

Date

Application No

Distributor Code/ ARN No	Sub-distributor Code/ ARN No	MO Code	Bank Branch Code	Date of Receipt	Bank Sr No
ARN - 2 5 6 8 2					

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.

1 EXISTING FOLIO NUMBER _____ Existing Investors - Please fill in the Sections 1, 9, 10,11 and 13 only

2 UNIT HOLDER INFORMATION

Name of the First Applicant/ Corporate Investor _____ Date of Birth

Mr/ Ms/ M/s/ Dr/ Minor _____
PAN (mandatory) _____ Enclosed - PAN Proof KYC Letter Refer instruction related to PAN & KYC

Name of the Second Applicant _____

Mr/ Ms/ M/s/ Dr _____
PAN (mandatory) _____ Enclosed - PAN Proof KYC Letter Refer instruction related to PAN & KYC

Name of the Third Applicant _____

Mr/ Ms/ M/s/ Dr _____
PAN (mandatory) _____ Enclosed - PAN Proof KYC Letter Refer instruction related to PAN & KYC

Name of the Guardian (in case of a minor) _____

Mr/ Ms/ M/s/ Dr _____
PAN (mandatory) _____ Enclosed - PAN Proof KYC Letter Refer instruction related to PAN & KYC

Name of the Power of Attorney Holder _____

Mr/ Ms/ M/s _____
PAN (mandatory) _____ Enclosed - PAN Proof KYC Letter Refer instruction related to PAN & KYC

3 STATUS OF FIRST APPLICANT Resident Individual Bank HUF Proprietor Guardian Society/FII
 Partnership Firm NRI PIO Trust Company Others _____ (specify)

4 MODE OF OPERATION Single Joint Anyone or Survivor (Default option is Joint)

5 OCCUPATION (of First/ Sole Applicant) Service Housewife Defence Professional Retired Business Agriculture Others _____ (specify)

6A CONTACT DETAILS - FIRST APPLICANT/ GUARDIAN/ CORPORATE PO Box address is not sufficient. Mobile number and email is mandatory to avail online facility

Contact Person (In case of Non Individual Investor) _____
Address _____
City _____
State _____ Pincode _____ Landline No _____
Mobile (Holder 1) _____ Email (Holder 1) _____
Mobile (Holder 2) _____ Email (Holder 2) _____
Mobile (Holder 3) _____ Email (Holder 3) _____

6B OVERSEAS ADDRESS (Mandatory in case of NRIs/ FIIs) (PO Box address is not sufficient. Investors residing overseas & with PO Box address please provide your Indian address)

Address _____
City _____ State _____ Pincode _____
Mobile _____ Landline No _____
Email _____

7 CONTACT & ADDRESS OF POWER OF ATTORNEY HOLDER (PO Box address is not sufficient)

Address _____
City _____ State _____ Pincode _____
Mobile _____ Landline No _____
Email _____

AXIS TAX SAVER FUND NFO

10A DEBIT MANDATE (For Axis Bank account holders only)

Application No

TO BE DETACHED BY AUTHORISED PERSONNEL OF AXIS BANK CMS DEPT.

Date

To CMS DEPT. - Axis Bank*

I/ We _____ Name of the account holder(s)

authorise you to debit my/ our account no _____ to pay for the

purchase of **Axis Tax Saver Fund** Please debit an amount in Rs (in figures) _____

Rs (in words) _____

Signature of Account Holder(s) as per Bank records
Authorised Signatory(ies)

*To be processed in NFO software

AXIS MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No

Received from Mr/ Ms/ M/s _____

an application for purchase of units in **Axis Tax Saver Fund** - Option - _____

for Rs (in figures) _____ on Date

Stamp & Signature

8 MODE OF CORRESPONDENCE (Where the investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive correspondence through physical mode instead of e-mail are requested to ✓) I/We wish to receive all communication through physical mode in lieu of email.

9 BANK ACCOUNT DETAILS OF FIRST/ SOLE APPLICANT Refer "Bank Details" under Instructions. Please enclose a copy of a cancelled cheque)

Name of Bank _____ Branch _____
 City _____ State _____ Account No _____
 Account Type - Current Savings NRO NRE FCNR Others _____ (specify)
 MICR code* _____ IFSC code** _____

*Mandatory for dividend payout via ECS (The 9 digit code appears on your cheque next to the cheque number) **Mandatory for credit via RTGS/ NEFT (11 digit)

10 PAYMENT OPTIONS (Please ✓ either Debit Mandate or Cheque/ DD)

10 A Debit Mandate

(Debit mandate also to be filled separately)

Facility available for Axis Bank A/c Holders only.

A/c No _____

Branch _____

10 B Cheque/ DD

Cheque/ DD No _____ Cheque/ DD Date

D	D	M	M	Y	Y
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Drawn on (Bank/ Branch Name) _____

Cheque Issuer Name _____ In case cheque is issued by person other than the investor

Total amount Rs (In figures) inclusive of DD charges _____

Rs (In words) inclusive of DD charges _____

DD Charges Rs (In figures) if paid _____

11 INVESTMENT DETAILS Axis Tax Saver Fund

Growth

Dividend Re-invest

Dividend Payout

12 NOMINATION DETAILS

I/We _____ do hereby nominate the under mentioned person to receive the units to my/ our credit in this account no. in event of my/ our death. I/ We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledgement receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund/ Trustee.

Nominee's Name _____

Relationship _____

Address _____

In case Nominee is a Minor

Name of Guardian _____

Address of Guardian _____

Date of Birth

D	D	M	M	Y	Y
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 Signature of Guardian _____

In case of more than one nominee, kindly submit multiple nomination (maximum 3 nominees) form. Multiple nomination form can be obtained from nearest AMC / ISC or Registrar or from AMC website.

13 DECLARATION AND SIGNATURES

Having read and understood the content of the SID/ SAI of the scheme, I/ we hereby apply for units of the scheme. I/ We hereby declare that the terms, conditions, 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 understood the details of the Scheme & 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 (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/ us. **For NRIs only** - I/ We confirm that I am/ we are Non Residents of Indian nationality/ origin and that I/ We have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External/ Non Resident Ordinary/ FCNR account. I/ We confirm that details provided by me/ us are true and correct.

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

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	FIs	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	✓	✓	✓	✓	✓	✓	✓	✓
	10	KYC Letter	✓	✓	✓	✓	✓	✓	✓	✓
	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.

The debit mandate feature is available only to account holders of Axis Bank. Call 1800 3000 3300 for any clarifications.

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.

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