

## **COMMON APPLICATION FORM**

**APPLICATION NO.** 

FOR FIRST TIME INVESTORS FOR LUMPSUM INVESTMENTS / SIP INVESTMENTS.

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLACK/BLUE COLOURED INK & IN BLOCK LETTERS)

| Distributor<br>ARN                     | SUB-Distributor<br>ARN                                   | Internal<br>SUB-Broker/Sol ID                                   | EUIN  | Employee<br>Code                      | RIA<br>CODE^   | PMR (Portfolio Manager's Registration) Number ^^  | Serial No., Date<br>& Time Stamp  |
|--|--|---|---|---------------------------------------|--|---|---|
|  |  |   |   |                                       |  |   |   |
| Axis Mutual Fund. to th                | ie above mentioned SEBI Res                              | gistered Investment Adviser, '                                  | `^I/We. have invested in th                               | e scheme(s) of Axi                    | s Mutual Fund under Direct                           | service rendered by the distrib<br>espect of my/our investments ur<br>t Plan. I/We hereby give my/ou<br>ioned SEBI Registered Portfolic | utor. ^I/We, have invested in the dder Direct Plan of all schemes of ir consent to share/provide the Manager. |
| I/We hereby con<br>person of the above | firm that the EUIN box ha<br>distributor/sub broker or i | s been intentionally left bla<br>notwithstanding the advice     | ank by me/us as this trans<br>e of in-appropriateness, it | action is execute<br>any, provided by | d without any interaction<br>the employee/relationsh | n or advice by the employee/<br>nip manager/sales person of   | relationship manager/sales the distributor/sub broker.  |
|  |  |   |   |                                       |  |   |   |
| You/ Sole A                            | oplicant /Guardian                                       | Second A  | Applicant   | Т                                     | hird Applicant                                       | Power of A  | Attorney Holder   |
|  |  | ATIONS THROUGH DIS  |   |                                       | n No. 20)<br>sting investor across M                 | Unit Ho   | olding Option   |
| In case the subscri                    | ption amount is ₹ 10,00                                  | 0 or more and your Distr<br>nount and payable to the D          | ibutor has opted to rece                                  | eive Transaction                      | Charges, the same are                                | deductible as Physica   | Il Mode Demat Mode  |
| 01 . N                                 | IY DETAILS (To be fi                                     | lled in Block Letters. Please                                   | provide the following detai                               | ls in full)                           | (In case of investr                                  | ment "On behalf of minor", Ple  |   |
| Existing folio nun                     | nber   |   |   |                                       | I/ We want to  | create new Folio (Instruct  | ion No. 26)   |
| My Name (Should                        | match with PAN Card)                                     |   |   |                                       |  | PAN/PEKRN (1st /  | Applicant) KYC  |
| M 6 11 7 N                             | //DOA/G  |   |   |                                       |  | DAN (DEKEN) (a  |   |
| My Guardian's Na                       | ame (if minor)/POA/Cont                                  | tact Person (For Non-indiv                                      | riduals)  |                                       |  | PAN/PEKRN (Gua  | rdian/POA) KYC  |
| On behalf of Mine                      | or (*Attach Mandatory Doc                                | uments as per instructions)                                     | Date of Birth N   | linor's                               | D M M Y Y  | Y Y Date of F   | Birth Proof attached*   |
| <b>Guardian</b> named i                |  | other Court Appo  |   |                                       | Guardian n   |   |   |
| 02 00 10                               |  | S (IF ANY) DETAIL   | c   |                                       |  |   |   |
| Mode of Operation                      |  |   |   | nt applicant de                       | tails not to be filled in c                          | ase of minor investments  | )   |
| •                                      | me (Should match with PA                                 |   |   | аррисант ас                           |  | PAN/PEKRN (Seco   |   |
|  |  |   |   |                                       |  |   |   |
| 3rd Applicant Na                       | me (Should match with PAI                                | N Card)   |   |                                       |  | PAN/PEKRN (Thir   | d applicant) KYC  |
|  |  |   |   |                                       |  |   |   |
| 03 [전 <sup>1</sup>   M                 | IY CONTACT DET   | AILS (As per KYC record   | ls. To be filled in Block Lette                           | ers)                                  | (For e   | electronic communication, Ple   | ease refer instruction No. 17)  |
| Address Type (Mai                      | ndatory) Resident  | ial & Business  | sidential Busir   | iess Re                               | egistered Office                                     |   |   |
| Address                                |  |   |   |                                       |  |   |   |
| City                                   |  |   | State   |                                       |  | Pin Code  |   |
| Add overseas add                       | ress (Mandatory for NRI /                                | FII Applicants)   |   |                                       |  |   |   |
|  |  |   |   |                                       |  |   |   |
| City                                   |  |   | Country   |                                       |  | Pin Code  |   |
| Email ID and Mobile n                  | umber should pertain to First                            | Holder only.  |   | ☐ Email ID ☐                          |  |   |   |
| No                                     |  | No  | Self Spouse   | (CAPITAL<br>letters only) Dependent ( | Children Dependent Si                                | iblings Dependent Parer   | nts Guardian PMS  |
| I declare that Ema                     | ail address provided in this for                         | m belongs to (tick any one):                                    | and approve for usag                                      | e of these contact of                 | details for any communication                        | n with Axis Mutual Fund.  |   |
|  | bile Number provided in this fo                          |   |   |                                       | details for any communication                        |   | nts Guardian PMS  |
|  |  | then (Self) option is considere<br>long with Annual Report & Ab |   | Online (Preferred                     | & Default) Physical Copy                             | y (Choose online mode to he towards a greener & cleaner   | lp us save paper & contribute<br>er environment.)   |
| 04 👬   B                               | ANK ACCOUNT [  | DETAILS (Avail Multiple   | e Bank Registration Facilit                               | y)                                    |  | lease note that as per SEBI Re<br>provide their bank account de   |   |
| My Bank Name                           |  |   |   |                                       | investors to p                                       | oroviae their barik decount de  | tanis. Nerei mistraction No. 6)   |
| Bank A/C No.                           |  |   |   | A/C Type Sa                           | vings Current I                                      | NRE NRO FCNR  | Others  |
| Branch Address                         |  |   |   |                                       |  |   |   |
| City                                   |  |   | State   |                                       |  | Pin Code  |   |
| IFSC code: (11 digi                    | i)   |   | MICR code (9 digit  | )                                     |  |   | ext to your cheque number)  |
| LEI Code                               |  |   | Valid up to   | D D M                                 |  | Note: LEI code mandatory to p<br>equal to or exceeds ₹ 50 crore   | provide if transaction value is limit, with LEI proof.  |

| 05   MY INVESTMENT DETAILS (For investments, Please refer instruction No. 1 & 22)  |  |  |   |   |  |   |   |  |
|--|--|--|---|---|--|---|---|--|
| (Cheque/DD should be in favour of "Scheme Name", Default plan/Option will be applied incase of no information, ambiguity or discrepancy). If the investment is in multiple schemes. "The Cheque/DD should be drawn favouring "Axis MF Multiple Schemes"  |  |  |   |   |  |   |   |  |
| Full Sch   | neme/Plan/Option   | Amount/Each SIP Amou   | nt SIP Date   | Frequency   | SIP Period   | (Optional) Only av  | JP Facility<br>vailable for Monthly SIP |  |
|  | SIP  | ₹  | D D   | Monthly (default)   | Start Date   | Frequency  Half Yearly ₹  | Amount                                  |  |
| Plan Regular   | Direct   | Less DD charges  | (If left blank<br>7 <sup>th</sup> will be   | Yearly  | End Date   | Yearly  | in words                                |  |
| Scheme Name  |  |  | considered as the   |   | M M Y Y Y Y  |   |   |  |
|  |  |  | default date)<br>Any date<br>between 1st  |   | OR   | -   |   |  |
| Option   |  |  | to 28 <sup>th</sup>   |   | Continue Until   | Dyna  | amic TOP-UP                             |  |
| LUMPSUM  | SIP  | ₹  | D D   | Monthly (default)   | Start Date   | Frequency   | Amount                                  |  |
| Plan Regular   | Direct   | Less DD charges  | (If left blank  | Yearly  | MMYYYY   | Half Yearly ₹   | in figures                              |  |
| Scheme   |  | Charges  | 7 <sup>th</sup> will be<br>considered<br>as the   |   | End Date   | Yearly _  | in words                                |  |
| Name   |  |  | default date)<br>Any date   |   | OR   | -   |   |  |
| Option   |  |  | between 1st<br>to 28th  |   | Continue Until   | Dyna  | amic TOP-UP                             |  |
| LUMPSUM  | SIP  | ₹  |   | Monthly   | Start Date   | Frequency   | Amount                                  |  |
| Plan Regular   | Direct   | Less DD  | D D   | (default)   | M M Y Y Y Y  | Half Yearly ₹   | in figures                              |  |
|  |  | charges  | (If left blank<br>7 <sup>th</sup> will be<br>considered                                 | Yearly  | End Date   | Yearly  | in words                                |  |
| Name   |  |  | as the default date)  |   | M M Y Y Y Y  | -   |   |  |
| _  |  |  | Any date<br>between 1st   |   | OR Continue Until  | -   |   |  |
| Option   |  |  | to 28 <sup>th</sup>   |   | Cancelled  | Dyna  | amic TOP-UP                             |  |
| The minimum amount fo  | r Axis TOP-UP facility is ₹ 500/- and i  | in multiples of ₹ 1/- for all scher  | nes except Axis L   | ong Term Equity   | Fund the minimum amount is ₹ 5   | 600/- and in multiples  | of₹ 500/- thereafter.                   |  |
| Payment thr  | ough NACH (Attach NACH form)   | OTM Reference  | No.   |   | (  | if one time mandate a   | are registered)                         |  |
| OR Docume  | ents attached to avoid Third Par   | ty Payment Rejection, if ap  | plicable: B   | ank Certificat  | e, for DD Third Party [  | Declarations  |   |  |
| Payment Details  |  |  |   |   |  |   |   |  |
| First Cheque Date  | D D M M Y Y Y  | Y Amount   |   |   | Che  | que No.   |   |  |
| Bank Name  |  |  | Account N   | 10.   |  |   |   |  |
| IFSC Code  |  |  | MICR Cod  | de  |  |   |   |  |
| RTGS/ NEFT/ Funds  | Transfer   |  |   |   |  |   |   |  |
| If source of paym  | بالمحط مريحها محمد محمدا بالمحط للمح   | 1 ( ) 1 () 1 1   |   |   |  |   |   |  |
|  |  |  |   |   |  |   |   |  |
| 06 🗐   NON   | MINATION DETAILS   | details tick here.   |   |   | (Fc  | or nomination, Please   | refer instruction No. 18                |  |
| 06 NON   |  |  | N   | OMINEE 2  | (Fc  | or nomination, Please   |   |  |
|  | MINATION DETAILS   |  | N   | OMINEE 2  | (Fc  |   |   |  |
| Details  | MINATION DETAILS   |  | N   | OMINEE 2  | (Fc  |   |   |  |
| Details  Nominee Name  PAN   | MINATION DETAILS   |  | N   | OMINEE 2  | (Fc  |   |   |  |
| Details  Nominee Name  | MINATION DETAILS   |  | N   | OMINEE 2  | (Fo  |   |   |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor   | MINATION DETAILS  NOMINEE 1  |  |   |   |  | NOMINEE   | 3                                       |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor  Nominee date of birth  | MINATION DETAILS   |  |   | OMINEE 2  | (Fo  |   |   |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor  Nominee date   | MINATION DETAILS  NOMINEE 1  |  |   |   |  | NOMINEE   | 3                                       |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor  Nominee date of birth  Guardian Name   | MINATION DETAILS  NOMINEE 1  |  |   |   |  | NOMINEE   | 3                                       |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor  Nominee date of birth  Guardian Name (in case of Minor)  Nominee Address   | MINATION DETAILS  NOMINEE 1  |  |   |   |  | NOMINEE   | 3                                       |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor  Nominee date of birth  Guardian Name (in case of Minor)  | MINATION DETAILS  NOMINEE 1  |  |   |   |  | NOMINEE   | 3                                       |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor  Nominee date of birth  Guardian Name (in case of Minor)  Nominee Address  Nominee/Guardian Signature  OR I/We hereby in non-appointment of the same in | MINATION DETAILS  NOMINEE 1  | Y Y Y D  | D M   | M Y Y   | d in my / our mutual fund fol  | NOMINEE  M M Y  | 3  Y Y Y  the issues involved           |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor  Nominee date of birth  Guardian Name (in case of Minor)  Nominee Address  Nominee/Guardian Signature  OR I/We hereby in non-appointment of issued by Court or other states.  | NOMINEE 1  D D M M Y  Confirm that I / We do not wish of nominee(s) and further are aw   | to appoint any nominee(s) vare that in case of death on the value of assets            | D M  I for my mutual f all the accours held in the mu                                   | fund units helit holder(s), my                                    | d in my/our mutual fund fol  | M M Y  lio and understand d to submit all the r   | 3  Y Y Y  the issues involved           |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor  Nominee date of birth  Guardian Name (in case of Minor)  Nominee Address  Nominee/Guardian Signature  OR I/We hereby in non-appointment cissued by Court or ot   | NOMINEE 1  D D M M Y  Confirm that I / We do not wish of nominee(s) and further are aw her such competent authority, by  | It to appoint any nominee(s) vare that in case of death o lased on the value of assets | D M  I for my mutual f all the accours held in the muled if investor wis                | fund units held tholder(s), my utual fund folio hes to hold the u | d in my / our mutual fund for / our legal heirs would need.                              | NOMINEE  M M Y  lio and understand at to submit all the r   | the issues involved equisite documents  |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor  Nominee date of birth  Guardian Name (in case of Minor)  Nominee Address  Nominee/Guardian Signature  OR I/We hereby in non-appointment cissued by Court or ot   | NOMINEE 1  NOMINEE 1  Confirm that I / We do not wish of nominee(s) and further are awher such competent authority, be confirmed to the such competent authority. Be sequence of names as mentione | It to appoint any nominee(s) vare that in case of death o lased on the value of assets | D M  I for my mutual f all the accours held in the muled if investor wis                | fund units held tholder(s), my utual fund folio hes to hold the u | d in my / our mutual fund fol / our legal heirs would need.  nits in Demat mode). (For D | MOMINEE  M M Y  Iio and understand d to submit all the r  DEMAT details Please  iipant) Refer Instruc | the issues involved equisite documents  |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor  Nominee date of birth  Guardian Name (in case of Minor)  Nominee Address  Nominee/Guardian Signature  OR I/We hereby in non-appointment cissued by Court or ot   | NOMINEE 1  Confirm that I / We do not wish of nominee(s) and further are awher such competent authority, by the sequence of names as mentioned articipant Name                                     | It to appoint any nominee(s) vare that in case of death o lased on the value of assets | D M  I for my mutual f all the accours held in the muled if investor wis                | fund units held tholder(s), my utual fund folio hes to hold the u | d in my / our mutual fund for / our legal heirs would need.                              | NOMINEE  M M Y  lio and understand at to submit all the r   | the issues involved equisite documents  |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor  Nominee date of birth  Guardian Name (in case of Minor)  Nominee Address  Nominee/Guardian Signature  OR I/We hereby in non-appointment cissued by Court or ot of the court of the c | NOMINEE 1  Confirm that I/We do not wish of nominee(s) and further are aw her such competent authority, but the sequence of names as mentioned articipant Name  Ac No.                             | It to appoint any nominee(s) vare that in case of death o lased on the value of assets | D M  I for my mutual f all the accours held in the muled if investor wis                | fund units held tholder(s), my utual fund folio hes to hold the u | d in my / our mutual fund fol / our legal heirs would need.  nits in Demat mode). (For D | MOMINEE  M M Y  Iio and understand d to submit all the r  DEMAT details Please  iipant) Refer Instruc | the issues involved equisite documents  |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor  Nominee date of birth  Guardian Name (in case of Minor)  Nominee Address  Nominee/Guardian Signature  OR I/We hereby in non-appointment cissued by Court or ot  O7 DEP  (Please ensure that the NSDL:  Beneficiary of Depository F   | V confirm that I / We do not wish of nominee(s) and further are awher such competent authority, but the sequence of names as mentioned articipant Name   | It to appoint any nominee(s) vare that in case of death o lased on the value of assets | D M  I for my mutual f all the accours held in the muled if investor wis                | fund units held tholder(s), my utual fund folio hes to hold the u | d in my / our mutual fund fol / our legal heirs would need.  nits in Demat mode). (For D | MOMINEE  M M Y  Iio and understand d to submit all the r  DEMAT details Please  iipant) Refer Instruc | the issues involved equisite documents  |  |
| Details  Nominee Name  PAN  Allocation (%)  Relationship with Investor  Nominee date of birth  Guardian Name (in case of Minor)  Nominee Address  Nominee/Guardian Signature  OR I/We hereby in non-appointment of issued by Court or ot of the country of the countr | Confirm that I / We do not wish of nominee(s) and further are aw her such competent authority, by OSITORY ACCOUNT DE esequence of names as mentioned articipant Name Ac No.                        | It to appoint any nominee(s) vare that in case of death o lased on the value of assets | D M  I for my mutual fall the accours held in the mule of investor wis matches with the | fund units held tholder(s), my utual fund folio hes to hold the u | d in my / our mutual fund fol / our legal heirs would need.  nits in Demat mode). (For D | MOMINEE  M M Y  Iio and understand d to submit all the r  DEMAT details Please  iipant) Refer Instruc | the issues involved equisite documents  |  |

| <u> </u>   |  |   | C, DE 17 (1E)  | ii detalis i                              | iot illieu.  | e Tick/ Specify. The application<br>.)   |   |   | (YC details. Refer   |   |
|--|--|---|--|---|--|--|---|---|--|---|
| Tax Status details for   | 1  | 2nd Applicant   |  |   |  | Occupation details for   |   |   | 3rd Applicant  | Guardian  |
| Resident Individual  |  |   |  |   |  | Private Sector   |   |   |  |   |
| NRI/PIO/OCI  |  |   |  |   |  | Public Sector  |   |   |  |   |
| Sole Proprietorship  |  | -   | -  | -   |  | Government Service   |   |   |  |   |
| Minor through Guardian   |  | -   | -  | -   |  | Business   |   |   |  |   |
| Company Body Corporate Partnership   |  |   |  |   | ship   | Professional   |   |   |  |   |
| Non Individual   | Trust  | Society   | HUF  | Bank                                      |  | Agriculturist  |   |   |  |   |
|  | AOP  | FI FI   | FII L  | FPI                                       |  | Retired  |   |   |  |   |
| Others (Please specify)  | <u> </u>   | <u> </u>  |  |   |  | Housewife  |   |   |  |   |
| Gross Annual Income Ra   | ange (in₹)   |   |  |   |  | Student  |   |   |  |   |
| Below 1 lac  |  |   |  |   |  | Others (Please specify)  |   |   |  |   |
| 1-5 lac  |  |   |  |   |  | Politically Exposed Perso  | on (PEP) details  | Is a PEP  | Related to PEP   | Not Applica                                     |
| 5-10 lac   |  |   |  |   |  | 1st Applicant  |   |   |  |   |
| 10-25 lac  |  |   |  |   |  | 2nd Applicant  |   |   |  |   |
| 25 lac- 1 cr   |  |   |  |   |  | 3rd Applicant  |   |   |  |   |
| 1 -5 cr  |  |   |  |   |  | Guardian   |   |   |  |   |
| 5 - 10 cr  |  |   |  |   |  | Authorised Signatories   |   |   |  |   |
| > 10 cr  |  |   |  |   |  | Promoters  |   |   |  |   |
| OR Networth in ₹   |  |   |  |   |  | Partners   |   |   |  |   |
| (Mandatory for Non<br>Individual) (not older   | as on  | as on   | as on  | as o                                      | n  | Karta  |   |   |  |   |
| than 1 year)   | DDMMYY   | DDMMYY  | DDMMYY   | DDMN                                      | 1 Y Y  | Whole-time Directors/T   | urstee  |   |  |   |
|  |  |   |  |   |  |  |   |   |  |   |
| 9 El ADDITI  | ONAL INFO  | DRMATION  |  |   |  |  | (For ad   | lditional informat  | ion Please refer in  | struction No.                                   |
| Applic   | ant  |   | KINN   | o. (If KYC d                              | one via C  | CKYC)  | Date of Bir   | th#   | Gend   | der   |
| First App  | licant   |   |  |   |  | D  | D M M Y   | YYY   | Male   | Female  |
| Second Ap  | plicant  |   |  |   |  | D  | D M M Y   | YYY   | Male   | Female  |
| Third App  | olicant  |   |  |   |  | D  | D M M Y   | YYY   | Male   | Female  |
| Guardian o   | r POA^   |   |  |   |  |  | DMMY  | V V V   | Male   | Female  |
|  |  |   |  |   |  |  |   |   |  | Terriare  |
| Date of Birth - Mandatory if C   | CKYC ID mentione   | ed. ^G: Guardian; F   | POA: Power Of A  | ttorney                                   |  |  |   |   |  | remare  |
| Date of Birth - Mandatory if C   |  | ed. ^G: Guardian; F   | POA: Power Of A  | ttorney                                   |  | Third Applicant  |   |   | G or POA   | Temale  |
| Date of Birth - Mandatory if C  Details  Mobile No.  |  |   | POA: Power Of A  | ttorney                                   |  | Third Applicant  |   |   |  | remaie  |
| Details  Mobile No.  Email Id.   |  |   | POA: Power Of A  | ttorney                                   |  | Third Applicant  |   |   |  | Temale  |
| Details  Mobile No.  |  |   | POA: Power Of A  | ttorney                                   |  | Third Applicant  |   |   |  | Temale  |
| Details  Mobile No.  Email Id.  Relationship with Investor   | Seco   | ond Applicant   | woue).   | Self                                      | Spouse   | Dependent Children [   | Dependent Sibling:  | 5 Dependent   | G or POA   |   |
| Details  Mobile No.  Email Id.  Relationship with Investor   | Second se   | ond Applicant  m belongs to (tick an  | y one):  | Self and approve                          | for usage  | Dependent Children [   | Dependent Siblings  | 5 Dependent   | G or POA   | ırdian 📗 PM                                     |
| Details  Mobile No.  Email Id.  Relationship with Investor  I declare that Email address   | Second provided in this form   | ond Applicant  m belongs to (tick an  | y one):  | Self and approve                          | for usage<br>Spouse  | Dependent Children [   | Dependent Siblings ommunication with Dependent Siblings                         | Dependent Axis Mutual Fund. Dependent   | G or POA   | ırdian 📗 PN                                     |
| Details  Mobile No.  Email Id.  Relationship with Investor  I declare that Email address    I declare that Mobile Number If above any option is not tick.  | Second provided in this form   | ond Applicant  m belongs to (tick an  | y one):  | Self and approve                          | Spouse<br>for usage  | Dependent Children [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [   | Dependent Sibling ommunication with Dependent Sibling ommunication with         | Dependent Axis Mutual Fund. Dependent   | G or POA   | ırdian 📗 PM                                     |
| Details  Mobile No.  Email Id.  Relationship with Investor  I declare that Email address    I declare that Mobile Number    If above any option is not tick.   | provided in this form or provided in this fork ked (\( ' \) or selected  | m belongs to (tick an<br>orm belongs to (tick an<br>then (Self) option is   | y one):<br>nny one)<br>considered as a de  | Self and approve Self and approve         | Spouse<br>for usage  | Dependent Children  e of these contact details for any c Dependent Children  e of these contact details for any c  | Dependent Sibling ommunication with Dependent Sibling ommunication with         | Dependent Axis Mutual Fund. Dependent   | G or POA   | ırdian 📗 PN                                     |
| Details  Mobile No.  Email Id.  Relationship with Investor  Ideclare that Email address    I declare that Mobile Number    If above any option is not tick.  | provided in this form er provided in this forked (✓) or selected   | m belongs to (tick and then (Self) option is  | y one): any one) considered as a de  | Self and approve Self and approve efault. | Spouse<br>for usage<br>for usage   | Dependent Children [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [   | Dependent Siblings ommunication with Dependent Siblings ommunication with       | Dependent<br>Axis Mutual Fund.<br>Dependent<br>Axis Mutual Fund.  | G or POA   | ordian PM                                       |
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