FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



Application No.

HE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY

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	tributor ARN	Sub-Distributor Al	RN	Internal S	ub-Broker / Sol ID	Emp	loyee (Code	EU	IN	Seri	ial No., I	Date & 1	Time Sta	ımp
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Father's Name		
PAN	Mobile	Email
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Are you FATCA Compliant (Please tick any one)	Yes No (if no, please fill below details)	
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Type of address given at KRA Residential or Business	☐ Residential ☐ Business ☐ Registered Office	
·	Card PAN Card Govt. ID Card Driving License UIDAI	
Are you a tax resident of any country other than India	a? Yes No (If yes, please indicate all countries in which you are resident for tax	purposes and the associated Tax ID Numbers below.)
Country"	Tax identification number *	Identification type (TIN or Other, please specify)
To also include USA, where the individual is a citizen / green card holder of the U	ISA - Win casa Tay Idantification Number is not available, kindly provide its functional equivalent	8
·	JSA %In case Tax Identification Number is not available, kindly provide its functional equivalent	
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THIRD APPLICANT'S DETAILS (All fields are mandatory) As in PAN card/KYC records) Father's Name PAN Date of birth Bratus Resident Individual Proprietor HUF NRI PIO Partnership Firm Trus Doccupation Pvt. Sector Service Public Sector Gov. Professional Business Agriculture Are you FATCA Compliant (Please tick any one) Address of tax residence would be taken as available for address given at KRA Residential or Business Permissible documents are Passport Election ID Are you a tax resident of any country other than India Country' PTo also include USA, where the individual is a citizen / green card holder of the U DUICK CHECKLIST KYC acknowledgement letter (Compulsory for MICRO Inventor)	Mobile Enclose Attested PAN card copy	Email fer 8) ionality ne



7 RANK ACCOUNT DETAILS	FOR PAY-OUT (Mandatory. Refer 6 and avail of Multi	nle Bank Registration Facility.) (Please attach cance	lled cheque copy or latest bank account statem	ent.) (All fields are mandatory)				
Bank Name	TON FAT-OUT (Managed) S. Note: O and avail of Managed	one bunk riogistration rusinty, it rease attach curious	inca choque copy of fatest bank account states	citt. ; ; ; iii iiolas are manacory;				
Bank A/c No.		Tuno	at Cavings NDO NDE	FCNR Others Specify				
			t Savings NRO NRE					
Branch Name UFSC Code (11 digit)*		City		Pin Pin				
ii 50 code (ii digit)	MI	CR Code (9 digit)*	*Mention	ned on your cheque leaf				
8 INVESTMENT & PAYMENT	DETAILS (Investors applying under Direct Plan must m	ntion "Direct" against scheme name, refer 2) (All fi	elds are mandatory)					
Payment type Non-Third Party Pay	ment Third Party Payment (Please attach 'T	hird Party Payment Declaration Form')						
Scheme	Plan	Option		end Frequency (Quarterly/ Half Yearly/ Annual)*				
8A LUMP SUM Do not submit SIP Regis	tration Mandate - NACH (Form 2)		# Dividend ne-investment is not available for Ax	is Long Term Equity Fund *Applicable only for Axis Income Saver				
Mode Cheque DD Axis	Bank Debit Mandate (Please fill section 6.)	Cheque / DD no.		Dated D D M M Y Y				
Amount (figures)	(words)							
Pay-in A/c no.		Drawn on ba	nk /					
Account type Savings NRC	O NRE Current FCNR Others	Specify branch name						
8B SIP (SIP Registration details (Form 2) with								
Monthly SIP Amount (figure)		words)						
SIP frequency (tick \checkmark any one) \square N	Nonthly 🗌 Yearly (Default Frequency Monthly) P	referred Debit Date (Any date except 29 th		If no debit date is mentioned default date would be considered as 7th of every month.				
SIP period Start Date M M Y	Y End Date M M Y Y OR	End date (ref 13(i)) 1 2 9	9 If end date is not mentioned then will be considered for perpetuity					
First SIP Installment details	Mode 🗌 Cheque / DD 🔲 Axis Bank Debit N	landate (Please fill section 3.) Dated	D D M M Y Y					
Drawn on bank / branch name			Chequ	ne / DD no.				
NOMINATION DETAILS (III								
9 NOMINATION DETAILS (All I		Constant Name		Third Naminas				
	First Nominee	Second Nom	Inee	Third Nominee				
Name (as in PAN card/KYC records)								
PAN								
Date of Birth	D D M M Y Y	Y D D M M Y	Y Y Y D D	M M Y Y Y				
Relationship with Investor								
Address								
Guardian Name								
(in case Nominee is a Minor) Signature								
(Guardian in case Nominee is a Minor)								
Allocation % (Total to be 100%)								
Unit Holder's Signature If you do not wish to nominate sign here.	First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder				
10 DEGLADATION AND CIONA	TUDE							
10 DECLARATION AND SIGNA	ATUKE of the SID / SAI of the scheme, I/we hereby apply	for units of the scheme I have read an	d understood the terms conditions	datails, rulas and ranulations noverning the				
scheme. I/We hereby declare that the an	nount invested in the scheme is through legitima	ite source only and does not involve d	esigned for the purpose of the con	travention of any Act, Rules, Regulations,				
not received nor have been induced by ar	ns of the Income Tax Act, Anti Money Laundering L ny rebate or gifts, directly or indirectly in making	this investment. I/We confirm that the	funds invested in the Scheme, lega	illy belongs to me/us. In event "Know You				
NAV prevailing on the date of such redemp	e/us to the satisfaction of the Mutual Fund, (I/we h tion and undertake such other action with such fu	nds that may be required by the law.) The	e ARN holder has disclosed to me/us	all the commissions (trail commission or any				
	rent competing Schemes of various Mutual Fund r with the current application will result in aggrega							
I / We confirm that I am/ we are Non Resident Ordinary / FCNR account. I/We co	dents of Indian nationality/origin and that I/We havenfirm that details provided by me/us are true and c	e remitted funds from abroad through a orrect.	approved banking channels or from fu	ınds in my/ our Non Resident External / Nor				
CERTIFICATION								
1 / 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.								
, , , , , , , , , , , , , , , , , , , ,			-					
Eiret / Colo Annlicent /								
First / Sole Applicant / Guardian	Second Applicant	Third A	Applicant	Power of Attorney Holder				
Date: D D M M Y Y	Place :							