

Form 1

COMMON APPLICATION FORM

THERE'S ALWAYS 📥 SOLUTION

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
EXISTING FOLIO NUMBE		of various factors including the service rendered by the distributor. s - Please fill in Sections 1, 9, 10,11 and 13 only
2 UNIT HOLDER INFORMAT		
Name of the First Applicant / C	orporate investor	
PAN (mandatory)		f KYC Letter Refer instruction related to PAN & KYC
Name of the Second Applicant		
Mr/ Ms/ M/s/ Dr		
PAN (mandatory)	Enclosed - 🗆 PAN Proo	f 🔲 KYC Letter Refer instruction related to PAN & KYC
Name of the Third Applicant		
Mr/ Ms/ M/s/ Dr		
PAN (mandatory)	Enclosed - 🗆 PAN Proo	f KYC Letter Refer instruction related to PAN & KYC
Name of the Guardian (in case of	f a minor)	
Mr/ Ms/ M/s/ Dr		
PAN (mandatory)		f KYC Letter Refer instruction related to PAN & KYC
Name of the Power of Attorney H	101der	
PAN (mandatory)	L L L L L Enclosed - D PAN Proc	f KYC Letter Refer instruction related to PAN & KYC
3 STATUS OF FIRST APPLI		□ Proprietor □ Minor □ Society □ FI
Partnership Firm NRI		
4 MODE OF OPERATION		one or Survivor (Default option is Joint)
	pplicant)	
		is not sufficient. Mobile number and email id is mandatory to avail of online facility.)
Contact Person (In case of Non Individu	al Investor)	
Address		
State		ndline No
Mobile (Holder 1)*	Email (Holder 1)* Email (Holder 2)*	L
Mobile (Holder 2)*	Email (Holder 2)	
Mobile (Holder 3)* * Mandatory to transact using online transactive		
	andatory in case of NRIs/ FIIs) (PO Box address is not sufficient. Investors res	iding overseas & with PO Box address must provide their Indian address)
Address		$\mathbf{\tilde{1}}$
City	State	Pincode Pincode
Mobile	Landline No	
Email		
7 CONTACT & ADDRESS O	F POWER OF ATTORNEY HOLDER (PO Box address is not s	ufficient)
Address		
City	State State	Pincode Pincode
Mobile	Landline No	
Email		
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	AXIS MUTUAL FUND - DEBIT M	MANDATE
10A DEBIT MANDATE (For Axis E	Bank account holders only) Date D D M M	Y Y Application No
	REGISTRAR (KARVY COMPUTERSHARE PVT. LTD.)	
		AND TRECERTED TO ARIO BARROND BRANCH
To CMS DEPARTMENT - Axis Bank*	Name of the account helder(a)	1
I/ We	Name of the account holder(s)	
authorise you to debit my/ our account r		to pay for the
purchase of Axis Treasury Advantage	Fund / Axis Liquid Fund / Axis Equity Fund / Axis Tax Saver Fun	d (Strike off those not applicable)
Please debit an amount of Rs (in figures	s) Rs (in words)	Signature of Account Holder(s) as per bank records /
*To be processed in CMS software u	nder client code "AXISMF"	
AXIS MUTUAL FUND - ACKNO	WLEDGMENT SLIP (To be filled in by the investor)	Application No
Received from Mr/ Ms/ M/s/ Dr		
Option 🔲 Growth 🔲 Dividend Payou	□ Axis Treasury Advantage Fund □ Axis Liquid Fund □ Axis E t [*] □ Dividend Re-investment Option Dividend Frequency □ Daily	🗆 Weekly 🖾 Monthly
*Not available for Daily Dividen	d Frequency Applicable for Axis Treasury Advar	Itage Fund & Axis Liquid Fund Stamp & Signature

Name of Bank	through	n physio	CORRESPONDENCE (Where the investor has provided h al mode instead of e-mail are requested to ✓) Email communication wi	ill help save paper & i	the plane	et. 🔲 l	/Wewi	sh to rea	eive all	communi	ication	through	physic	al mod			
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11 INVESTMENT DETAILS	DD Charges		Rs (In words) inclusive of DD charges if any														
Convert Development Provided Provi											_						
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 Fils NRIs Investments through POA 1 Resolution/Authorisation to invest -	Option Growth Dividend Payout Dividend Re-investment Option NOMINATION DETAILS //We							CLAR d under scheme nate so scheme rindirec tegally b to redee s bat to redee s boredee s bat to redee s bat to redee s bat to redee s bat to redee Sole App	Applicable for Axis Treasury Advantage Fund & Axis Liquid Fund CLARATION AND SIGNATURES understood the content of the SID/ SA lof the scheme, I/ we hereby apply for me. I have read and understood the terms, conditions, rules and regulations cheme. I/ We hereby declare that the amount invested in the scheme is to source only and does not involve designed for the purpose of the any Act, Rules, Regulations, Notifications or Directives of the provisions of Act, Anti Money Laundering Laws, Anti Corruption Laws or any other inacted by the Government of India from time to time. I/ We have understood Scheme & I/ we have not received nor have been induced by any rebate or directly in making this investment. I/ We confirm that the funds invested in gally belongs to me/ us. In event "Know Your Customer" process is not e' us to the satisfaction of the Mutual Fund, (I/ we hereby authorize the redeem the funds invested in the Scheme, in favour of the applicant, at the prevailing on the date of such redemption and undertake such other action hat maybe required by the law.) The ARN holder has disclosed to me/ us and (in the form of trail commission or any other mode), payable to him for the ng Schemes of various Mutual Funds from amongst which the Scheme is ned to me/ us. For NRIs only - I/ We confirm that 1 am/ we are Non an antionality/ origin and that I/ We have remitted funds from abroad through g channels or from funds in my/ our Non Resident External/ Non Resident account. I/We confirm that details provided by me/ us are true and correct.								
Document submitted. Kindly (\sqrt{)}SrDocumentsIndividualsCompaniesTrustsSocietiesPartnership FirmsFilsNRIsInvestments through POA1Resolution/Authorisation to invest\sqrt{\sqrt{1}}\sqrt{\sqrt{2}}\sqrt{\sqrt{2}}\sqrt{\sqrt{2}}\sqrt{\sqrt{2}}\sqrt{\sqrt{2}}\sqrt{\sqrt{2}}\sqrt{\sqrt{2}}\sqrt{2}<															sy Holder		
submitted. Kindly (~)NoFirmsImage: submitted image: submitted	CHECKLIS	T D	ocuments as listed below are to be submitted along with the	ne Application Fo										1	1		
1 Network of Authorised Signatories with Specimen Signature(s) Image: specimen Signature(s) </th <th>submitted.</th> <th></th> <th>Documents</th> <th></th> <th>Indivi</th> <th>duals</th> <th>Com</th> <th>oanies</th> <th>Trusts</th> <th>Societi</th> <th>es Pa</th> <th></th> <th>p FIIs</th> <th>NRI</th> <th>th</th> <th>rough</th>	submitted.		Documents		Indivi	duals	Com	oanies	Trusts	Societi	es Pa		p FIIs	NRI	th	rough	
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5 Bye-Laws Image: Sector of Attorney Image:									~								
6 Partnership Deed Image: construction of the system										~			-				
10 Notarised Power of Attorney Image: constraint of the second seco			•							· · ·		~					
8 Account Debit Certificate in case payment is made by DD from NRE/ FCNR A/c where applicable Image: Constraint of the second seco												•	-				
Image: NRE/ FCNR A/c where applicable I			, ,	2 610.00									_		-	v	
10 KYC acknowledgment letter (required if not already submitted, for investments of Rs 50,000 or more)			NRE/ FCNR A/c where applicable	Irom L									-				
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Axis Asset Management Company Limited

Investment Manager to Axis Mutual Fund

Form 1

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

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