ACKNOWLEDGMENT SLIP
(To be filled by the investor)

Folio No. [   ] Date [D][D][M][M][Y][Y]

Name [   ]

Received a request for

☐ **Additional Purchase**

Scheme [   ]

Plan [   ] Option [   ]

₹ (in figures) [   ]

₹ (in words) [   ]

Instrument No. [   ]

Drawn on Bank [   ]

☐ **Redemption**

☐ All units **OR** ☐ No. of Units [   ]

OR ₹ (in figures) [   ]

₹ (in words) [   ]

☐ **Switch**

From [   ]

Plan [   ] Option [   ]

☐ All units **OR** ☐ No. of Units [   ]

OR ₹ (in figures) [   ]

₹ (in words) [   ]

To [   ]

Plan [   ] Option [   ]

Stamp & Signature

AXIS MUTUAL FUND

Folio No. [   ] 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
113651				E164733	

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 / POA	Second Applicant	Third Applicant

Name [   ]

Scheme [   ] Plan [   ] Option [   ]

I/We would like to apply for ☐ **ADDITIONAL PURCHASE** (fill section-A) ☐ **REDEMPTION** (fill section-B) ☐ **SWITCH** (fill section-C)

A   ADDITIONAL PURCHASE

Bank Options ☐ Cheque / DD ☐ RTGS / NEFT ☐ Transfer   Instrument No. [UTR No (in case of RTGS / NEFT)]

Bank Name [   ]   Branch [   ]

₹ (in figures) [   ]   ₹ (in words) [   ]

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT

☐ NSDL   ☐ CDSL

Depository Participant Name [   ]   Depository Participant (DP) ID [   ]

Beneficiary Account Number [   ]

Note: In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency.

B   REDEMPTION   ☐ All units **OR** ☐ No. of Units [   ]

OR ₹ (in figures) [   ]   ₹ (in words) [   ]

Please Note: if the balance in your folio is less than this redemption request, all units or entire balance shall be redeemed.

C   SWITCH (From scheme as mentioned above)   ☐ All units **OR** ☐ No. of Units [   ]

OR ₹ (in figures) [   ]   ₹ (in words) [   ]

To [(Scheme Name)]

Plan [   ] Option [   ] Dividend Frequency [   ]

D   SIGNATURE

I/ We have read and understood the contents of the SID / SAI of the Scheme(s). I/ We have not received nor have been induced by any rebate or gifts, directly of indirectly in making this investment. The money invested in the schemes is through legitimate sources and is not in contravention of any prevailing laws. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.

First / Sole Applicant / Guardian / POA	Second Applicant	Third Applicant

E   DEBIT MANDATE   (For Axis Bank A/c only.)   To be detached by Karvy & Presented to Axis Bank Branch   Date [D][D][M][M][Y][Y][Y][Y]

I/ We [Name of the account holder(s)]   Signature of First Account Holder

authorise you to debit my/our account no. [   ]

Account type ☐ Savings ☐ NRO ☐ NRE ☐ Current ☐ FCNR ☐ Others [Specify]   Signature of Second Account Holder

to pay for the purchase of [Scheme Name]   ₹ (in figures) [   ]

₹ (in words) [   ]   Signature of Third Account Holder