

Date

D	D	M	M	Y	Y
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Application No _____

Distributor Code / ARN No	Sub-distributor Code / ARN No / Sol ID	Serial Number, Date and Time Stamp
Prudent CAS Ltd 9992	BHAVESH MODH 27030	

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 Sections 1, 9, 10, 11 and 13 only

2 UNIT HOLDER INFORMATION
Name of the First Applicant / Corporate Investor _____

Date of Birth

D	D	M	M	Y	Y
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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 Minor Society FII
 Partnership Firm NRI PIO Trust Company Other _____ (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 Other _____ (specify)

6A CONTACT DETAILS - FIRST APPLICANT/ GUARDIAN/ CORPORATE (PO Box address is not sufficient. Mobile number and email id is mandatory to avail of 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)* _____

* Mandatory to transact using online transaction mode on our website www.axismf.com

6B OVERSEAS ADDRESS (Mandatory in case of NRIs/ FIIs) (PO Box address is not sufficient. Investors residing overseas & with PO Box address must provide their 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 MUTUAL FUND - DEBIT MANDATE
10A DEBIT MANDATE (For Axis Bank account holders only) Date

D	D	M	M	Y	Y
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 Application No _____

TO BE DETACHED BY THE REGISTRAR (KARVY COMPUTERSHARE PVT. LTD.) AND PRESENTED TO AXIS BANK CMS BRANCH

To CMS DEPARTMENT - 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 Treasury Advantage Fund / Axis Liquid Fund / Axis Equity Fund / Axis Tax Saver Fund (Strike off those not applicable)

Please debit an amount of Rs (in figures) _____ Rs (in words) _____

*To be processed in CMS software under client code "AXISMF"

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

AXIS MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor) Application No _____

Received from Mr/ Ms/ M/s/ Dr _____

 an application for purchase of units in Axis Treasury Advantage Fund Axis Liquid Fund Axis Equity Fund Axis Tax Saver Fund

 Option Growth Dividend Payout# Dividend Re-investment Option Dividend Frequency Daily Weekly Monthly

#Not available for Daily Dividend Frequency

Applicable for Axis Treasury Advantage Fund & Axis Liquid Fund

 for Rs (in figures) _____ on Date

D	D	M	M	Y	Y
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 vide Instrument no _____

Stamp & Signature

