

This product is suitable for investors who are seeking*

- Capital Appreciation over medium to long term • Invests predominantly in Axis Gold ETF in order to generate returns similar to the underlying fund, subject to tracking error • Medium risk (YELLOW)

* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.
Note: Risk is represented as:

(BLUE) investors understand that their principal will be at low risk

(YELLOW) investors understand that their principal will be at medium risk

(BROWN) investors understand that their principal will be at high risk

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN	ARN			E	

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

"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."

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Power of Attorney Holder

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer 18) In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

I confirm that I am a first time investor across Mutual Funds.

I confirm that I am an existing investor in Mutual Funds.

1 EXISTING INVESTOR'S FOLIO NUMBER (If you have an existing folio with KYC validated, please mention here and skip to section 3/4.)

2 FIRST APPLICANT'S DETAILS (Non-individual investors please fill in UBO annexure and attach along with application form) Mr. Ms. M/s

Name (1st)

Date of birth (D D M M Y Y) PAN Refer 9 Nationality Country of Birth

For Investments "On behalf of Minor" (Refer 10) Birth Certificate School Certificate Passport Other Guardian named below is Father Mother Court Appointed

Name of the Guardian if minor attach proof of date of birth / Contact person for non individuals / PoA holder name Guardian / PoA PAN

Correspondence / Overseas address (For FIIs/NRIs/PIOs)

City State Pin Code

Overseas address Country

Email (Refer 15a) Mobile Tel.

Are you a tax resident of any country other than India? No Yes (Please attach / complete the Ultimate Beneficial Ownership [UBO] Declaration Form & FATCA Declaration Form). (Refer 8.8 & 19)

Status Resident Individual Proprietor HUF Minor FII NRI PIO Partnership Firm Society* Trust* Company* Non-Profit Organization (NPO) (Ref 20) Other Specify

*Other than NPO Specify

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Other Specify

Gross Annual Income OR Net-worth* in ₹ *Not older than one year Any other information	INDIVIDUALS <input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L as on (D D M M Y Y) <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP	NON-INDIVIDUALS <input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L <input type="checkbox"/> 25L-1C <input type="checkbox"/> > 1C as on (D D M M Y Y)	Is the entity involved in any of the following: Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---	--

SECOND APPLICANT'S DETAILS Mode of Holding Joint (Default) Anyone or Survivor Nationality Country of Birth Mr. Ms. M/s

Name (2nd)

PAN Mobile Email

Are you a tax resident of any country other than India? No Yes

Status Resident Individual Proprietor HUF Minor Society FII NRI PIO Partnership Firm Trust Company Other Specify

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Retired Professional Business Agriculture Student Forex Dealer Other Specify

Gross Annual Income OR Net-worth* in ₹ *Should not be older than one year Any other information	INDIVIDUALS <input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L as on (D D M M Y Y) <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP
---	--

THIRD APPLICANT'S DETAILS Nationality Country of Birth Mr. Ms. M/s

Name (3rd)

PAN Mobile Email ID

Are you a tax resident of any country other than India? No Yes

Status Resident Individual Proprietor HUF Minor Society FII NRI PIO Partnership Firm Trust Company Other Specify

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Retired Professional Business Agriculture Student Forex Dealer Other Specify

Gross Annual Income OR Net-worth* in ₹ *Should not be older than one year Any other information	INDIVIDUALS <input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L as on (D D M M Y Y) <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP
---	--

3 DEBIT MANDATE (For Axis Bank A/c only.) To be processed in CMS software under client code "AXISMF" TO BE DETACHED BY KARVY & PRESENTED TO AXIS BANK CMS Application No.

I/ We Name of the account holder(s) authorise you to debit my/our account no. Date

Account type Savings NRO NRE Current FCNR Others Specify to pay for the purchase of Axis Gold Fund

Amount (figures) (words)

Signature of First Account Holder Signature of Second Account Holder Signature of Third Account Holder

ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. Application No.

From

Cheque no.	Date	Amount	Scheme	Stamp & Signature

4 INVESTMENT & PAYMENT DETAILS (Investors applying under Direct Plan must mention "Direct" against scheme name, refer 2)

Payment type Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Scheme Plan Option

LUMP SUM (Fill 4A only) MICRO LUMP SUM (Fill 4A only) SIP AXIS BANK DEBIT MANDATE (Fill 4B) SIP ELECTRONIC AUTO DEBIT (Fill 4B) MICRO SIP (Fill 4B)

4A LUMPSUM Do not submit SIP Auto Debit Form

Mode Cheque DD Axis Bank Debit Mandate (Please fill section 3.) Cheque / DD no. Dated

Amount (figures) (words)

Pay-in A/c no.

Account type Savings NRO NRE Current FCNR Others Drawn on bank / branch name

4B SIP (For SIP through Electronic Auto Debit submit SIP Auto Debit (Form 2) with Form 1)

Monthly SIP Amount (figure) (words)

SIP frequency (tick any one) Monthly Yearly Preferred Debit Date (Any date except 29th, 30th and 31st)

SIP period Till you instruct to discontinue OR no. of installments (ref 12(h))* from to* *Fill only if no. of installments have been specified, else leave blank.

First SIP Installment details Drawn on bank / branch name

Mode Cheque / DD Axis Bank Debit Mandate (Please fill section 3.) Cheque / DD no. Dated

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT (Name should be as per the demat account. Refer 17) NSDL CDSL

Depository Participant (DP) Name

DP ID Beneficiary A/c No.

5 BANK ACCOUNT DETAILS FOR PAY-OUT (Mandatory. Refer 6 and avail of Multiple Bank Registration Facility.)

Bank Name

Bank A/c No. Type Current Savings NRO NRE FCNR Others

Branch Name City Pin

IFSC Code (11 digit)* MICR Code (9 digit)* *Mentioned on your cheque leaf

6 NOMINATION DETAILS (Refer 16)

Name (Date of Birth if nominee is minor)	Address	Guardian Name (in case Nominee is a Minor)	Signature (Guardian in case Nominee is a Minor)	Allocation %

Unit Holder's Signature <small>If you do not wish to nominate sign here.</small>	First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder	100%
---	--------------------------------------	------------------	-----------------	--------------------------	------

7 DECLARATION AND SIGNATURE

Having read and understood the content of the SID / SAI of the scheme, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, 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 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 (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/us. I/we confirm that I/we do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro investment only.) with your fund house. 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.

QUICK CHECKLIST

- KYC acknowledgement letter (Compulsory for MICRO Investments)
- Self attested PAN card copy
- Email id and mobile number provided for online transaction facility
- Plan / Option name mentioned in addition to scheme name
- SIP Auto Debit Form for SIP investments
- Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that future payments can be made from any of the accounts)
- Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached
- Additional documents attached for Third Party payments. Refer instructions.

AXIS MUTUAL FUND HELPS YOU RELAX WITH,



EasyInvest
https://online.axismf.com
Invest online without any
prior registration.



EasyCall
1800 2000 2000
Buy / Sell units without
PINs or Passwords.



EasySMS
SMS HELP @ 9223 10023
Transact and get file
details on the go.



EasyApp
SMS Coverage @ 9223 10023
to download. Invest with ease
on your Android smartphone.



**Risk
Managed
Products**

Buy means purchase and *Sell* means redemption of units of Axis Mutual Fund schemes.

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN	ARN			E	

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

"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."

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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer 18 and any one)

I confirm that I am a first time investor across Mutual Funds. I confirm that I am an existing investor in Mutual Funds.

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

Tick whichever is applicable : New SIP registration by new investor New SIP registration by existing investor Change in Bank details by investor

1 APPLICANT'S PERSONAL DETAILS (MANDATORY)

Application Form No. (For New Applicants) [] [] [] [] [] [] [] [] [] [] **OR** Folio No. (For Existing Unit holders) [] [] [] [] [] [] [] [] [] []

Sole / 1st Unitholder [] [] [] [] [] [] [] [] [] [] First Name [] [] [] [] [] [] [] [] [] [] Middle Name [] [] [] [] [] [] [] [] [] [] Last Name [] [] [] [] [] [] [] [] [] []

Email ID [] For receiving statements over email instead of post

PAN [] [] [] [] [] [] 1st Applicant [] [] [] [] [] [] 2nd Applicant [] [] [] [] [] [] 3rd Applicant [] [] [] [] [] []

Enclose Attested PAN card KYC Letter Attested PAN card KYC Letter Attested PAN card KYC Letter

2 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint') Date []

I / We declare that the particulars furnished here are correct. I / We authorise Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Axis Mutual Fund about any changes in my bank account.

X Sole/ 1st Unit Holder / POA	X 2nd Unit Holder	X 3rd Unit Holder
-------------------------------	-------------------	-------------------

3 AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS

The Manager
Name of Bank [] Branch [] City []

I / We authorize Axis Mutual Fund, acting through its service providers, to debit my account through ECS (Debit) clearing / Direct debit (Standing Instruction) as per the details given here:

A) Folio No. / Application No. []	Scheme	
	Plan*	
B) Account Number []	Option	
A/c holder's name as in bank records []	SIP Auto Debit Date	(29th, 30th & 31st not available) (DD)
C) Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit	Frequency (ref 12 (h))	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
D) 9-Digit MICR Number of the Bank & Branch []	SIP Installment Amount	Please refer to KIM for min. installment amount
	SIP Auto Debit Period (ref 12 (h))*	From [] To []
<input type="checkbox"/> Till you instruct Axis Mutual Fund to discontinue. *Please fill in the 'To' date only if no. of instalments have been specified in the Application Form. *Investors applying under Direct Plan must mention "Direct" against scheme name. *For Long Term Equity minimum SIP instalment is 6 months.		

I / We declare that the particulars furnished above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / we would not hold the user institution responsible. I / We will also inform Axis Mutual Fund about any changes in my bank account.

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Name(s)	Sole/1st Bank Account Holder / POA	2nd Bank Account Holder	3rd Bank Account Holder
Signature(s)	XX Sole/1st Bank Account Holder / POA	XX 2nd Bank Account Holder	XX 3rd Bank Account Holder
Date	[] (To be signed by all holders if mode of operation of Bank Account is 'Joint')		

ATTESTED BY THE BANKER
(Mandatory, if your First SIP Installment is through a Demand Draft / Pay Order)
I / We certify that the signature of account holder(s) and the bank account details are correct as per our records.

Stamp & Signature

FOR OFFICE USE ONLY (not to be filled in by investor)	We confirm that we have taken the above ECS / Auto Debit instructions on our records.
Recorded on []	Stamp of Bank Branch Manager
Recorded by	Signature
Credit A/c No.	Name