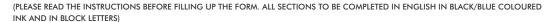
COMMON APPLICATION FORM





Distributor Sub-Distributor Internal Sub-Broker/ Application No. **ARN** Sol ID ARN-118251 Employee RIA CODE^ **EUIN** Code PMR (Portfolio Manager's Registration) Number ^ ^ Serial No., Date & Time Stamp 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, 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 Portfolio Manager. "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) OR I confirm that I am an existing investor across Mutual Funds. I confirm that I am a first time 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. **EXISTING INVESTOR'S FOLIO NUMBER** (If you have an existing folio with KYC validated, please mention here and skip to section 4) MODE OF HOLDING (in case of Demat Purchase **Unit Holding Option** de of Holding should be same as in Demat Account Single | Joint (Default) Physical Mode Demat Mode Folio number (in case of Demat, please fill sec 6) Anyone or Survivor I/ We want to create new Folio (Instruction No. 26) 1. YOUR PERSONAL DETAILS (MANDATORY) (In case of investment "On behalf of minor", Please refer instruction No. 11) Mr. Ms. M/s FIRST APPLICANT First Applicant PAN (Mandatory) CKYC No. DOR D Address City State Pincode Mobile Email ID* Pvt. Sector Service **Public Sector Service** Govt. Service **Business** Professional Agriculturist Occupation **Details** Retired Housewife Forex Dealer Student Others Specify 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Crore > 1 Crore Gross Annual Below 1 Lac 1-5 Lacs Income (₹) Net worth (Mandatory for Non - Individuals) ₹ Μ D D M as on Email ID provided pertains to Family Member* Siblings (Siblings any one) Siblings *(Note: If Email/Mobile Self Dependent Children Spouse Dependent Parents Self Mobile No. provided pertains to Family Member* Spouse Dependent Parents Dependent Children (Refer Instruction No. 25) I / we hereby prefer to 'OPT-IN' to receive physical copies of scheme Annual Report or Abridged summary BANK ACCOUNT DETAILS FOR PAYOUT (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6) Name of the bank Branch Address State Pincode Account No. Account type Savings Current NRE NRO FCNR Others Specify IFSC Code (11 digit) MICR Code (9 digit) Note: Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above to Non-Individual investors. refer Instruction No. 27. Valid up to LEI Code D Μ Μ

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First Applicant / Gu	vardian							Indian [U.S. Others	
Second Applicant								Indian [U.S. Others	
hird Applicant								Indian [U.S. Others	
If 'YES' plea	se fill fo	r ALL countr	ies (oth	er than	India) in	ux) in any othe which you are o	Resident for		Yes No	0
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6. DEMAT ACCOUNT DETAILS (OPTIONAL)												
(Please	ensure that the sequence of name	es as mentioned in the application form mo	tches with that of the A/c held with the dep	pository participant) Refer Instruction No. 19.								
NSDL:	Depository Participant Name		DP I	D: I N								
	Beneficiary A/c No.											
CDSL:	Depository Participant Name											
	Beneficiary A/c No.											
Enclosed Client Master Transaction / Statement Copy / DIS Copy												
7. DEC	LARATION AND SIGNATURE											
Having read and understood the content of the SID / KIM of the scheme and SAI of the Axis Mutual Fund (The Fund), I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, 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 controvention of any Act, Rules, Regularions, 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 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, 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 authorize the Mutual Fund, to redeem the funds invested in the Scheme, long policiant, either policiable Naty prevailing on the date of such redemption and earlied where action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us. I / we give my/ our consent to collect personal date or information as prescribed in the privacy policy which is available on the website of the AMC / Fund. I/We hereby give consent to the Company or its Authorized Agent and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its difflicitors/group companies or their Authorized Agent Third Party Service Providers in order to provide in formation and updates to me on vari												
You,	/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder								

Date D

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Place

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.													
https://ifaconnect. axismf.com/#/home Scan the QR code to download the new AxisMF App https://www.axismf.com/whatsApp number. Sent us a 'Hi' on 7506771113 from your registered mobile number to have your queries answered. Follow Us on Follow Us on Follow John Service Scan the QR code to download the new AxisMF App To stay up to date with your mutual fund investments, connect with us on our WhatsApp number. Sent us a 'Hi' on 7506771113 from your registered mobile number to have your queries answered. YouTube.com/AxisMutualFund YouTube.com/AxisMutualFund													
*													
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 Name of the account holder(s) Application No.													
authorise you to debit my/our account no.													
Account type Savings NRO NRE Current FCNR Others Specify to pay for the purchase of													
Axis Banking & PSU Debt Fund Axis Dynamic Bond Fund Axis Credit Risk Fund Axis Strategic Bond Fund Axis Gilt Fund													
Axis Treasury Advantage Fund Axis Short Term Fund Axis Liquid Fund Axis Corporate Debt Fund Axis Ultra Short Term Fund Axis Overnight Fund Axis Money Market Fund Axis Axis Axis Axis Floater Fund													
AXIS CPSE PLUS SDL 2025 70:30 DEBT INDEX FUND AXIS CRISIL SDL 2027 DEBT INDEX FUND OR Axis MF Multiple Schemes													
Amount (in words) (in Figures)													
Signature of Signature of Signature of													
First Account Holder Second Account Holder Third Holder													
Date D D M M Y Y Y → →													
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.													

DECLARATION FORM FOR OPTING OUT OF NOMINATION IN FOLIO

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To, Axis Asset Management Compa Axis House, First Floor, C-2, Wadia International Centre, Pandurang Budhkar Marg, Worli, Mumbai - 400 025, India		d													
Mutual Fund Folio Number															
Sole / First Holder Name															
Second Holder Name															
Third Holder Name															
I/We hereby confirm that I/ folio and understand the issu the account holder(s), my / c competent authority, based o	ues involve our legal ho on the valu	ed in non eirs wou	-appoin ld need ts held i	tment o to subr	of nomi nit all t utual fu	nee(s he re ınd fo	and for a specifical s	urther ar docume	e aw	are tha	at in ca	ase o	f dea	th of	fall
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Third Unitholder Name															
									Thir	d Unit	holder	Signa	ature		