





Form 2

Application No. R

ARN- 34120	Sub-distributor Code / ARN No. / Sol ID	Serial Number, Date and Time Stamp
	evestor to the AMFI registered distributor based on the investors' assessment of	various factors including the service rendered by the distributor.
		y New Investor
1 EXISTING FOLIO NUMBER	Existing Investors - Ple	ase fill in Sections 1, 9, 10,11 and 13 only
2 UNIT HOLDER INFORMATIO	DN.	
Name of the First Applicant / Cor		irth D D M M Y Y Age (No. of years)
Mr/ Ms/ M/s/ Dr/ Minor	porate investor	
PAN (mandatory)*	Enclosed- □ PAN Proof □ KYC Lette	
Name of the Second Applicant		
Mr/ Ms/ M/s/ Dr		
PAN (mandatory)*	Enclosed- ☐ PAN Proof ☐ KYC Lette	r**(mandatory, for any investment amount) Refer instruction no. 6 A
Name of the Third Applicant Mr/ Ms/ M/s/ Dr		
PAN (mandatory)*	Enclosed- □ PAN Proof □ KYC Lette	r**(mandatory, for any investment amount) Refer instruction no. 6 A
Name of the Guardian (in case of a		(managery, for any investment amount)
Mr/ Ms/ M/s/ Dr		
PAN (mandatory)*	Enclosed- □ PAN Proof □ KYC Lette	r * * (mandatory, for any investment amount) Refer instruction no. 6 A
Name of the Power of Attorney H	older	
Mr/ Ms/ M/s	Enclosed- □ PAN Proof □ KYC Lette	r**(mandatory for any investment amount) Refer instruction no. 6 A
PAN (mandatory)*	ent is made through instruments issued from an account other than that of the bene	
Mr/ Ms/ M/s	nt is made through institution is issued from an account other than that of the bene	encially investory
PAN (mandatory)	PAN Proof ☐ KYC Lette	r (mandatory, for any investment amount) Refer instruction no. 6 A
Relation	Enclosed - Declaration Form (Manda	
*Micro SIP - PAN is not mandatory in case	of Micro SIP. Please refer to the Terms and Conditions overleaf.	
Date of Birth D M M Y Y		dentification number details
3 STATUS OF FIRST APPLICAN	IT	
☐ Resident Individual ☐ Bank	☐ HUF ☐ Proprietor ☐ Guardian ☐	Society
□ NRI □ PIO	☐ Trust ☐ Company ☐ Minor ☐	
		Other (specify)
4 MODE OF OPERATION	□ Single □ Joint □ Anyone or Survivo	Other (specify) r (Default option is Joint)
5 OCCUPATION (of First/ Sole Applic	☐ Single ☐ Joint ☐ Anyone or Survivol	r (Default option is Joint)
5 OCCUPATION (of First/ Sole Applic	□ Single □ Joint □ Anyone or Survivol cant) Te □ Defence □ Professional □ Retired □	r (Default option is Joint) Business
5 OCCUPATION (of First/ Sole Applic ☐ Service ☐ Housewif 6A CONTACT DETAILS - FIRST A	Single ☐ Joint ☐ Anyone or Survivol cant) e ☐ Defence ☐ Professional ☐ Retired ☐ PPLICANT/ GUARDIAN/ CORPORATE (PO Box address is not suffice)	r (Default option is Joint) Business
5 OCCUPATION (of First/ Sole Applic ☐ Service ☐ Housewife 6A CONTACT DETAILS - FIRST All Contact Person (In case of Non Individual Investor	Single ☐ Joint ☐ Anyone or Survivol cant) e ☐ Defence ☐ Professional ☐ Retired ☐ PPLICANT/ GUARDIAN/ CORPORATE (PO Box address is not suffice)	r (Default option is Joint) Business
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through physical mode instead of e-mail are requested to ✓). Email communication will help save paper 8 BANK ACCOUNT DETAILS OF FIRST/ SOLE APPLICANT (Refer "Bank")			3 1 7				
Name of Bank							
City State	Account No.	biancii					
Account Type Current Savings NRO NRE FCNR Others							
	1 1 1 1						
*Mandatory for dividend payout via ECS (The 9 digit code appears on your cheque next to the chequ		ory for credit via RTGS/ NEFT (11 digit co	ode also found on your cheque leaf.)				
10 PAYMENT OPTIONS (The first SIP transaction has to be through a cheque. Please att.		,	, , ,				
Payment Mechanism Electronic Debit (Please Complete mandate form for electronic debit		Cheque/DD (Please provide details	below)				
First SIP Transaction via Cheque No.	e date	Total No. of Che	AGUAS .				
Drawn on (Bank/ Branch Name)		10(011101010101					
Total amount ₹ (In figures) inclusive of DD charges if any		То					
₹ (In words) inclusive of DD charges if any	DD Charges	₹ (In figures) if any					
SIP Start Date D M M Y Y End Date (should be a minimum of 3 ye			of Installments				
Monthly SIP amount ₹ (in figures) (SIP unavailable on dates 29 th , 30 th , and 31 st of every month)		(in words)					
(3) Unavailable on dates 25 , 50 , and 51 of every monthly							
12 NOMINATION DETAILS 1/We do hereby nominate the under mentioned person to receive the units to my / our credit in this folio	In case Nominee						
no. in the event of my / our death. I / We also understand that all payments and	b. in the event of my / our death, I / We also understand that all payments and						
settlements made to such Nominee, and signature of the Nominee acknowledgment receipt thereof shall be a valid discharge by the AMC / Mutual Fund / Trustee.	Date of Birth D D M M M Y Y Y Signature of Guardian						
Nominee's Name	In case of more tha	n one nominee, kindly submit multip	le nomination (maximum 3 nominees)				
Relationship	forms. Extra nomination forms can be obtained from the nearest ISC or Registrar or from the						
Address			ne nearest ISC or Registrar or from the				
	AMC website.		ne nearest ISC or Registrar or from the				
13 DECLARATION AND SIGNATURES	AMC website.		ne nearest ISC or Registrar or from the				
	AMC website.	First / Sole Applicant / Guardian	ne nearest ISC or Registrar or from th				

CHECKLIST Documents as listed below are to be submitted along with the Application Form (as applicable to your specific case)

Document submitted. Kindly (✓)	Sr No	Documents	Individuals	Companies	Trusts	Societies	Partnership Firms	FIIs	NRIs	Investments through POA
	1	Resolution / Authorisation to invest		√	✓	✓	✓	√		
	2	List of Authorised Signatories with Specimen Signature(s)		✓	✓	✓	✓	✓		✓
	3	Memorandum & Articles of Association		✓						
	4	Trust Deed			✓					
	5	Bye-Laws				✓				
	6	Partnership Deed					✓			
	7	Notarised Power of Attorney								✓
	8	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c where applicable						✓	√	
	9	PAN Proof (not required for existing investors)	✓	✓	✓	✓	✓	✓	✓	✓
	10	KYC acknowledgment letter (required if not already submitted, accept for Micro SIP)	1√	✓	✓	✓	✓	✓	✓	✓
	11	Copy of cancelled cheque	✓	✓	✓	✓	✓	✓	✓	✓

All documents in 1 to 6 above should be originals or true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public / Partner as applicable. Originals will be handed over after verification.

Terms & Conditions - Micro SIPs where aggregate of installments in a rolling 12 month period or in a financial year i.e. April to March do not exceed ₹ 50,000 (hereinafter referred as "Micro SIP") shall be exempt from the requirement of PAN, subject to submission of any one of the necessary photo identification documents as detailed below. This exemption will be applicable only to investments by individuals (including NRIs, but not PIOs), minors, sole proprietary firms and joint holders. HUFs and other categories will not be eligible for the exemption.

Investors (including joint holders) should submit a photocopy of any one of the following photo identification documents (current and valid and either self-attested by the investor or attested by an AMFI registered Distributor mentioning the AMFI Registration number) along with the application form as a proof of identification in lieu of PAN: • Voter Identify Card • Prioto Debit Card (Credit card not included) • Employee ID cards issued by companies registered with Registrar of Companies • Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament • ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks • Senior Citizen / Freedom Fighter ID card issued by Government • Cards issued by Universities of institutes under statues like ICAA, ICWA, ICSI • Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL) • Any other photo ID card issued by Central Government / Municipal authorities / Government organization like ESIC/EPFO.

Axis Asset Management Company Limited

Investment Manager to Axis Mutual Fund

11th Floor, Nariman Bhavan, Vinay K Shah Marg, Nariman Point, Mumbai 400 021, India.