Date D D M M Y Y

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN 85723	ARN			E E098968	

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

EXISTING FOLIO NUMBER OR **APPLICATION NO.**

PAN (mandatory) **Enclosed** ☐ PAN Proof ☐ KYC Acknowledgment letter

SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 7 days before the 1st due date for transfer).

From Scheme# **Plan**

Option (tick ✓) ☐ Growth ☐ Dividend Reinvestment ☐ Dividend Payout ☐ Bonus **Dividend Frequency**

Plan ☐ Existing ☐ Direct ☐ Retail

To Scheme **Plan**

Option (tick ✓) ☐ Growth ☐ Dividend Reinvestment ☐ Dividend Payout ☐ Bonus **Dividend Frequency**

Plan ☐ Existing ☐ Direct

(Please tick ✓ any one) Ref. Instruction 5

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

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

Transfer Instalment ₹ Total Transfer ₹

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

*Ref. Instruction 11. $ Ref Instruction 12.

#Please refer to the Scheme Information Documents of respective schemes for STP availability. STP out available and registered under Axis Long Term Fund, only For the Units which are Free of 3 years lock-in.

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