

COMMON TRANSACTION SLIP (for existing investors only)

Folio No.				Date D D M M Y Y		
Distributor ARN Sub-Distributor ARN Sol ID / Internal Sub-Broker	Employee Code EUIN		RIA CODE^	Serial No., I	Serial No., Date & Time Stamp	
Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor	e accocement of various fa	netare including the corvice	and ared by the distributor			
Option: Commission is plan unless by the investor to the Am Tregistered distinution asset on the investor of IIWe, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to Mutual Fund, to the above mentioned SEBI Registered Investment Adviser.				f my/our investments und	er Direct Plan of all schemes of Axis	
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			Second Applican	icant Third Applicant		
manager/sales person of the distributor/sub broker. First / Sole Applicant						
Aadhaar No. Fijst Applicant	Segond Appli	igant		Third Applicant		
I/We would like to apply for ADDITIONAL PURCHASE (fill section-A) REDEMPT	TION (fill section-B)	SWITCH (fill secti	on-C)			
A ADDITIONAL PURCHASE						
Scheme		Plan		Option	Amount	
Total	In words				In figures	
Payment Options Cheque / DD RTGS / NEFT	Transfer	Deb	it Mandate (Fill section E	<u> </u>	One Time Mandate	
Bank Name	Instrume		(in case of RTGS / NEFT)			
₹ (in figures)	 ₹ (in	words)				
• In case of Multiple Investments, cheque / DD drawn should be favouring "Axis MF Multip	le Schemes".					
RTGS/NEFT/Transfer not acceptable in case of Multiple Investment. DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT NSDL C	201					
Depository Participant Name	OSL	Denository	Participant (DP) ID			
Beneficiary Account Number		Борозітогу	Turticipant (51 / 15			
Note: In case there is any change in your KYC information please update the same by using the presc	ribed 'KYC Change Requ	uest Form' and submit the	same at the Point of Service	ce of any KYC Registrat	ion Agency.	
B REDEMPTION			☐ All units	OR No.	of Units	
Scheme		Plan		Option		
OR ₹ (in figures) ₹ (in words)						
Please Note: if the balance in your folio is less than this redemption request, all units or entire balance	ce shall be redeemed.			••		
C SWITCH			All units	OR No.	of Units	
From Scheme		Plan		Option		
OR ₹ (in figures) ₹ (in words)						
To Scheme		Plan		Option		
D SIGNATURE / We have read and understood the contents of the SID / SAI of the Scheme(s). I/ We have not received no	or have been induced by a	any rehate or nifts, directly	of indirectly in making this in	nvestment. The money in	ovested in the schemes is through	
legitimate sources and is not in contravention of any prevailing laws. Upfront commission shall be paid rendered by the distributor.						
First / Sole Applicant / Guardian / POA	Second Applica	nnt		Third Applic	ant	
www.	Occord Applica				~	
E DEBIT MANDATE (For Axis Bank A/c only.) To be detached	d by Karvy & Presented	to Axis Bank Branch		Date D D	M M Y Y Y	
I/ We Name of the account holder(s)					
authorise you to debit my/our account no.					st Account Holder	
Account type Savings NRO NRE Current FCNR Others Specify				Signature of Second Account Holder		
to pay for the purchase of Scheme Name					una Account Holder	
₹ (in figures)				Signature of Third Account Holder		
₹ (in words)				orginature or Tri	ina Account (IUIUE)	
In case of multiple investments, please mention scheme name as "Axis MF Multiple Sche : $\!$						
ACKNOWLEDGMENT SLIP (To				Date (D D M M Y Y	
The RESPONSIBLE Mutual Fund						
Folio No. Received a request fo	or Additional P	urcnase 🔛 Kedem	ption Switch from		o & Signature	
Name				Stamp	u a siyiidlure	