

4 INVESTMENT & PAYMENT DETAILS (Investors applying under Direct Plan must mention "Direct" against scheme name, refer 2)

Payment type Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Scheme Plan Option Dividend Frequency

LUMP SUM (Fill 4A only) MICRO LUMP SUM (Fill 4A only) SIP AXIS BANK DEBIT MANDATE (Fill 4B) SIP ELECTRONIC AUTO DEBIT (Fill 4B) MICRO SIP (Fill 4B)

4A LUMPSUM Do not submit SIP Auto Debit Form

Mode Cheque DD Axis Bank Debit Mandate (Please fill section 3.) Cheque / DD no. Dated

Amount (figures) (words)

Pay-in A/c no.

Account type Savings NRO NRE Current FCNR Others Specify

Drawn on bank / branch name

4B SIP (For SIP through Electronic Auto Debit submit SIP Auto Debit (Form 2) with Form 1

Monthly SIP Amount (figure) (words)

SIP frequency (tick any one) Monthly Yearly Preferred Debit Date (Any date except 29th, 30th and 31st)

SIP period Till you instruct to discontinue OR no. of installments (ref 12(h))* from to* *Fill only if no. of installments have been specified, else leave blank.

First SIP Installment details Drawn on bank / branch name

Mode Cheque / DD Axis Bank Debit Mandate (Please fill section 3.) Cheque / DD no. Dated

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT (Name should be as per the demat account. Refer 17) NSDL CDSL

Depository Participant (DP) Name

DP ID Beneficiary A/c No.

5 BANK ACCOUNT DETAILS FOR PAY-OUT (Mandatory. Refer 6 and avail of Multiple Bank Registration Facility.)

Bank Name

Bank A/c No. Type Current Savings NRO NRE FCNR Others Specify

Branch Name City Pin

IFSC Code (11 digit)* MICR Code (9 digit)* *Mentioned on your cheque leaf

6 NOMINATION DETAILS (Refer 16)

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.	First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder	100%
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7 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, 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 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 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, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other 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 confirm that I/we do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro investment only.) with your fund house. For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/we have remitted funds from abroad 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 are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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QUICK CHECKLIST

- KYC acknowledgement letter (Compulsory for MICRO Investments)
- Self attested PAN card copy
- Email id and mobile number provided for online transaction facility
- Plan / Option name mentioned in addition to scheme name
- SIP Auto Debit Form for SIP investments
- 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)
- Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached
- Additional documents attached for Third Party payments. Refer instructions.

AXIS MUTUAL FUND HELPS YOU RELAX WITH,

<p>EasyInvest https://online.axisfund.com Invest online without any prior registration.</p>	<p>EasyCall 1800 221212 / 1800 3008 3300 Buy / Sell units without PINs or Passwords.</p>	<p>EasySMS SMS HELP @ 92228 10823 Transact and get help details on the go.</p>	<p>EasyApp SMS EasyApp @ 92228 10823 to download. Invest with ease on your Android smartphone.</p>	<p>Risk Managed Products</p>
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Buy means purchase and *Sell* means redemption of units of Axis Mutual Fund schemes.

FOR NON-INDIVIDUALS - SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM



Name of the entity

Type of address given at KRA Residential or Business Residential Business Registered Office
 "Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

Folio Number / /

PAN Date of incorporation

City of incorporation Country of incorporation

Entity Constitution Type (Please tick as appropriate) Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI Trust Liquidator
 Limited Liability Partnership Artificial Juridical Person Others specify

Please tick the applicable tax resident declaration:

1. Is "Entity" a tax resident of any country other than India Yes No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number *	Identification Type (TIN or Other, please specify)

*In case Tax Identification Number is not available, kindly provide its functional equivalent\$.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

ADDITIONAL KYC INFORMATION

Gross Annual Income (₹) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs > 25 Lacs - 1 Crore > 1 Crore

OR

Net-worth (Mandatory for Non-Individuals) ₹ as on (Not older than 1 year)

Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) PEP Related to PEP Not Applicable

Is the entity involved in any of the mentioned services: Foreign exchange/ Money changer Gaming/ Gambling/ Lottery (Casinos, betting syndicates)
 Money lending/ Pawning Not applicable

*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Financial institution⁶

OR

Direct reporting NFE⁷
 (please tick as appropriate)

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

GIIN not available (please tick as applicable) Applied for Not required to apply for - please specify 2 digits sub-category¹⁰ Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active ³ NFE	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive ⁴ NFE	Yes <input type="checkbox"/> Nature of Business <input type="text"/>

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category) Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals Private Trust
 Public Charitable Trust Religious Trust Others

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of part C)

Details	UBO1	UBO2	UBO3
Name			
PAN			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No. [§]			
Tax ID Type			
Address	_____ _____ Zip _____ State _____ Country _____	_____ _____ Zip _____ State _____ Country _____	_____ _____ Zip _____ State _____ Country _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Percentage of Holding (%) [^]			

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent

[^]Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

[§]Refer 3(iii) of Part C | [¶]Refer 3(iv) (A) of Part C

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Axis Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

§It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name _____

Designation _____

Signatures

Signatures

Signatures

Date D D M M Y Y Y Y

Place _____