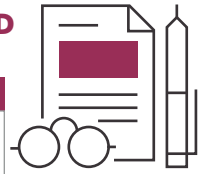


COMMON APPLICATION FORM FOR AXIS GLOBAL EQUITY ALPHA FUND OF FUND

(An open ended fund of fund scheme investing in Schroder International Selection Fund Global Equity Alpha)



Application No. _____

NFO OPENS : SEPTEMBER 4, 2020 AND NFO CLOSES : SEPTEMBER 18, 2020

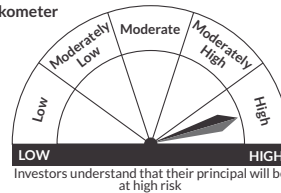
AXIS GLOBAL EQUITY ALPHA FUND OF FUND (An open ended fund of fund scheme investing in Schroder International Selection Fund Global Equity Alpha)

This product is suitable for investors who are seeking*

- Capital appreciation over long term.
- Investment in Schroder International Selection Fund Global Equity Alpha, an equity fund that aims to provide capital growth by investing in equity and equity related securities of companies worldwide.

*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

Riskometer



(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 **48012** Sub-Distributor ARN _____ Internal Sub-Broker/ Sol ID _____

EUIN **E053085** Employee Code _____ RIA 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
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20)

I confirm that I am a first time investor across Mutual Funds. **OR** I confirm that I am an existing 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 Mode of Holding should be same as in Demat Account)	Unit Holding Option
Folio number <input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode (in case of Demat, please fill sec 6)
<input type="checkbox"/> 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)

First Applicant	Mr. Ms. M/s.	FIRST APPLICANT	Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O
PAN (Mandatory)	<input type="text"/>			
DOB	D D M M Y Y Y Y	CKYC No. (Optional)	1 4 d g i t CKYC Number	<input type="text"/>
Address	<input type="text"/>			
City	State	Pincode	<input type="text"/>	
Mobile	Email ID*			
Occupation Details	<input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student <input type="checkbox"/> Others <input type="text"/> Specify			
Gross Annual Income (₹)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore Net worth (Mandatory for Non - Individuals) ₹ <input type="text"/> as on D D M M Y Y Y Y			

Email ID provided pertains to Self Family Member (Note: If Email pertains to Family Member please select any one) Spouse Dependent Parents Dependent Children
 I / we hereby prefer to 'OPT-IN' to receive physical copies of scheme Annual Report or Abridged summary. (Refer Instruction No. 25)

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	<input type="text"/>			
Branch Address	<input type="text"/>			
City	State	Pincode	<input type="text"/>	
Account No.	<input type="text"/>			
Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others <input type="text"/> Specify			
IFSC code (11 digit)	MICR Code (9 digit)		<input type="text"/>	

Second Applicant	Mr. Ms. M/s.	SECOND APPLICANT										Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O
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PAN (Mandatory)														
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DOB	D	D	M	M	Y	Y	Y	Y	CKYC No. (Optional)											
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Address															
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City											State				Pincode					
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Occupation Details	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Student	<input type="checkbox"/> Others	<input type="text" value="Specify"/>

Gross Annual Income (₹)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore
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Third Applicant	Mr. Ms. M/s.	THIRD APPLICANT										Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O
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PAN (Mandatory)														
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DOB	D	D	M	M	Y	Y	Y	Y	CKYC No. (Optional)											
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Address															
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City											State				Pincode					
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Occupation Details	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Student	<input type="checkbox"/> Others	<input type="text" value="Specify"/>

Gross Annual Income (₹)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore
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GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.	GUARDIAN										Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O
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PAN (Mandatory)														
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DOB	D	D	M	M	Y	Y	Y	Y	CKYC No. (Optional)											
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Address															
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City											State				Pincode					
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Occupation Details	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculture
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Student	<input type="checkbox"/> Others	<input type="text" value="Specify"/>

Gross Annual Income (₹)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore
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Relationship Of Guardian (Refer Instruction No. 11) Mother Father Court Appointed Guardian

Email ID

Proof of the Relationship with Minor Birth Certificate School Certificate Passport Others

TAX STATUS (Applicable for First / Sole Applicant) Resident Individual FIs NRI-NRO HUF Club / Society PIO Body Corporate

Minor Government Body Trust NRI - NRE Bank & FI Sole Proprietor Partnership Firm QFI Provident Fund

Others

For Individuals	For Non-Individual Investors (Companies, Trust, Partnership etc.)
<input type="checkbox"/> I am a Politically Exposed Person	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (If No, please attach mandatory UBO Declaration) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am related to a Politically Exposed Person	Foreign Exchange / Money Charger Services <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am not related to Politically Exposed Person	Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

2. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor. Refer Instruction No. 23)

FOR RESIDENT
INDIANS

The below information is required for all applicants/guardian.

	Place / City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____

FOR NON-RESIDENT
INDIANS

Are you a tax resident (i.e., are you assessed for tax) in any other country outside India?

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries.

Yes No

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Address Type
First Applicant / Guardian				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business
Second Applicant				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business
Third Applicant				<input type="checkbox"/> Resi <input type="checkbox"/> Regd. Office <input type="checkbox"/> Business

Overseas Address

		City			
State		Country		Zipcode	

For Non Individual investors Annexure I and Annexure II are available on the website of AMC i.e. www.axismf.com or at the Investor Service Centres (ISCs) of Axis Mutual Fund



3. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 18)

Sr. No.	Nominee Name	PAN	Allocation (%)	Relationship with Investor	Nominee date of birth	Guardian Name (in case of Minor)	Guardian Signature
1					D D M M Y Y		
2					D D M M Y Y		
3					D D M M Y Y		

I/We DO NOT wish to nominate and sign here

You/ Sole Applicant

Second Applicant

Third Applicant

4. INVESTMENT DETAILS (For multiple schemes ref instruction no. 22) (Investors applying under Direct Plan must select "DIRECT" against scheme name, Refer Instruction No. 2.)

Sr. No.	Scheme	Plan	Option	Amount
1	AXIS Global Equity Alpha Fund of Fund	<input checked="" type="checkbox"/> Regular		
2		<input checked="" type="checkbox"/> Regular		
3		<input checked="" type="checkbox"/> Regular		
Total				In words
				In figures

5. PAYMENT DETAILS

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

Mode Cheque DD Axis Bank Debit Mandate (Please fill section 9.) Date

D	D	M	M	Y	Y	Y	Y
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 Cheque / DD No.

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Amount (in figures) (in words)

Pay-in A/c No.

Account type Savings Current NRE NRO FCNR Others Specify

IFSC code (11 digit) MICR Code (9 digit)

Drawn on bank / branch name & address

6. DEMAT ACCOUNT DETAILS (OPTIONAL)

(Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c held with the depository participant) Refer Instruction No. 19.

NSDL: Depository Participant Name DP ID:

I	N								
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Beneficiary A/c No.

CDSL: Depository Participant Name

Beneficiary A/c No.

Enclosed Client Master Transaction / Statement Copy / DIS Copy

7. DECLARATION 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 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 give my / our consent to collect personal data 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 Agents 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 affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

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.

I/ We give my consent to Axis Asset Management Company Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/ our Aadhaar number(s) (if provided) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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Date

D	D	M	M	Y	Y	Y	Y
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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>



Transact by sending an SMS
SMS HELP To 9212010033



Transact through a simple phone call on 8108622211

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 **Application No.**

authorise you to debit my/our account no.

Account type Savings NRO NRE Current FCNR Others to pay for the purchase of

Axis Global Equity Alpha Fund Of Fund **OR** Axis MF Multiple Schemes

Amount (in words) (in Figures)

Signature of First Account Holder	Signature of Second Account Holder	Signature of Third Holder
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Date

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.

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	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> 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	Folio Number
PAN	Date of incorporation
City of incorporation	Country of incorporation
Entity Constitution Type (Please ✓ as appropriate)	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others <input style="width: 100px;" type="text" value="specify"/>

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: (Please ✓ as appropriate)

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)

<input type="checkbox"/> We are a, Financial institution ⁶ OR <input type="checkbox"/> Direct reporting NFE ⁷ (please tick as appropriate)	GIIN <input style="width: 100%;" type="text"/> Name of sponsoring entity <input style="width: 100%;" type="text"/>	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
GIIN not available (please ✓ as applicable) If the entity is a financial institution	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input type="checkbox"/> 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 (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 style="width: 100%;" 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 style="width: 100%;" 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 style="width: 100%;" type="text"/>
3	Is the Entity an active ³ NFE	Yes <input type="checkbox"/> Nature of Business <input style="width: 100%;" type="text"/> Please specify the sub-category of Active NFE <input style="width: 20px;" type="text"/> <input style="width: 20px;" 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 style="width: 100%;" 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)	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company	<input type="checkbox"/> Unincorporated association / body of individuals
	<input type="checkbox"/> Private Trust	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Others <input type="text"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No. [§]			
Tax ID Type			
Address	<input type="text"/> <input type="text"/> Zip <input type="text"/> State <input type="text"/> Country <input type="text"/>	<input type="text"/> <input type="text"/> Zip <input type="text"/> State <input type="text"/> Country <input type="text"/>	<input type="text"/> <input type="text"/> Zip <input type="text"/> State <input type="text"/> Country <input type="text"/>
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 Place

SIP REGISTRATION FORM

for first time investors, submit Common Application form along with this form.

Application No.


 Distributor ARN **48012**

Sub-Distributor ARN

Internal Sub-Broker/ Sol ID

 EUIN **E053085**

Employee Code

RIA CODE ^

PMR (Portfolio Manager's Registration) Number ^ ^

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
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20)

I confirm that I am a first time investor across Mutual Funds. **OR** I confirm that I am an existing 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.

1. YOUR INFORMATION (MANDATORY)

EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio with KYC validated, please mention here)

Folio number											
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Your Name (as in PAN Card / KYC records)	Mr. Ms. M/s.														
Name of the Guardian	Mr. Ms. M/s.	(In case First / Sole Applicant is minor) / Contact Person - Designation / PoA HOLDER (In case of Non-individual Investors)													
Your PAN															
2nd Holder PAN															
3rd Holder PAN															

DO NOT FILL THE MANDATE BELOW, IF OTM DETAILS ARE PROVIDED IN SECTION 2 ON THE NEXT PAGE.

To register Axis One Time Mandate, please fill and submit the One Time Mandate form separately.

	UMRN		Bank use		Date											
<input checked="" type="checkbox"/> Tick	Sponsor Bank Code		Bank use	Utility Code		Bank use										
<input checked="" type="checkbox"/> CREATE	I/We hereby authorize	Axis Mutual Fund	to debit (tick ✓)		<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> Other						
<input checked="" type="checkbox"/> MODIFY	Bank a/c number															
<input checked="" type="checkbox"/> CANCEL	with Bank	Name of customers bank	IFSC		or MICR											
	an amount of Rupees		In Words		₹		In Figures									
FREQUENCY	<input checked="" type="checkbox"/> Mthly	<input checked="" type="checkbox"/> Qtly	<input checked="" type="checkbox"/> H-Yrly	<input checked="" type="checkbox"/> Yrly	<input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount								
Reference 1	PAN No.		Phone No.													
Reference 2	All Schemes of Axis Mutual Fund		Email ID													

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD From <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> To <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Or <input type="checkbox"/> Until Cancelled																	1.	Signature Primary Account holder	2.	Signature of Account holder	3.	Signature of Account holder
	_____ Name as in bank records		_____ Name as in bank records		_____ Name as in bank records																	

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

MANDATORY FIELDS: • Instrument Date • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank records. Reference 1 - PAN.

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Investor Name			
SIP Scheme 1		Top-up	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIP Scheme 2		Top-up	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIP Scheme 3		Top-up	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stamp & Signature			

2. SIP DETAILS

SIP Registration Mode A-OTM K-OTM Mandate along with SIP form

OTM Reference No.

(if Multiple One Time Mandate are registered)

Scheme / Plan / Option	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	SIP Date (DD) Default SIP Date 7th	Enrollment Period (MMYY) From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> 1 2 9 9	SIP Amount ₹ <input type="text"/> in figures <input type="text"/> in words	TOP-UP Facility (Optional) Only available for Monthly SIP	
					Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Amount ₹ <input type="text"/> in figures <input type="text"/> in words
Axis Global Equity Alpha Fund of Fund - Regular					<input type="checkbox"/> Half Yearly	₹ <input type="text"/> in figures <input type="text"/> in words
					<input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words
					<input type="checkbox"/> Dynamic TOP-UP	
					<input type="checkbox"/> Half Yearly	₹ <input type="text"/> in figures <input type="text"/> in words
					<input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words
					<input type="checkbox"/> Dynamic TOP-UP	
					<input type="checkbox"/> Half Yearly	₹ <input type="text"/> in figures <input type="text"/> in words
					<input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words
					<input type="checkbox"/> Dynamic TOP-UP	

SIP initial payment details (Optional)

Drawn on bank / branch name	<input type="text"/>	Amount	<input type="text"/>
Mode	<input type="checkbox"/> Cheque/DD	<input type="checkbox"/> Cheque/DD	Dated <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

In case of multiple SIP, mention "Axis MF Multiple Schemes" on the payment instrument.

3. Declaration and Signature (to be signed by all unit holders if mode of holding is 'joint')

I / We declare that the particulars furnished here are correct. I / We authorize Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/ or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Axis Mutual Fund about any changes in my bank account. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant
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INSTRUCTIONS FOR SIP & TOP-UP

- Multiple SIP registration facility is not available for Axis Children's Gift Fund, Axis Liquid Fund, Gold ETF and during NFO.
- Investors are required to submit Form along with a photo copy/cancelled cheque of Debit Bank Account at least 21 days before the first SIP Installment date.
- Investor shall have the option of choosing any date of the month as the SIP date except the dates 29th, 30th and 31st. If SIP date is not mentioned, default date would be considered as 7th of every month. If the SIP date falls on a non-business day or a bank holiday, the SIP debit will be processed on the following business day.
- Please refer below table for minimum monthly/yearly installments:

Scheme	Monthly		Yearly	
	Minimum Amount (₹)	Minimum Installments	Minimum Amount (₹)	Minimum Installments
All Schemes except below schemes, Axis Overnight Fund & Axis Liquid Fund	1000	6		
Axis Bluechip Fund, Axis Midcap Fund, Axis Multicap Fund, Axis Smallcap Fund, Axis Focused 25 Fund & Axis Nifty 100 Index Fund	500	6	12000	3
Axis Long Term Equity Fund*	500	6	6000	3

- Note: For all schemes, minimum amount is as per above table and thereafter in multiple of ₹ 1. For Long Term Equity Fund Minimum amount is as per above table and thereafter in multiple of ₹ 500*.
- If no amount is mentioned minimum scheme amount would be considered i.e. for Axis Long Term Equity Fund minimum amount would be ₹ 500/- and for other schemes minimum amount would be ₹ 1,000/-.
 - For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
 - The SIP will be discontinued automatically if payment is not received for three successive installments.
 - Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar M/s. KFin Technologies Private Limited. Notice of such discontinuance should be received at least 20 days prior to the due date of the next installment / debit.
 - Mandate will be processed through NACH platform offered by NPCI.
 - As per SEBI circular dated August 22, 2011, Transaction Charge per subscription of ₹ 10,000/- and above shall be charged from the investors and shall be payable to the distributors/ brokers (who have not opted out of charging the transaction charge) in respect of applications routed through distributor/broker relating to Purchases / subscription / new inflows only (lumpsum and SIP), subject to the following:
 - For Existing / New investors: ₹ 100 / ₹ 150 as applicable per subscription of ₹ 10,000/- and above.
 - Transaction charge for SIP shall be applicable only if the total commitment through SIP amounts to ₹ 10,000/- and above. In such cases the transaction charge would be recovered in maximum 4 successful installments.
 - There shall be no transaction charge on subscription below ₹ 10,000/-.
 - There shall be no transaction charges on direct investments.
 - There shall be no transaction charges for transaction other than purchases/subscriptions relating to new inflows such as Switches, etc.
 - Transactions carried out through the Stock Exchange platforms for mutual funds shall not be subject to transaction charges.

The requirement of minimum application amount shall not be applicable if the investment amount falls below the minimum requirement due to deduction of transaction charges from the subscription amount.

However, the option to charge "transaction charges" is at the discretion of the distributors.

Investors may note that distributors can opt to receive transaction charges based on type of the Scheme. Accordingly, the transaction charges would be deducted from the subscription amounts, as applicable.

- Investor will not hold Axis Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/ Local/Bank holiday. Axis Mutual Fund, its registrars and other service providers shall not be held responsible or liable for damages / compensation / loss incurred by the investor as a result of using the SIP or ECS / Auto debit facility. The investor assumes the entire risk of using this facility and takes full responsibility.
- Investor can change bank details for SIP by submitting a "CHANGE OF BANK MANDATE - FOR SIP" form available on the website or at any Investor Service Centre along with cancelled cheque of the new bank with the investor's name printed on it.
- TOP-UP Facility: Under this facility the Investor can increase the SIP installment at pre-defined intervals by a fixed amount or any time as per the request. This facility is available for individual investors only. For availing the said facilities, investors are required to note the following:
 - Investor willing to register TOP-UP should provide the TOP-UP details along with the SIP enrollment details.
 - The minimum amount for Axis TOP-UP facility is ₹ 500/- and in multiples of ₹ 1/- for all schemes; except Axis Long Term Equity Fund the minimum amount is ₹ 500 and in multiples of ₹ 500 thereafter.
 - If no amount is mentioned as TOP-UP amount under frequency yearly and half-yearly, minimum TOP-UP amount would be considered, i.e., ₹ 500/- for all schemes.
 - TOP-UP frequencies available are Half-Yearly/Yearly/ Dynamic requested intervals.
 - In case TOP-UP frequency is not indicated, it will be considered as Yearly by Default.
 - The date for Axis Mutual Fund TOP-UP Facility will correspond to the registered SIP.
 - TOP-UP will continue till the End of the SIP tenure by default.
 - In case an investor wishes to change the Top-Up amount, he/she has to provide a cancellation for the existing SIP and register fresh SIP.
 - Only TOP-UP cannot be discontinued anywhere during the SIP tenure.
 - In case of Dynamic Top up option, any changes in the amount can be made only after completion of 6 months from the date of the first installment and minimum gap between two top up requests should be 3 months and amount specified in last request shall be continued till the End of the SIP tenure.
 - Please see the illustration below to know how to calculate SIP Top-Up amount:
 - SIP Starts on 07/May/2016 · SIP ends on 07/12/2099 · SIP amount is ₹ 1000
 - Top-Up amount is ₹ 500 · Top-Up Frequency is Half-yearly

Top-Up date	SIP Amount (₹)	Top-Up Amount (₹)	New SIP Amount (₹)
7-Nov-2016	1000	500	1500
7-May-2017	1500	500	2000
7-Nov-2017	2000	500	2500
7-May-2018	2500	500	3000

ONE TIME MANDATE (OTM) FORM

One Time Mandate (OTM) is a common application form for registration of mandate centrally and not being folio specific. OTM registration will be PAN Based and will be available for investment in all folios available with Axis Mutual Fund for Multiple SIPs and additional purchases. One Time Mandate is only available to HUFs, Proprietor Firms and individual investors with "Single" or "Either or Survivor" mode of holding.

Investor Details (If One Time Mandate registration is not required, skip this section and only fill the NACH Mandate below.)

Name of Applicant																					
PAN											Mobile No.										
Email ID																					
Bank Name											Account No.										

I/We declare that the particulars furnished here are correct. I/We authorize Axis Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible.

I/We will also inform Axis Mutual Fund about any changes in my bank account.

I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.

Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

I/We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Axis Mutual Fund using this facility.

I/We request you to make provisions for me/us and/or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from Axis Mutual Fund.

I/We give my consent to Axis Asset Management Company Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

Signature of PAN Holder
(as per folio record)

Dated	D	D	M	M	Y	Y	Y	Y	Place												
-------	---	---	---	---	---	---	---	---	-------	--	--	--	--	--	--	--	--	--	--	--	--

	UMRN		Bank use		Date	D	D	M	M	Y	Y	Y	Y									
Tick (✓)	Sponsor Bank Code		Utility Code		Bank use																	
CREATE <input checked="" type="checkbox"/>	I/We hereby authorize	Axis Mutual Fund	to debit (tick ✓)	<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> Other													
MODIFY <input type="checkbox"/>	Bank a/c number																					
CANCEL <input type="checkbox"/>	with Bank	Name of customers bank	IFSC											or MICR								
	an amount of Rupees		In Words		₹	In Figures																
FREQUENCY	<input checked="" type="checkbox"/> Mthly	<input checked="" type="checkbox"/> Qtly	<input checked="" type="checkbox"/> H-Yrly	<input checked="" type="checkbox"/> Yrly	<input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount														
Reference 1	PAN No.		Phone No.																			
Reference 2	All Schemes of Axis Mutual Fund		Email ID																			

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD											
From	D	D	M	M	Y	Y	Y	Y	Signature Primary Account holder	Signature of Account holder	Signature of Account holder
To	D	D	M	M	Y	Y	Y	Y	1. Name as in bank records	2. Name as in bank records	3. Name as in bank records
Or	<input type="checkbox"/> Until Cancelled										

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

MANDATORY FIELDS: • Instrument Date • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank records

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Investor Name					Stamp & Signature
PAN No.					

INSTRUCTIONS FOR ONE TIME MANDATE

- One Time Mandate is currently available to HUFs, Proprietor Firms and individual investors with "Single" or "Either or Survivor" the mode of holding.
 - Registration of One Time Mandate will take 21 days from the date of submission of form.
 - Mandate will be processed through NACH platform offered by NPCI.
 - "National Automated Clearing House (NACH)" is Direct Electronic Debit mode implemented by National Payments Corporation of India (NPCI), list of banks is available on NPCI website www.npci.org.in. The said list is subject to modifications. The investor agrees to abide by the terms and conditions of NACH Debit/ECS of Reserve Bank of India/Banks.
 - In case the Mandatory fields on the Mandate are not filled, the mandate will be rejected.
 - Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. As investor can register for multiple SIPs with one time NACH mandate. The transaction amount should not exceed the maximum amount mentioned in the NACH mandate. It is suggested to choose a higher amount to commence additional investments in future or to absorb Top-Up increments.
 - Axis One Time Mandate cannot be utilized for Liquid schemes, ETF schemes, closed ended schemes, and during NFO period.
 - Special instructions for EasyCall / EasySMS facility:
 - Post registration, you can invest less than 2,00,000/- at a time using EasyCall & EasySMS.
 - The Distributor ARN for an EasyCall/ EasySMS transaction will be the same as registered against the folio in which the transaction is being done. In case a folio has multiple brokers registered, then the EasyCall transaction is made under the Distributor ARN of the last transaction in the folio.
 - The Investor agrees that all calls received shall be eligible for same day NAV subject to necessary formalities to be complied by the AMC in case of transaction through EasyCall & EasySMS Facility on or before the uniform cut off time.
 - SIP is not available through Easy SMS.
 - The cut off time for EasyCall transactions is 2:30pm on all business days and if the call for transaction is received after 2:30 pm it would be considered for the next day transaction.
 - The cut off time for EasySMS transactions is 3:00 pm on all business days and if the SMS for transaction is received after 3:00 pm it would be considered for the next day transaction
 - Requests like change in bank mandate, change of nomination, change in mode of holding, change of address or such other requests as the AMC may decide from time to time will not be permitted using the EasyCall & EasySMS facility.
 - The Investor/s shall not hold the AMC liable for the following:
 - For any transaction using the Facility carried out in good faith by the AMC on instructions of the Investor/s.
 - For unauthorized usage/ unauthorized transactions conducted by using the Facility.
 - For any loss or damage incurred or suffered by the Investor/s due to any error, defect, failure or interruption in the provision of the Facility arising from or caused by any reason whatsoever.
 - For any negligence/mistake or misconduct by the Investor/s.
 - For any breach or non-compliance by the Investor/s of the rules/terms and conditions stated in the Scheme Information Document.
 - For not verifying the identity of the person giving the telephone instructions in the Investor/s name.
 - For not carrying out any such instructions where the AMC has reason to believe (which decision of the AMC the Investor/s shall not question or dispute) that the instructions given are not genuine or are otherwise improper, unclear, vague or cause for doubt.
 - For carrying out a transaction after such reasonable verification as the AMC may deem fit regarding the identity of the Investor/s.
 - In case of error in NAV communication.
 - For accepting instructions given by any one of the Investor/s or his/her authorized person.
- Axis Asset Management Company Limited (AMC) has the right to ask such information (Key Information) from the available data of the Investor/s before allowing him/ her access to avail the One Time Mandate facility (the Facility). If for any reason, the AMC is not satisfied with the replies of the Investor/s, the AMC has at its sole discretion the right of refusing access without assigning any reason/s to the Investor/s.
 - It is clarified that the Facility is only with a view to accommodate / facilitate the Investor/s and offered at the sole discretion of the AMC. The AMC is not bound and/or obliged in any way to give access to the Facility to Investor/s.
 - The Investor/s shall check his/ her account records carefully and promptly. If the Investor/s believes that there has been a mistake in any transaction using the Facility, or that an unauthorized transaction has been effected, the Investor/s shall notify the AMC immediately. If the Investor/s defaults in intimating the discrepancies in the statement within a period of fifteen days of receipt of the statements, he waives all his rights to raise the same in favor of the AMC, unless the discrepancy/ error is apparent on the face of it. By opting for the facility the Investor/s hereby irrevocably authorizes and instructs the AMC to act as his/ her agent and to do all such acts as AMC may find necessary to provide the Facility.
 - The Investor/s shall at all times be bound by any modifications and/ or variations made to these Terms and Conditions by the AMC at their sole discretion and without notice to them.
 - The Investor/s agrees and confirms that the AMC has the right to ask the Investor/s for an oral or written confirmation of any transaction request using the Facility and/ or any additional information regarding the Account of the Investor/s.
 - The Investor/s agrees and confirms that the AMC may at its sole discretion suspend the Facility in whole or in part at any time without prior notice.
 - The Investor/s shall not assign any right or interest or delegate any obligation arising herein.
 - The Investor/s shall take responsibility for all the transactions conducted by using the Facility and will abide by the record of transactions generated by the AMC. Further, the Investor/s confirms that such records generated by the AMC shall be conclusive proof and binding for all purposes and may be used as evidence in any proceedings and unconditionally waives all objections in this behalf.
 - The Investor/s agrees that use of the Facility will be deemed acceptance of the Terms and Conditions and the Investor/s will unequivocally be bound by these Terms and Conditions.