FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



Application No.

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.)

Distributor ARN	Sub-D	Distrib	utor ARN	1	Internal Su	b-Broker / Sol ID	Employee	Code	EUI	N	B	IA CO	DE^	Serial	No., Da	ite & 1	Time S	Stamp
ARN ARN-167174	ARN					-			E E320	6136								
pfront commission shall be paid o	irectly by th	ne inves	tor to the Al	MFI regist	ered distributor ba	ased on the investor's a	assessment of variou	s factors in	cluding the ser	vice rende	ered by t	he distr	ibutor.					
I/We, have invested in the schem chemes of Axis Mutual Fund, to t						ive my/our consent to	share/provide the tra	nsactions (data feed/ port	folio hold	ings/ N/	AV etc. i	n respect o	my/our in	vestmen	ts unde	r Direct	Plan of
"I/We hereby confirm that to ansaction is executed withou	ne EUIN box t any inte	chas be eraction	een intentio or advice	nally left by the	blank by me/us a employee/relatio	makin l	ole Applicant /											
mager/sales person of the abo propriateness, if any, provided tributor/sub broker."						OT In-	uardian	Se	cond Applica	nt		Thir	d Applicant		Powe	r of At	torney	Holder
RANSACTION CHAR											No. 20)							
I confirm that I am a firs case the subscription (lump							at I am an existing receive Transaction				ne muti	ual fun	d investor	or₹ 100)/- (for i	nvestoi	r other	than fi
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(If you have an existing please mention here a					LUMP SUM		UT TYPE (Please LUMP SUM WITH		1)	(in cas	se of Der	nat Purcl	MODE hase Mode of				Demat A	Account)
please mention here a	nd skip to sec	ztion 6/7.	.)	1	LUMP SUM		SINGLE CHEQUE I		SCHEMES				Joint (-		Anyone		
APPLICANT INFO	RMATIC	ON (N	/ANDAT	TORY)	(In case of investme	ent "On behalf of Minor",	Please Refer Instructio	ı no. 11.)										
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Sole Proprietor Pa	rtnership	Firm	□ QFI	_ P	rovident Fund	Others				Specify								
DEBIT MANDATE	or Axis Bank	. A/c only	/.) To be proce	essed in CN	IS software under c	lient code "AXISMF"	TO BE DETACHED I	Y KARVY & PI	RESENTED TO AXIS	S BANK CMS	A p	plicat	ion No.					
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GROSS ANNUAL INCOME [Plea	se tick (√)]											
FIRST APPLICANT	Below 1 Lac	-5 Lacs 5-	0 Lacs 10-25 Lacs	> 25 Lacs	1 Crore	> 1	Crore					
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For Individuals		For Non-Individ	ıal Investors (Companies,	Trust, Partners	hip etc.)							
☐ I am Politically Exposed Perso	ın	Is the company a	isted Company or Subsidian	y of Listed Comp	any or Contr	olled by	a Listed Compa	ny:			Yes	□ No
_ , ,			ch mandatory UBO Declarat	ion)								
☐ I am Related to Politically Exp			Money Charger Services								Yes	□ No
☐ I am not related to Politically	Exposed Person	Gaming / Gambling Money Lending / P	J / Lottery / Casino Services								Yes Yes	☐ No
			3									
3 FATCA AND CRS DET	AILS FOR INDIVIDU	LS (Including Sole F	roprietor. Refer Instruction No. 23)									
he below information is required f	or all applicants/guardian											
	Place/City of	Birth	Country of B	irth			Country of Ci	tizenshi	p / Natio	nality		
First Applicant / Guardian					☐ Indian		U.S. 🗌 Othe	rs				
Second applicant					Indian		U.S. 🗌 Othe	rs				
Third applicant					Indian		U.S. Othe	rs				
re you a tax resident (i.e., are you 'YES' please fill for ALL countries				lo [Please tick you are a Citize		Green C	ard Holder / Tax	Residen	t in the re	spective o	ountri	es.
	Country of Tax Reside		ntification Number or ctional Equivalent	ldenti (TIN or oth	fication Typer please s	pe pecify)			Addres	s Type		
First Applicant / Guardian							Resid	ential	Regist	ered Offic	е	Business
Second applicant							Resid	ential	Regist	ered Offic	e	Business
Third applicant							Resid	ential	Regist	ered Offic	e \square	Business
FATCA and CRS Self Certification	form' is available on the w	ebsite of AMC i.e.	www.axismf.com or at the	Investor Service	Centres (ISC	s) of Ax	ris Mutual Fund					
4 DEMAT ACCOUNT DE	TAILS (OPTIONAL)	(Please ensure that the	sequence of names as mentioned in t	ne application form ma	tches with that (of the A/c.	held with the deposit	ory particip	ant.) Refer l	nstruction No	ı. 19	
ISDL: Depository Participant Nam	e		DPID No. I	N			Beneficiary A/c I	Vo.			T	
DSL: Depository Participant Nam							Beneficiary A/c I	No.			+	
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QUICK CHECKLIST												
KYC acknowledgement letter (Compulsory for MICRO Inve	estments)	SIP Registration Mandate	- NACH for SIP in	vestments							
Self attested PAN card copy			Multiple Bank Accounts R	egistration form (if you want t	o regist	er multiple bank a	ccounts	so that f	uture payn	nents c	an be ma
Email id and mobile number pro	vided for online transaction	facility	from any of the accounts) Relationship proof between	n Guardian and M	linor (if applic	ation is	in the name of a l	/linor) at	tached			
			Additional documents atta									
Plan / Option / Sub Option name	mentioned in addition to so	heme name	FATCA Declaration.									
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