

## Application No.

<b>Distributor ARN</b>	Sub-Distributor AR	N Sol ID / Ir	ternal Sub-Broker	Employee Code	EUIN	Serial	No., Date & Time Stamp
					E		
pfront commission shall be paid o				nent of various factors including	the service rendered b	y the distributor.	
]"I/We hereby confirm that the EUIN recuted without any interaction or adv stributor/sub broker or notwithstan nployee/relationship manager/sales per:	vice by the employee/relationship ma ding the advice of in-appropriate	nager/sales person of the above ness, if any, provided by the					
<b>RANSACTION CHARGES F</b>	OR APPLICATIONS THRO	<b>JUGH DISTRIBUTORS</b> (	<b>DNLY</b> In case the subscription a		I confirm t	that I am a first tim	e investor across Mutual Fu
more and your Distributor has opted t nits will be issued against the balance		ame are deductible as applicable	from the purchase/ subscription an	nount and payable to the Distributor.	I confirm 1	that I am an existin	g investor in Mutual Funds.
	OR'S FOLIO NUMBER						
	<b>['S DETAILS</b> (Non-individua	al invertors please fill in UBO anr	exure and attach along with applic	cation form)			Mr. Ms.
lame (1 <sup>st</sup> )							
Date of birth	PAN			Nationality		Country of Birth	
or Investments "On behalf	of Minor" 🗌 Birth Certifie	cate 🗌 School Certifica	ite 🗌 Passport 🗌 Othe	r (	Guardian named bel	ow is 🗌 Father 🗌	Mother Court Appoin
lame of the Guardian if mino	r attach proof of date of bir	th / Contact person for n	on individuals / PoA holde	r name Guard	ian / PoA PAN		
Correspondence / Overseas ad	dress (For FIIs/NRIs/PIOs)						
City			State			Pin Code	
Overseas address							
mail				Mobile		Tel.	
Are you a tax resident of a	ny country other than Ind	lia?					
Status							
Occupation							
Gross Annual Income			ALS				nvolved in any of the following:
Net-worth* in ₹		as on	a PEP	as on		Gaming/ Gam	nge/ Money Changer Yes bling/ Lottery Yes
*Not older than one year	Politically Exposed Perso	on (PEP) Related to	a PEP			(casinos, betting Money Lendin	synuicates)
Any other information							
SECOND APPLICANT'S	S DETAILS Mode of Ho	I <b>lding</b> Joint (Default)	Anyone or Survivor	Nationality	Country of Birt	th	□ Mr. □ Ms. □
lame (2 <sup>nd</sup> )							
PAN		Mobile		Email			
Are you a tax resident of a	ny country other than Ind	lia?					
Status				Gross Annual Income OR	ST <1L 1.	5L 5-10L 10-2	25L > 25L
				Net-worth* in ₹			as on
Occupation				*Should not be older than one year Any other information	Politica	ally Exposed Person	(PEP) Related to a PE
				Any other information			
				N - C E	Country of Dirt		
	ETAILS			Nationality	Country of Birt	th	Mr Ms
lame (3 <sup>rd</sup> )	DETAILS	Makila			Country of Birt	ih	Mr. Ms
Vame (3 <sup>rd</sup> )		Mobile	i	Nationality Email	Country of Birt	th	Mr Ms
Jame (3 <sup>rt</sup> ) /AN Are you a tax resident of a							
Vame (3 <sup>rd</sup> )				Email Gross Annual Income OR		5L 5-10L 0:2	
Jame (3 <sup>rt</sup> ) An Are you a tax resident of a Status				Email Gross Annual Income			as on
Jame (3 <sup>rt</sup> ) /AN Are you a tax resident of a				Email Gross Annual Income OR Net-worth* in ₹	SI C<1L 1.	5L 5-10L 10-2	25L > 25L as on
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4.	SCHEME, PAYMENT & DEMAT DETAILS		
	Option	Dividend Option	Fund Type
SCHEME		isk (YELLOW) High risk (BROWN	)
	Note: Risk is represented as: (BLUE) investors understand that their principal will be at low risk	in doubt about whether the product is suitable for them. (YELLOW) investors understand that their principal will be at medium risk	(BROWN) investors understand that their principal will be at high risk
	Investment Amount		
	In words		
	Lump sum / SIP		
	First SIP Installment / Lump sum Details		
	Mode of Payment		
ΠS	Cheque / DD / No.		
AEN	Cheque / DD / Date		
PAYMENTS	Drawn on Bnak / Branch Name		
đ	Pay-in Bank Account No.		
	Account Type		
	Second & Subsequent SIP Installment Details		
	SIP Period		
	Preferred Date for Monthly Debt		
	SIP through		
F	NSDL / CDSL		
DEMAT	Depository Participant Name		
DE	Depository Participant ID		
	Beneficiary Account Number		

## **5. NOMINATION DETAILS**

Name (Date of Birth if nominee is minor)	Address	Guardian Name (in case Nominee is a Minor)	Signature (Guardian in case Nominee is a Minor)	Allocation %
Unit Holder's Signature If you do not wish to nominate sign here.			1	100%

## **6. 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, 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 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 hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable IAW prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law). The ARM holder has disclosed to me/us all 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. I/We confirm that I/We do not have any existing Micro SIF investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro SIF investments only). For NRIs only - I/We confirm that I amilwe are Non Resident External / Non Resident Cyrolan atting from among 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 true and correct.

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**NOTE** : The NAV applicability shall be based on Time stamp at OPAs or ISCs of Mutual Fund.

EASY SERVICES FROM AXIS MUTUAL FUND

