AXIS MUTUAL FUND

SYSTEMATIC TRANSFER PLAN (STP)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE^	PMR (Portfolio Manager's Registration) Number ^^	Serial No., Date & Time Stamp

^I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker.

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

1 Applicant Details

Folio No.

Sole / 1st Unitholder (as in PAN Card / KYC records)

Guardian's Name (as case of minor) First Name Middle Name Last Name

1st Holder PAN 1st Applicant 2nd Holder PAN 2nd Applicant

3rd Holder PAN 3rd Applicant

2 SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 4 working days before the 1st due date for transfer).

From Scheme# Plan ☐ Direct ☐ Regular

Option (tick ✓) ☑ Growth

To Scheme Plan ☐ Direct ☐ Regular

Option (tick ✓) ☐ Growth ☐ IDCW Reinvestment ☐ IDCW Payout IDCW Frequency

☐ Systematic Transfer Plan (STP) (Ref. Instruction 5)

Transfer Frequency (Please tick (✓) any one of the below frequencies)

☐ Daily

☐ Weekly* (Monday To Friday) Day of transfer _____

☐ Fortnightly (Every Alternate Wednesday)

☐ Monthly $ ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 25th

☐ Quarterly $

☐ Capital Appreciation Systematic Transfer Plan (CapSTP) (Ref Instruction 6)

Transfer Frequency (Please tick (✓) any one of the below frequencies)

☐ Weekly (Monday To Friday) * Day of transfer

☐ Monthly $ (Please tick (✓) any one) ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 25th

☐ Quarterly $

$Please ref instruction no. 12.

Transfer Instalment ₹ No. of Instalments **OR** Transfer Period From D D M M Y Y (First Instalment) D D M M Y Y (Last Instalment)

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / we hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s). I/ We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions 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(s) & 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(s), legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / we hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme(s), 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	POA Holder

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Folio No. Investor Name

From Scheme To Scheme

Amount Frequency

Stamp & Signature