) | s), confirming ALL countries of tax residency / perma | anent residency / citizenship and ALL Tax Identificat | ion Numbers for EACH controlling person(s). |
| Owner-documented FFI's should provide FFI Owner | er Reporting Statement and Auditor's Letter with re | quired details as mentioned in Form W8 BEN E (Refe | r 3(vi) of part C) |
| Details | UB01 | UB02 | UB03 |
| Name | | | |
| PAN | | | |
| UBO Code (Refer 3(iv) (A) of Part C) | | | |
| Country of Tax residency* | | | |
| Tax ID No. [%] | | | |
| Tax ID Type | | | |
| Address | | | |
| | | | |
| | Zip | Zip | Zip |
| | State | State | State |
| | Country | Country | Country |
| Address Type | 🗌 Residence 🗌 Registered office 🗌 Business | Residence Registered office Business | Residence Registered office Business |
| City of Birth | | | |
| Country of birth | | | |
| Occupation Type | Service Business Others | Service Business Others | Service Business Others |
| Nationality | | | |
| Father's Name | | | |
| Gender | 🗌 Male 🔹 Female 🔅 Others | 🗌 Male 🔹 Female 🔹 Others | 🗌 Male 🔹 Female 📄 Others |
| Date of Birth | D D M M Y Y Y Y | D D M M Y Y Y | D D M M Y Y Y Y |
| Percentage of Holding (%)^ | | | |
| # Additional datails to be filled by controlling persons wit | | 0 11 · · · · · · · · · · · · · · · · · · | |

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Additional details to be lined by controlling person is a US citizen or green card holder
 * 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

 $^4 Refer \ 3(iii) \ of \ Part \ C \quad | \quad ^1 Refer \ 3(iv) \ (A) \ of \ Part \ C$

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

Designation

| Doughtton | | |
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| | | |
| | | |
| Signatures | Signatures | Signatures |
| Date D D M M Y Y Y Place | | |