

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTER ONLY. **(Meri Punji IMF Pvt Ltd)**

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN -102495	ARN			E 145320	

Uprfront 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 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.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Refer 20) 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.

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

**1 UNIT HOLDING OPTION** (To be filled in case of demat holding only) **2 EXISTING INVESTOR'S FOLIO NUMBER**

DEMAT MODE  PHYSICAL MODE

Demat Account Details of First / Sole Applicant (Name should be as per demat account) \_\_\_\_\_

Depository Participant Name \_\_\_\_\_

Folio Number \_\_\_\_\_

**3 INVESTMENT TYPE** (Please tick any one)

LUMP SUM  LUMP SUM WITH SIP  LUMP SUM WITH STP

Single  Joint (Default)  Anyone or Survivor

**4 MODE OF HOLDING** (in case of Demat Purchase Mode of Holding should be same as in Demat Account)

**5 FIRST APPLICANT'S DETAILS** (Non-individual investors please fill in FATCA / CRS, UBO annexure and attach along with application form) Ref. 9 & 22. All fields are mandatory. **Gender**  Male  Female

Name (1<sup>st</sup>) (As in PAN card/KYC records) \_\_\_\_\_

PAN (Minor / 1st Holder) Refer 10 \_\_\_\_\_

Father's Name \_\_\_\_\_ Date of birth (Minor / 1st Holder) \_\_\_\_\_

Name of the Guardian (in case of minor please attach proof of date of birth) / POA (Contact person for non individuals / PoA holder name) Guardian / PoA PAN \_\_\_\_\_

Country of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

**For Investments "On behalf of Minor"** (Refer 11)  Birth Certificate  School Certificate  Passport  Other  Specify Guardian named above is  Father  Mother  Court Appointed

Correspondence address (Please note: Address will be replace as per KYC records) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

Overseas address (For FIIs/NRIs/PIOs) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_ Tel. \_\_\_\_\_

**Status**  Resident Individual  Partnership Firm  Proprietor  Trust  HUF  Company  Minor  NPO\*  Society  Other  FII  NRI  PIO  Other than NPO

**Occupation**  Pvt. Sector Service  Public Sector  Gov. Service  Housewife  Defence  Professional  Retired  Business  Agriculture  Student  Forex Dealer  Other

**Are you FATCA Compliant** (Please tick any one)  Yes  No (if no, please fill below details)

**Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes**

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others  specify

Gross Annual Income OR Net-worth\* in ₹  < 1L  1-5L  5-10L  10-25L  > 25L as on \_\_\_\_\_

\*Not older than one year  Politically Exposed Person (PEP)  Related to a PEP  Not Applicable

Is the entity involved in any of the following:  
 Foreign Exchange/ Money Changer  Yes  No  
 Gaming/ Gambling/ Lottery (casinos, betting syndicates)  Yes  No  
 Money Lending/ Pawning  Yes  No

**6 DEBIT MANDATE** (For Axis Bank A/c only.) To be processed in CMS software under client code "AXISMF" TO BE DETACHED BY KARVY & PRESENTED TO AXIS BANK CMS Application No. \_\_\_\_\_

I/ We \_\_\_\_\_ Name of the account holder(s) authorise you to debit my/our account no. \_\_\_\_\_ Date \_\_\_\_\_

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

Axis Income Saver  Axis Midcap Fund  Axis Triple Advantage Fund  Axis Equity Fund  Axis Focused 25 Fund  Axis Long Term Equity Fund  Axis Enhanced Arbitrage Fund  Axis Equity Saver Fund

Amount \_\_\_\_\_ (figures) \_\_\_\_\_ (words)

Signature of First Account Holder \_\_\_\_\_ Signature of Second Account Holder \_\_\_\_\_ Signature of Third Account Holder \_\_\_\_\_

**ACKNOWLEDGMENT SLIP** Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. Application No. \_\_\_\_\_

From \_\_\_\_\_

Cheque no.	Date	Amount	Scheme

Stamp & Signature \_\_\_\_\_

Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country <sup>#</sup>	Tax identification number <sup>§</sup>	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

## SECOND APPLICANT'S DETAILS (All fields are mandatory)

Gender  Male  Female

Name (2<sup>nd</sup>) (As in PAN card/KYC records)

Father's Name

PAN  Mobile  Email

Date of birth  Enclose  Attested PAN card copy  KYC Acknowledgment (Refer 8)

Country of Birth  Place of Birth  Nationality

Status  Resident Individual  Proprietor  HUF  Minor  Society  FII  NRI  PIO  Partnership Firm  Trust  Company  Other  Specify

Occupation  Pvt. Sector Service  Public Sector  Gov. Service  Housewife  Defence  Retired  Professional  Business  Agriculture  Student  Forex Dealer  Other  Specify

Gross Annual Income OR Net-worth\* in ₹  as on   < 1L  1-5L  5-10L  10-25L  > 25L

Politically Exposed Person (PEP)  Related to a PEP  Not Applicable

\*Should not be older than one year Any other information

Are you FATCA Compliant (Please tick any one)  Yes  No (if no, please fill below details)

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others  specify

Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country <sup>#</sup>	Tax identification number <sup>§</sup>	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

## THIRD APPLICANT'S DETAILS (All fields are mandatory)

Gender  Male  Female

Name (2<sup>nd</sup>) (As in PAN card/KYC records)

Father's Name

PAN  Mobile  Email

Date of birth  Enclose  Attested PAN card copy  KYC Acknowledgment (Refer 8)

Country of Birth  Place of Birth  Nationality

Status  Resident Individual  Proprietor  HUF  Minor  Society  FII  NRI  PIO  Partnership Firm  Trust  Company  Other  Specify

Occupation  Pvt. Sector Service  Public Sector  Gov. Service  Housewife  Defence  Retired  Professional  Business  Agriculture  Student  Forex Dealer  Other  Specify

Gross Annual Income OR Net-worth\* in ₹  as on   < 1L  1-5L  5-10L  10-25L  > 25L

Politically Exposed Person (PEP)  Related to a PEP  Not Applicable

\*Should not be older than one year Any other information

Are you FATCA Compliant (Please tick any one)  Yes  No (if no, please fill below details)

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others  specify

Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country <sup>#</sup>	Tax identification number <sup>§</sup>	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

## 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 / Sub Option name mentioned in addition to scheme name
- SIP Registration Mandate - NACH 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.
- FATCA Declaration.



**EasyInvest**  
https://online.axismf.com  
Invest online without any prior registration.



**EasyCall**  
1800 221322 / 1800 3000 3300  
Buy / Sell units without PINs or Passwords.



**EasySMS**  
SMS HELP to 92120 10033  
Transact and get folio details on the go.



**EasyApp**  
SMS EasyApp to 92120 10033  
to download, invest with ease on your Android smartphone.



**Risk Managed Products**

\*Buy means purchase and 'Sell' means redemption of units of Axis Mutual Fund schemes.

**7 BANK ACCOUNT DETAILS FOR PAY-OUT** (Mandatory. Refer 6 and avail of Multiple Bank Registration Facility.) (Please attach cancelled cheque copy or latest bank account statement.) (All fields are mandatory)

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

**8 INVESTMENT & PAYMENT DETAILS** (Investors applying under Direct Plan must mention "Direct" against scheme name, refer 2) (All fields are mandatory)

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

Scheme  Plan  Option  Sub Option#  Dividend Frequency (Quarterly/ Half Yearly/ Annual)\*

# Dividend Re-Investment is not available for Axis Long Term Equity Fund \*Applicable only for Axis Income Saver

**8A LUMP SUM Do not submit SIP Registration Mandate - NACH (Form 2)**

Mode  Cheque  DD  Axis Bank Debit Mandate (Please fill section 6.) 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

**8B SIP (SIP Registration details (Form 2) with Form 1)**

Monthly SIP Amount (figure)  (words)

SIP frequency (tick ✓ any one)  Monthly  Yearly (Default Frequency Monthly) Preferred Debit Date (Any date except 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup>) (ref 13(b))  If no debit date is mentioned default date would be considered as 7th of every month.

SIP period Start Date  End Date  OR  End date (ref 13(i)) 1 2 9 9 If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).

First SIP Installment details Mode  Cheque / DD  Axis Bank Debit Mandate (Please fill section 3.) Dated

Drawn on bank / branch name  Cheque / DD no.

**9 NOMINATION DETAILS** (All fields are mandatory) (Refer 18)

	First Nominee	Second Nominee	Third Nominee
Name (as in PAN card/KYC records)	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship with Investor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian Name (in case Nominee is a Minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature (Guardian in case Nominee is a Minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allocation % (Total to be 100%)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit Holder's Signature If you do not wish to nominate sign here.	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
	<input type="text"/>	<input type="text"/>	Power of Attorney Holder

**10 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.

**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.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input type="checkbox"/> Second Applicant	<input type="checkbox"/> Third Applicant	<input type="checkbox"/> Power of Attorney Holder
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Date :  Place :