FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



Application No.

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.)

Distributor ARN	Cub Distributor CDS	Internal Cult Durley	r I Cal ID	Employee Code	EIIIN	DIA COD	E^ Cori	al No., Date & T	ime Stamn
	Sub-Distributor ARM	Internal Sub-Broker	1 / 201 ID	Employee Code	EUIN	RIA COD	5611	ui 140., Date of 1	me oranih
RN ARN-87761	ARN				E E075033				
We, have invested in the schen		MFI registered distributor based on the r Direct Plan. I/We hereby give my/our tered Investment Adviser:						r investments under	Direct Plan of a
nsaction is executed witho nager/sales person of the abo	ut any interaction or advice ove distributor/sub broker or n	nally left blank by me/us as this by the employee/relationship btwithstanding the advice of in- p manager/sales person of the		le Applicant / Se	cond Applicant	Third	Applicant	Power of Atto	orney Holder
ributor/sub broker."	u by the employeerrelationshi	p manager/sales person of the							
		IONS ROUTED THROUGH				No. 20)			
	st time investor across Mu† osum) amount is ₹ 10.000/-	ual Funds. OR I coor more and your Distributor has		t I am an existing investor i eceive Transaction Charges.		ne mutual fund i	investor) or ₹ 1	100/- (for investor	other than fir
e mutual fund investor) wi	ll be deducted from the subs	cription amount and paid to the di	stributor. U	Inits will be issued against t	he balance amount ir				
	OR'S FOLIO NUMBER			T TYPE (Please tick any one			MODE OF H	OLDING should be same as in D	Inmet Assaunt)
please mention here	g folio with KYC validated, and skip to section 6/7.)	LUMP SUM		UMP SUM WITH SIP INGLE CHEQUE MULTIPLE			Joint (Default)	Anyone	
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HIRD APPLICANT	Mr. Ms. M/s.								
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	case First / Sole Applicant i	s minor) / CONTACT PERSON - D	IESIGNATIC	UN / POA HULDEK (IN case	of Non-Individual In	vestors)			
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Sole Proprietor P	artnership Firm 🔲 QFI	Provident Fund 0t	thers		Specify				
DEBIT MANDATE	(For Axis Bank A/c only.) To be proc	essed in CMS software under client code "A	AXISMF"	TO BE DETACHED BY KARVY & PI	RESENTED TO AXIS BANK CM	s Applicatio	n No.		
Ve	Name	of the account holder(s)			authorise you to debi	t my/our accour	nt no. Date	D D M	M Y Y
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Axis Equity Saver Fund		Fund, Axis Regular Saver F , Axis Dynamic Equity Fun		Axis MF Multiple Sch		Fund, 🔛 Axis	Focused 25	Fund, 🔛 Axis Ai	rbitrage Fun
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FIRST APPLICANT	Below 1 Lac	-5 Lacs 5-	0 Lacs 10-25 Lacs	> 25 Lacs	1 Crore	> 1	Crore					
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THIRD APPLICANT	Below 1 Lac 1	-5 Lacs 5-	0 Lacs	> 25 Lacs	1 Crore	> 1	Crore OR Net	North				
For Individuals		For Non-Individ	ıal Investors (Companies,	Trust, Partners	hip etc.)							
☐ I am Politically Exposed Perso	ın	Is the company a	isted Company or Subsidian	y of Listed Comp	any or Contr	olled by	a Listed Compa	ny:			Yes	□ No
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☐ I am not related to Politically	Exposed Person	Gaming / Gambling Money Lending / P	J / Lottery / Casino Services								Yes Yes	☐ No
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3 FATCA AND CRS DET	AILS FOR INDIVIDU	LS (Including Sole F	roprietor. Refer Instruction No. 23)									
he below information is required f	or all applicants/guardian											
	Place/City of	Birth	Country of B	irth			Country of Ci	tizenshi	p / Natio	nality		
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Third applicant					Indian		U.S. Othe	rs				
re you a tax resident (i.e., are you 'YES' please fill for ALL countries				lo [Please tick you are a Citize		Green C	ard Holder / Tax	Residen	t in the re	spective o	ountri	es.
	Country of Tax Reside		ntification Number or ctional Equivalent	ldenti (TIN or oth	fication Typer please s	pe pecify)			Addres	s Type		
First Applicant / Guardian							Resid	ential	Regist	ered Offic	е	Business
Second applicant							Resid	ential	Regist	ered Offic	e	Business
Third applicant							Resid	ential	Regist	ered Offic	e \square	Business
FATCA and CRS Self Certification	form' is available on the w	ebsite of AMC i.e.	www.axismf.com or at the	Investor Service	Centres (ISC	s) of Ax	ris Mutual Fund					
4 DEMAT ACCOUNT DE	TAILS (OPTIONAL)	(Please ensure that the	sequence of names as mentioned in t	ne application form ma	tches with that (of the A/c.	held with the deposit	ory particip	ant.) Refer l	nstruction No	ı. 19	
ISDL: Depository Participant Nam	e		DPID No. I	N			Beneficiary A/c I	Vo.			T	
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QUICK CHECKLIST												
KYC acknowledgement letter (Compulsory for MICRO Inve	estments)	SIP Registration Mandate	- NACH for SIP in	vestments							
Self attested PAN card copy			Multiple Bank Accounts R	egistration form (if you want t	o regist	er multiple bank a	ccounts	so that f	uture payn	nents c	an be ma
Email id and mobile number pro	vided for online transaction	facility	from any of the accounts) Relationship proof between	n Guardian and M	linor (if applic	ation is	in the name of a l	/linor) at	tached			
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Plan / Option / Sub Option name	mentioned in addition to so	heme name	FATCA Declaration.									
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