FORM 1 - FOR LUMPSUM / SIP INVESTMENTS



Application No.

Distributor ARN	Sub-Distributor AF	Sol ID / Int	ernal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN-0155	16336					
	box has been intentionally left blank	by me/us as this transaction is	sed on the investor's assessr First / Sole Applican Guardian	ment of various factors including the se	rvice rendered by the d	
TRANSACTION CHARGES I or more and your Distributor has opted Units will be issued against the balance	FOR APPLICATIONS THRO to receive Transaction Charges, the	UGH DISTRIBUTORS O				m a first time investor across Mutual Funds m an existing investor in Mutual Funds.
	OR'S FOLIO NUMBER	(If you have an existing folio w	ith KYC validated, pleasemention	n here and skip to section 5/6.)		
2 FIRST APPLICANT	Γ'S DETAILS (Non-individu	al invertors please fill in UBO anne	xure and attach along with appli	cation form) Ref. 8		☐ Mr. ☐ Ms. ☐ M/s
Name (1 [±])						
Date of birth	M Y Y PAN Refe	r 9		Enclose Attest	ed PAN copy	KYC Acknowledgment / Letter
For Investments "On behalf			-			Father Mother Court Appointed
Name of the Guardian if mino	r attach proof of date of bii	th / Contact person for no	on individuals / PoA holde	er name Guardian /	Po A PAN	
Correspondence / Overseas a	ddrass (Far Flie NR le (PIOe)					
our espendence / overseas a	uutess ji ui i iisjiiitisji tusj	,,				
City			State			Pin Code
Overseas address						Country
Email (Refer 15a)				Mobile		Tel.
Status Resident Indi	vidual Proprietor	HUF Minor Soc	iety 🗆 FII 🗆 NRI	PIO Partnership Firm	Trust Compar	y Other Specify
Occupation Pvt. Sector S	ervice Public Sector	Gov. Service Housewi	fe Defence Profes	sional Retired Business	Agriculture Stude	ent Forex Dealer Other Specify
OR 🥴	<1L	0-25L □> 25L	S C<1L C1	-5L	25L-1C > 1C	Is the entity involved in any of the following: Foreign Exchange/ Money Changer /es No
Net-worth* in ₹		as on D D M M	N N N N N N N N N N N N N N N N N N N	as on []	D M M Y Y	Gaming / Gamb ling / Lottery (casinos, botting syndicates)
Any other information	Politically Exposed Pers	on (PEP) Related to a	PEP N			Money Lending / Pawning / res No
Any other anomation						
SECOND APPLICANT'S	S DETAILS Mode of Ho	Iding Joint (Default)	Anyone or Survivor	Enclose Attested PAN card co	py KYC Acknow	vledgment (Refer 8) Mr. Ms. Ms. M/s
Name (2 rd)						
PAN		Mobile				Email
Status Resident India NRI P10		HUF Minor Soc Trust Company	iety L FII Other Specify	Gross Annual Income OR	_<1L1-5L	5-10L 10-25L > 25L as on D D M M Y Y
Occupation Pvt. Sector S		Gov. Service Housewi		OR Net-worth* in ₹ "Should not be older than one year Any other information	Politically Ex	posed Person (PEP) Related to a PEP
THIRD APPLICANT'S I	DETAILS		Enclose	e Attested PAN card copy	KYC Acknowledgr	nent (Refer 8)
Name (3")						
PAN		Mobile			E	mail ID
	vidual Proprietor Partnership Firm		•	Gross Annual Income OR	_<1L _1.5L _	5-10L 10-25L > 25L as on D D M M Y Y
Occupation Pvt. Sector S				OR Net-worth* in ₹ *Should not be older than one year	Politically Ex	as on D D M M Y Y posed Person (PEP)
Professional	Business Agriculture	Student Forex De	aler Other Specify	Any other information		
DEDIT MANDATE &	1:0-11	I' OHO I F	- A SAVIOLARY		Auglication	N-
	or Axis Bank A/c only.) To be proces			ETACHED BY KARVY & PRESENTED TO AXIS BANK	CMS Application	
I/ We		Name of the acc	count holder(s)			Date D D M M Y Y
authorise you to debit my/our		nd Axis Midean Fund	Axis Fauity Fund	Axis Focused 25 Fund	e purchase of Axis Long Term Fou	ity Fund
Amount	(figures)		- Axio Equity Fulls	(words)	AXIS CONG TOTHI E QU	ity i unu
Signature o	of First Account Holder		Signature of Second A	ccount Holder		
	T SLIP Received subject to rea	lisation, verification and condit	ions, an application for purchas	se of Units as mentioned in the application	9710 Application	No.
0155 From						
Cheque no.	Date	Date Amount		Scheme		

ARN-49710

EUIN-

BANK ACCOUNT DETAILS F	OR PAY-OUT (Mandatory.	Refer 6 and avail of Multiple E	Bank Registration Facility	17				
Bank Name								
Bank A/c No.			T	ype Current Sa	vings NRO	☐ NRE ☐ FCI	NR Others S	ecify
ranch Name			City				Pin	
SC Code (11 digit)*		MICR	Code (9 digit)*			*Mentioned on	your cheque leaf	
INVESTMENT & PAYMENT I	DETAILS (Investors applying	under Direct Plan must mentio	n "Direct" against schen	ne name, refer 2)				
ayment type Non-Third Party Payme	ent Third Party Pa	yment (Please attach 'Third	Party Payment Declarat					
cheme				Plan	(Option Dividend Fre	*Applicable only for Ax	
LUMP SUM (Fill 5A only) MIC	RO LUMP SUM (Fill 5A onl	y) SIP AXIS	BANK DEBIT MA	NDATE (Fill 5B)	SIP ELECTRON	NIC AUTO DEBIT		
A LUMPSUM Do not submit SIP Auto De	bit Form							
Mode Cheque DD Axis	Bank Debit Mandate (Please	fill section 3.) Ch	neque / DD no.			D	ated D D M M	YY
Amount (figures)		(words)						
Pay-in A/c no.				Drawn on bank /				
Account type Savings NRO	□ NRE □ Current □ F	CNR Others	Specify	branch name				
SIP (For SIP through Electronic Auto Debit s	submit SIP Auto Debit (Form 2)) with Form 1						
Monthly SIP Amount (figure)		(wor	rds)					
Preferred date for Monthly / Yearly debi	it (Any date except 29th, 30th a	and 31th)						
SIP period Till you instruct to disc			(ref 12(h))* fr	om M M Y Y	to* M M		ly if no. of installments hav	8
First SIP Installment details			(101 12)11/1 11	OIII M M T T	to M M	been sp	pecified, else leave blank.	
	Drawn on bank / branch		anno I DD and					
Mode Cheque DD Axis			neque / DD no.			D	ated D D M M	YY
DEMAT ACCOUNT DETAILS OF FIRS	ST / SULE APPLICANT (N	ame should be as per the dema	t account. Hefer 1 /)	NSDL CDSL				
epository Participant (DP) Name			Donoficio	ry A/c No.				
			Dellellela	TY AIC NO.				
NOMINATION DETAILS (Refer 1	16)						0.	
Name (Date of Birth if nominee is minor)		Addr	ess			Guardian Name (in case Nominee is a Minor) Signature (Guardian in case Nominee is a Minor)		Allo cation
(Date of Dil at it florinises is fillifol)					(III case re	Ullimoe is a Willion)	Nominee is a Minor)	
Unit Holder's Signature Firs	st / Sole Applicant /	Conned &	nnlinant	Third Appli	ant .	Danuar	of Attorney Holder	1000/
you do not wish to nominate sign here.	Guardian	Second A	ppincaire	Tilli d Applii	allt	Fower	of Actorney Holder	100%
DECLARATION AND SIGNAT aving read and understood the content of the SID / SAI of mough legitimate source only and does not involve design acted by the Government of India from time to time. If we occess is not completed by mejus to the satisfaction of the this such funds that may be required by the law.) The ARM (We confirm that I We do not have any existing Micro infirm that I am/ we are Non Residents of Indian restionalite true and correct.	f the scheme, I /we hereby apply for used for the purpose of the contravente have not received nor have been incommented by the school of the contravented to mejus all the SIP/Lumpsum investments which to	tuced by any rebate or gifts, dire e the Mutual Fund, to redeem th e commissions (trail commission gether with the current applicat	ectly or indirectly in maki ne funds invested in the So or any other mode), paya tion will result in aggrega	ng this investment. I/We confirm th cheme, in favour of the applicant, a ble to him for the different competi te investments exceeding マ 50,00	at the funds invester the applicable NAV ng Schemes of vario D in a year (Applicab	d in the Scheme, legally t prevailing on the date of us Mutual Funds amongs le for Micro investment	belongs to me/us. In event "Know such redemption and undertake s st which the Scheme is being reco only.) with your fund house. For I	Your Custome such other acti mmended to m NRIs only - I / V
First / Sole Applicant / Guardian	Second Applicant				Power of Attorney Holder			
UICK CHECKLIST								
KYC acknowledgement letter (Compulso	ory for MICRO Investments	SIP Auto Do	ebit Form for SIP in	vestmente				
	o. , roi miorio investinellas			vesurients tration form (if you want t	n renister multi	nlehank accounts	so that future navmente	can he mer
Self attested PAN card copy			the accounts)	aradon to mi (ii you wallt t	o regional multi	pro u ann a ccounts	so and to take payments	oun of mal
Email id and mobile number provided for	online transaction facility	Relationshi	ip pro of between G	uardian and Minor (if applic	ation is in the n	ame of a Minor) at	tached	
Plan / Option name mentioned in addition	n to scheme name	Additional	documents attache	d for Third Party payment	s. Refer instruc	ctions.		
	AX	IS MUTUAL FUNI	D HELPS YOU	RELAX WITH,	77			
	Easylvest https://oxilen.exileet.com lenest aciloo without any prior registration.		EasySMS IS HELP to 92120 10033 Transact and get folio details on the ge.		Risk anaged noducts			