



**Second Applicant** Mr. Ms. M/s. SECOND APPLICANT Gender  M  F  O

PAN (Mandatory)           Aadhaar No. (Optional)

DOB         CKYC No. (Optional)

Address

City  State  Pincode

Occupation Details  Pvt. Sector Service  Public Sector Service  Govt. Service  Business  Professional  Agriculturist  
 Retired  Housewife  Forex Dealer  Student  Others  Specify

Gross Annual Income (₹)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs - 1 Crore  > 1 Crore

**Third Applicant** Mr. Ms. M/s. THIRD APPLICANT Gender  M  F  O

PAN (Mandatory)           Aadhaar No. (Optional)

DOB         CKYC No. (Optional)

Address

City  State  Pincode

Occupation Details  Pvt. Sector Service  Public Sector Service  Govt. Service  Business  Professional  Agriculturist  
 Retired  Housewife  Forex Dealer  Student  Others  Specify

Gross Annual Income (₹)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs - 1 Crore  > 1 Crore

**GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)**

Mr. Ms. M/s. GUARDIAN Gender  M  F  O

PAN (Mandatory)           Aadhaar No. (Optional)

DOB         CKYC No. (Optional)

Address

City  State  Pincode

Occupation Details  Pvt. Sector Service  Public Sector  Govt. Service  Business  Professional  Agriculture  
 Retired  Housewife  Forex Dealer  Student  Others  Specify

Gross Annual Income (₹)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs - 1 Crore  > 1 Crore

Relationship Of Guardian (Refer Instruction No. 11)  Mother  Father  Court Appointed Guardian

Email ID

Proof of the Relationship with Minor  Birth Certificate  School Certificate  Passport  Others  Specify

**TAX STATUS (Applicable for First / Sole Applicant)**  Resident Individual  FII  NRI-NRO  HUF  Club / Society  PIO  Body Corporate  
 Minor  Government Body  Trust  NRI - NRE  Bank & FI  Sole Proprietor  Partnership Firm  QFI  Provident Fund  
 Others  Specify

| For Individuals   | For Non-Individual Investors (Companies, Trust, Partnership etc.)  |
|---|--|
| <input type="checkbox"/> I am a Politically Exposed Person              | Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> I am related to a Politically Exposed Person   | Foreign Exchange / Money Charger Services <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <input type="checkbox"/> I am not related to Politically Exposed Person | Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|   | Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No   |

## 2. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor. Refer Instruction No. 23)

FOR RESIDENT  
INDIANS

The below information is required for all applicants/guardian.

|                            | Place / City of Birth | Country of Birth | Country of Citizenship / Nationality  |
|----------------------------|-----------------------|------------------|---|
| First Applicant / Guardian |                       |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____ |
| Second Applicant           |                       |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____ |
| Third Applicant            |                       |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____ |

FOR NON-RESIDENT  
INDIANS

**Are you a tax resident (i.e., are you assessed for tax) in any other country outside India?**

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries.

Yes  No

|                            | Country of Tax Residency | Tax Identification Number or Functional Equivalent | Identification Type (TIN or other please specify) | Address Type  |
|----------------------------|--------------------------|--|---|---|
| First Applicant / Guardian |                          |  |   | <input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business |
| Second Applicant           |                          |  |   | <input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business |
| Third Applicant            |                          |  |   | <input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business |

### Overseas Address

|       |  |         |  |         |
|-------|--|---------|--|---------|
|       |  | City    |  |         |
| State |  | Country |  | Zipcode |

For Non Individual investors Annexure I and Annexure II are available on the website of AMC i.e. [www.axismf.com](http://www.axismf.com) or at the Investor Service Centres (ISCs) of Axis Mutual Fund



## 3. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 18)

| Sr. No. | Nominee Name | PAN | Allocation (%) | Relationship with Investor | Nominee date of birth | Guardian Name (in case of Minor) | Guardian Signature |
|---------|--------------|-----|----------------|----------------------------|-----------------------|----------------------------------|--------------------|
| 1       |              |     |                |                            | D D M M Y Y           |                                  |                    |
| 2       |              |     |                |                            | D D M M Y Y           |                                  |                    |
| 3       |              |     |                |                            | D D M M Y Y           |                                  |                    |

I/We DO NOT wish to nominate and sign here

|                     |                  |                 |
|---------------------|------------------|-----------------|
| You/ Sole Applicant | Second Applicant | Third Applicant |
|---------------------|------------------|-----------------|

## 4. INVESTMENT DETAILS (For multiple schemes ref instruction no. 22) (Investors applying under Direct Plan must select "DIRECT" against scheme name, Refer Instruction No. 2.)

| Sr. No.      | Scheme | Plan   | Option | Amount     |
|--------------|--------|--|--------|------------|
| 1            |        | <input type="checkbox"/> Direct <input type="checkbox"/> Regular |        |            |
| 2            |        | <input type="checkbox"/> Direct <input type="checkbox"/> Regular |        |            |
| 3            |        | <input type="checkbox"/> Direct <input type="checkbox"/> Regular |        |            |
| <b>Total</b> |        | In words   |        | In figures |



## 8. 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.



**EasyInvest**  
<http://online.axismf.com>  
 Invest online without any prior registration



**Toll Free**  
 1800 221322/  
 1800 3000 3300  
**Additional Contact No.**  
 8108622211



**Easy SMS**  
 SMS HELP to 92120 10033  
 Transact and get folio details on the go



**Axis MF IFA CONNECT**  
 An app that goes beyond transactions  
 Download the app or visit the web portal (<https://ifaconnect.axismf.com>)



**Risk Managed Products**

## 9. 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"

I/ We  **Application No.**

authorise you to debit my/our account no.

Account type  Savings  NRO  NRE  Current  FCNR  Others  to pay for the purchase of

Axis Bluechip Fund  Axis Long Term Equity Fund  Axis Regular Saver Fund  Axis Triple Advantage Fund  Axis Midcap Fund

Axis Focused 25 Fund  Axis Arbitrage Fund  Axis Equity Saver Fund  Axis Multicap Fund  Axis Dynamic Equity Fund

Axis Equity Hybrid Fund  Axis Growth Opportunities Fund  Axis Small Cap Fund **OR**  Axis MF Multiple Schemes

Amount (in words)  (in Figures)

|                                   |                                    |                           |
|-----------------------------------|------------------------------------|---------------------------|
| Signature of First Account Holder | Signature of Second Account Holder | Signature of Third Holder |
|-----------------------------------|------------------------------------|---------------------------|

Date

## WE ACKNOWLEDGE YOUR APPLICATION Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From

| Cheque No. | Date | Amount | Scheme | Stamp & Signature |
|------------|------|--------|--------|-------------------|
|            |      |        |        |                   |

Application No.

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# SIP REGISTRATION FORM

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

Application No.

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|



Distributor ARN 146262

Sub-Distributor ARN

Internal Sub-Broker/ Sol ID

EUIN E 253637

Employee Code

RIA CODE ^

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 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 |
|-------------------------------|------------------|-----------------|--------------------------|

**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.

|  |                |  |  |              |  |
|--|----------------|--|--|--------------|--|
| <b>1. YOUR INFORMATION (MANDATORY)</b>   |                | <b>EXISTING INVESTOR'S FOLIO NUMBER</b><br><small>(If you have an existing folio with KYC validated, please mention here)</small>          |  | Folio number |  |
| Your Name (as in PAN Card / KYC records) | Mr. Ms. M/s.   |  |  |              |  |
| Name of the Guardian                     | Mr. Ms. M/s.   | <small>(In case First / Sole Applicant is minor) / Contact Person - Designation / PoA HOLDER (In case of Non-individual Investors)</small> |  |              |  |
| 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.

|  |  |                        |  |
|--|--|------------------------|--|
|  | UMRN   | Bank use               | Date   |
| <input checked="" type="checkbox"/> Tick   | Sponsor Bank Code  | Utility Code           | Bank use   |
| <input checked="" type="checkbox"/> CREATE | I/We hereby authorize  | Axis Mutual Fund       | to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other |
| <input type="checkbox"/> MODIFY            | Bank a/c number  |                        |  |
| <input type="checkbox"/> CANCEL            | with Bank  | Name of customers bank | IFSC or MICR   |
| an amount of Rupees                        |  | In Words               | ₹ In Figures   |
| FREQUENCY                                  | <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented | DEBIT TYPE             | <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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.

|               |  |                             |
|---------------|--|-----------------------------|
| <b>PERIOD</b> |  |                             |
| From          |  |                             |
| To            |  |                             |
| Or            | <input type="checkbox"/> Until Cancelled |                             |
| 1.            | Signature Primary Account holder         | Signature of Account holder |
| 2.            | Signature of Account holder              | Signature of Account holder |
| 3.            | Signature of Account holder              | Signature of Account holder |
|               | Name as in bank records                  | 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.

**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 or until cancelled • Account holder signature • Account holder name as per bank records. Reference 1 - PAN.

**ACKNOWLEDGMENT SLIP (To be filled by the investor)**

|               |        |  |
|---------------|--------|--|
| Investor Name |        |  |
| SIP Scheme 1  | Top-up | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SIP Scheme 2  | Top-up | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SIP Scheme 3  | Top-up | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               |        | Stamp & Signature  |



# ONE TIME MANDATE (OTM) FORM

One Time Mandate (OTM) is a common application form for registration of mandate centrally and not being folio specific. OTM registration will be PAN Based and will be available for investment in all folios available with Axis Mutual Fund for Multiple SIPs and additional purchases. One Time Mandate is only available to HUFs, Proprietor Firms and individual investors with "Single" or "Either or Survivor" mode of holding.

**Investor Details** (If One Time Mandate registration is not required, skip this section and only fill the NACH Mandate below.)

|                   |  |  |  |            |  |             |  |  |  |  |  |
|-------------------|--|--|--|------------|--|-------------|--|--|--|--|--|
| Name of Applicant |  |  |  |            |  |             |  |  |  |  |  |
| PAN               |  |  |  | Mobile No. |  |             |  |  |  |  |  |
| Email ID          |  |  |  |            |  |             |  |  |  |  |  |
| Bank Name         |  |  |  |            |  | Account No. |  |  |  |  |  |

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. I/ We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Axis Mutual Fund using this facility. I/ We request you to make provisions for me/ us and/ or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/ or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from Axis Mutual Fund. 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.

Signature of PAN Holder  
(as per folio record)

|       |  |  |  |       |  |  |  |  |  |  |  |
|-------|--|--|--|-------|--|--|--|--|--|--|--|
| Dated |  |  |  | Place |  |  |  |  |  |  |  |
|-------|--|--|--|-------|--|--|--|--|--|--|--|



|  |  |  |  |
|--|--|--|--|
| <b>Tick (✓)</b>                            | UMRN   | Bank use   | Date   |
| <input checked="" type="checkbox"/> CREATE | Sponsor Bank Code  | Utility Code   |  |
| <input checked="" type="checkbox"/> MODIFY | I/We hereby authorize  | to debit (tick✓)   |  |
| <input checked="" type="checkbox"/> CANCEL | Axis Mutual Fund   | <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other |  |
|  | Bank a/c number  |  |  |
| with Bank                                  | Name of customers bank   | IFSC   | or MICR  |
| an amount of Rupees                        | In Words   | ₹  | In Figures   |
| FREQUENCY                                  | <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented |  | DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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.

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|
| <p><b>PERIOD</b></p> <p>From</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> <p>To</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> <p>Or <input type="checkbox"/> Until Cancelled</p> | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | <p>Signature Primary Account holder</p> <p>1. _____</p> <p>Name as in bank records</p> | <p>Signature of Account holder</p> <p>2. _____</p> <p>Name as in bank records</p> | <p>Signature of Account holder</p> <p>3. _____</p> <p>Name as in bank records</p> |
| D   | D | M | M | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |  |   |   |
| D   | D | M | M | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |  |   |   |

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.

**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 or until cancelled • Account holder signature • Account holder name as per bank records

**ACKNOWLEDGMENT SLIP (To be filled by the investor)**

|               |                   |
|---------------|-------------------|
| Investor Name | Stamp & Signature |
| PAN No.       |                   |

## INSTRUCTIONS FOR ONE TIME MANDATE

1. One Time Mandate is currently available to HUFs, Proprietor Firms and individual investors with "Single" or "Either or Survivor" the mode of holding.
2. Registration of One Time Mandate will take 21 days from the date of submission of form.
3. Mandate will be processed through NACH platform offered by NPCI.
4. "National Automated Clearing House (NACH)" is Direct Electronic Debit mode implemented by National Payments Corporation of India (NPCI), list of banks is available on NPCI website [www.npci.org.in](http://www.npci.org.in). The said list is subject to modifications. The investor agrees to abide by the terms and conditions of NACH Debit/ECS of Reserve Bank of India/Banks.
5. In case the Mandatory fields on the Mandate are not filled, the mandate will be rejected.
6. Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. As investor can register for multiple SIPs with one time NACH mandate. The transaction amount should not exceed the maximum amount mentioned in the NACH mandate. It is suggested to choose a higher amount to commence additional investments in future or to absorb Top-Up increments.
7. Axis One Time Mandate cannot be utilized for Liquid schemes, ETF schemes, closed ended schemes, and during NFO period.
8. Special instructions for EasyCall / EasySMS facility:
  - Post registration, you can invest less than 2,00,000/- at a time using EasyCall & EasySMS.
  - The Distributor ARN for an EasyCall/ EasySMS transaction will be the same as registered against the folio in which the transaction is being done. In case a folio has multiple brokers registered, then the EasyCall transaction is made under the Distributor ARN of the last transaction in the folio.
  - The Investor agrees that all calls received shall be eligible for same day NAV subject to necessary formalities to be complied by the AMC in case of transaction through EasyCall & EasySMS Facility on or before the uniform cut off time.
  - SIP is not available through Easy SMS.
  - The cut off time for EasyCall transactions is 2:30pm on all business days and if the call for transaction is received after 2:30 pm it would be considered for the next day transaction.
  - The cut off time for EasySMS transactions is 3:00 pm on all business days and if the SMS for transaction is received after 3:00 pm it would be considered for the next day transaction
  - Requests like change in bank mandate, change of nomination, change in mode of holding, change of address or such other requests as the AMC may decide from time to time will not be permitted using the EasyCall & EasySMS facility.
9. The Investor/s shall not hold the AMC liable for the following:
  - For any transaction using the Facility carried out in good faith by the AMC on instructions of the Investor/s.
  - For unauthorized usage/ unauthorized transactions conducted by using the Facility.
  - For any loss or damage incurred or suffered by the Investor/s due to any error, defect, failure or interruption in the provision of the Facility arising from or caused by any reason whatsoever.
- For any negligence/mistake or misconduct by the Investor/s.
- For any breach or non-compliance by the Investor/s of the rules/terms and conditions stated in the Scheme Information Document.
- For not verifying the identity of the person giving the telephone instructions in the Investor/s name.
- For not carrying out any such instructions where the AMC has reason to believe (which decision of the AMC the Investor/s shall not question or dispute) that the instructions given are not genuine or are otherwise improper, unclear, vague or cause for doubt.
- For carrying out a transaction after such reasonable verification as the AMC may deem fit regarding the identity of the Investor/s.
- In case of error in NAV communication.
- For accepting instructions given by any one of the Investor/s or his/her authorized person.
10. Axis Asset Management Company Limited (AMC) has the right to ask such information (Key Information) from the available data of the Investor/s before allowing him/ her access to avail the One Time Mandate facility (the Facility). If for any reason, the AMC is not satisfied with the replies of the Investor/s, the AMC has at its sole discretion the right of refusing access without assigning any reason/s to the Investor/s.
11. It is clarified that the Facility is only with a view to accommodate / facilitate the Investor/s and offered at the sole discretion of the AMC. The AMC is not bound and/or obliged in any way to give access to the Facility to Investor/s.
12. The Investor/s shall check his/ her account records carefully and promptly. If the Investor/s believes that there has been a mistake in any transaction using the Facility, or that an unauthorized transaction has been effected, the Investor/s shall notify the AMC immediately. If the Investor/s defaults in intimating the discrepancies in the statement within a period of fifteen days of receipt of the statements, he waives all his rights to raise the same in favor of the AMC, unless the discrepancy/ error is apparent on the face of it. By opting for the facility the Investor/s hereby irrevocably authorizes and instructs the AMC to act as his/ her agent and to do all such acts as AMC may find necessary to provide the Facility.
13. The Investor/s shall at all times be bound by any modifications and/ or variations made to these Terms and Conditions by the AMC at their sole discretion and without notice to them.
14. The Investor/s agrees and confirms that the AMC has the right to ask the Investor/s for an oral or written confirmation of any transaction request using the Facility and/ or any additional information regarding the Account of the Investor/s.
15. The Investor/s agrees and confirms that the AMC may at its sole discretion suspend the Facility in whole or in part at any time without prior notice.
16. The Investor/s shall not assign any right or interest or delegate any obligation arising herein.
17. The Investor/s shall take responsibility for all the transactions conducted by using the Facility and will abide by the record of transactions generated by the AMC. Further, the Investor/s confirms that such records generated by the AMC shall be conclusive proof and binding for all purposes and may be used as evidence in any proceedings and unconditionally waives all objections in this behalf.
18. The Investor/s agrees that use of the Facility will be deemed acceptance of the Terms and Conditions and the Investor/s will unequivocally be bound by these Terms and Conditions.



# SYSTEMATIC TRANSFER PLAN (STP)

|                    |         |                        |                                |
|--------------------|---------|------------------------|--------------------------------|
| Distributor<br>ARN | 146262  | Sub-Distributor<br>ARN | Internal Sub-Broker/<br>Sol ID |
| EUIN               | E253637 | Employee<br>Code       | RIA CODE ^                     |

Application No. \_\_\_\_\_

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 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 |
|-------------------------------|------------------|-----------------|--------------------------|

### 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.

## 1 Applicant Details Folio No. \_\_\_\_\_

Sole / 1st Unitholder (as in PAN Card / KYC records) \_\_\_\_\_

Guardian's Name (as case of minor) \_\_\_\_\_  
First Name Middle Name Last Name

1st Holder PAN \_\_\_\_\_ 1st Applicant \_\_\_\_\_ 2nd Holder PAN \_\_\_\_\_ 2nd Applicant \_\_\_\_\_  
 3rd Holder PAN \_\_\_\_\_ 3rd Applicant \_\_\_\_\_

## 2 SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 7 working days before the 1st due date for transfer).

From Scheme\* \_\_\_\_\_ Plan  Direct  Regular

Option (tick ✓)  Growth  Dividend Reinvestment  Dividend Payout  Bonus Dividend Frequency \_\_\_\_\_

To Scheme \_\_\_\_\_ Plan  Direct  Regular

Option (tick ✓)  Growth  Dividend Reinvestment  Dividend Payout Dividend Frequency \_\_\_\_\_

|  |   |
|--|---|
| <input type="checkbox"/> <b>Systematic Transfer Plan (STP)</b> (Ref. Instruction 5)  | <input type="checkbox"/> <b>Capital Appreciation Systematic Transfer Plan (CapSTP)</b> (Ref Instruction 6)  |
| Transfer Frequency (Please tick (3) any one of the below frequencies)<br><input type="checkbox"/> Daily<br><input type="checkbox"/> Weekly* (Monday To Friday) Day of transfer _____<br><input type="checkbox"/> Fortnightly (Every Alternate Wednesday)<br><input type="checkbox"/> Monthly \$ <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th<br><input type="checkbox"/> Quarterly \$ | Transfer Frequency (Please tick (3) any one of the below frequencies)<br><input type="checkbox"/> Weekly (Monday To Friday) * Day of transfer _____<br><input type="checkbox"/> Monthly \$ (Please tick (3) any one)<br><input type="checkbox"/> Quarterly \$ <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th |
| Transfer Instalment ₹ _____ No. of Instalments _____   | OR Transfer Period From _____<br><small>(First Instalment) (Last Instalment)</small>  |

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / we hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s). I/ We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions 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(s) & 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(s), legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / we hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme(s), 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 | POA Holder |
|-----------------------------------|------------------|-----------------|------------|

### ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Folio No. \_\_\_\_\_ Investor Name \_\_\_\_\_

From Scheme \_\_\_\_\_ To Scheme \_\_\_\_\_

Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Stamp & Signature \_\_\_\_\_

# STP Enrolment Form - Instruction

- The STP Enrolment Form should be completed in English and in Block Letters only. Please tick in the appropriate box, where boxes have been provided. The STP Enrolment Form complete in all respects, should be submitted at any of the Official Points of Acceptance of Axis Mutual Fund.
- One STP Enrolment Form can be filled for one Scheme/Plan/Option only.
- Investors are advised to read the Key Information Memorandum(s) (KIMs) and Scheme Information Document(s) (SIDs) of the Transferee Scheme(s) and Statement of Additional Information (SAI) carefully before investing. The SIDs / KIMs of the respective Scheme(s) and SAI are available with the ISCs of Axis Mutual Fund, brokers/distributors and also displayed at the Axis Mutual Fund website i.e. [www.axismf.com](http://www.axismf.com)
- Unit holders should note that unit holders' details and mode of holding (single, joint, anyone or survivor) in the Transferee Scheme will be as per the existing folio number of the Transferor Scheme, Units will be allotted under the same folio number. Unit holders' names should match with the details in the existing folio number, failing which; the application is liable to be rejected.
- STP offers unit holders the following two Plans:
  - Systematic Transfer Plan (STP)
  - Capital Appreciation Systematic Transfer Plan (CapSTP)

Investor's can opt for any of the above facility.

Systematic Transfer Plan (STP) offers transfer facility at Daily, Weekly, Fortnightly, Monthly and Quarterly intervals.

Capital Appreciation STP (CapSTP) offers transfer facility at Weekly, Monthly and Quarterly intervals. If no frequency is chosen, Monthly frequency shall be treated as the Default Frequency.

- Under the CapSTP-Weekly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum ₹ 500) by way of capital appreciation from Monday to Friday.

Monthly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum ₹ 500) by way of capital appreciation on the 1st, 7th, 10th, 15th or 25th of each month.

Under the CapSTP-Quarterly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum ₹ 1,000) by way of capital appreciation on the 1st, 7th, 10th, 15th or 25th of the first month of each quarter. The beginning of the quarter could be of any month e.g. January, March, July, September, etc. Please note that no transfers will take place if there is no minimum capital appreciation amount (except for last transfer leading to closure of account). The capital appreciation, if any, will be calculated from the enrolment date of the CapSTP under the folio, till the first transfer date. Subsequent capital appreciation, if any, will be the capital appreciation between the previous CapSTP date (where CapSTP has been processed and paid) and the next CapSTP date.

- The provision of 'Minimum Redemption Amount' as specified in the Scheme Information Document(s) of the respective designated Transferor Schemes and 'Minimum Application Amount' specified in the Scheme Information Document(s) of the respective designated Transferee Schemes will not be applicable for STP.
- Unit holders are required to fill in either the number of instalments or the enrolment period in the enrolment Form, failing which the Form is liable to be rejected.
- In case Day of Transfer has not been indicated under STP- Weekly frequency, Wednesday shall be treated as Default day.
- In case, the Enrolment Period has been filled, but the STP Date and/or Frequency (Monthly/Quarterly) has not been indicated, Monthly frequency shall be treated as Default frequency and 10th shall be treated as Default Date.
- The application for STP/ Cap STP enrolment - Monthly & Quarterly Interval should be submitted at least 7 working days and not more than 90 days before the desired commencement date.
- Please refer below table for min. no. of installments and minimum amount per installment:

| STP Frequency | Cycle Date                   | Minimum Amount* (in ₹) | Minimum Installment |
|---------------|------------------------------|------------------------|---------------------|
| Daily         | Monday To Friday             | 1,000/-                | 6                   |
| Weekly        | Monday To Friday             | 1,000/-                | 6                   |
| Fortnightly   | Alternate Wednesday          | 1,000/-                | 6                   |
| Monthly       | 1st, 7th, 10th, 15th or 25th | 1,000/-                | 6                   |
| Quarterly     | 1st, 7th, 10th, 15th or 25th | 3,000/-                | 2                   |

If the Transferee scheme is Axis Long Term Equity Fund, minimum STP amount is ₹ 500.

- In respect of STP, the Load Structure prevalent at the time of enrolment shall govern the investors during the tenure of the STP.
- A minimum period of 7 working days shall be required for registration under STP. Units will be allotted/redeemed at the applicable NAV of the respective dates of the Scheme on which such investments/withdrawals are sought from the Scheme.
- The AMC reserves the right to introduce STPs at any other frequencies or on any other dates as the AMC may feel appropriate from time to time. In the event that such a day is a Holiday, the transfer would be affected on the next Business Day.
- The requests for discontinuation of STP/CapSTP shall be subject to an advance notice of 15 days before the next due date for STP.
- STP will terminate automatically if all Units are liquidated or withdrawn from the account or upon the Funds' receipt of notification of death or incapacity of the Unit holder. Further, in case where the balance amount in a folio is less than the STP/CapSTP amount, the entire amount will be transferred to the transferee scheme.
- If STP date/day is a non-Business Day, then the next Business Day shall be the STP Date / Day and the same will be considered for the purpose of determining the applicability of NAV.
- The Trustee reserves the right to change/modify the terms and conditions of the STP. For the updated terms and conditions of STP, contact the nearest ISC or visit our website [www.axismf.com](http://www.axismf.com)