FORM 1 - FOR LUMPSUM / SIP INVESTMENTS



Application No.

| Distributor ARN | Sub-Distrib | butor ARN | | Sol ID / In | ternal S | Sub-Br | roker | | | Emplo | yee C | Code | | | EUIN | | Serial No., Date & Time Stamp | | | | | | | | | |
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| Upfront commission shall be paid o | irectly by the investo | | | | | e inves | tor's a | assessn | nent of val | ious fa | ictors i | ncludi | ng the servi | ce ren | dered b | y the | distribut | or. | | | | | | | | |
| "I/We hereby confirm that the EUIN executed without any interaction or advidistributor/sub broker or notwithstan employee/relationship manager/sales per | box has been intentional ice by the employee/rela ling the advice of in-a son of the distributor/sub | lly left blank by me itionship manager/s appropriateness, ii broker." | e/us as this t sales person f any, prov | transaction is of the above vided by the | F | irst / S G | ole Ap luardia | | t/ | S | Second | l Appl | icant | | TI | hird <i>F</i> | Applicant | | F | ower | of Atto | rney Ho | older | | | |
| TRANSACTION CHARGES F or more and your Distributor has opted t Units will be issued against the balance | o receive Transaction Ch | | | | | | | | | | | | | | | | am a fir am an e | | | | | | | | | |
| 1 EXISTING INVEST | OR'S FOLIO NI | UMBER (If y | ou have an e | existing folio w | vith KYC va | alidated, | please | mention | here and sk | ip to sec | ction 3/4 | 1.) | | | | | | | | | | | | | | |
| 2 FIRST APPLICANT | 'S DETAILS (| Non-individual inver | rtors please | fill in UBO ann | exure and | attach a | long wi | ith applic | cation form) | | | | | | | | | | | | /Ir. 🗆 | Ms. | ☐ M/s | | | |
| Name (1 st) | | | | | | | Т | T | | T | | | | | | | | T | | | | | T | | | |
| Date of birth | M V V | PAN Refer 9 | | | | | + | + | N | ationa | lity | | | | | Co | untry of | Rirth | | | | | | | | |
| For Investments "On behalf | | L | ertificate | School | Certific | ate [| Pas | ssport | | | iiity [| | Guardian | name | ed belo | | | | Motl | ner [| Cour | t Appo | inted′ | | | |
| Name of the Guardian if mino | | | | | | | | | | | | Gua | ardian / Po | | | | | | | | | <u> </u> | T | | | |
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| Correspondence / Overseas a | Idress (For Fils/NRIs | (PIOs) | | | | | + | + | | + | | | | | _ | | | | | | _ | | + | | | |
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| Overseas address | | | | | Otate | | <u> </u> | | | | | | | | | | PIII | Gone | Co | untry | | | <u> </u> | | | |
| Email (Refer 15a) | | | | | | | | | Mobile | | | | | | | T | | 7. | | urrti y | | | | | | |
| Status Resident Individua | Proprietor | HIIF Mine | y □ EII | NDI | DIO | Darte | norchi | in Eirm | | | True | ** | C | .* 🗆 | Non-F | Profit | Organiz | _ Tel. ration | (NPO) | (Ref 2) |)) | ther S | necify | | | |
| Gross Annual Income OR Net-worth* in ₹ *Not older than one year Any other information SECOND APPLICANT'S | <1L 1.5L 5. Politically Expos B DETAILS Mo | sed Person (PE | EP) F | D M M | | e or St | | | -5L 5 | | 10-2 | as o | on D D | M | of Birtl | Υ | Foreign Gamin (casinos | entity in Excha g/ Gamb betting s Lendin | nge/ Mo oling/ Lo yndicates | oney Cl ttery) ning | of the for anger [| Yes Yes Yes | No No No | | | |
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| THIRD APPLICANT'S D | ETAILS | | | | | | | 1 | Nationalit | | | | Cou | ntrv o | of Birtl | h | | | | | /lr. 🗌 | Ms. | M/s | | | |
| Name (3 rd) | | | | | | | Т | | | , | | | | | | | | | | | | | <u> </u> | | | |
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| □ NRI □ PIO Occupation □ Pvt. Sector Se | Partnership Fervice Public Se | | | | | | pecify | | Ne Should n | | th* in | | INDIVIDUALS | P | olitica | ally E | xposed I | Person | | | D M | | Y Y PEP | | | |
| ☐ Professional [| Business Ag | griculture 🗌 S | Student [| Forex De | ealer 🗌 | Other | Spe | ecify | | | nformat | | | | | | | | | | | | | | | |
| 3 DEBIT MANDATE (F | or Axis Bank A/c only.) To | o be processed in C | CMS softwar | re under client | code "AXI | SMF" | | TO BE DI | ETACHED BY | (ARVY & | PRESEN | TED TO | AXIS BANK CM | IS / | Applic | atio | n No. | | | | | | | | | |
| I/ We | | Name of the | account | holder(s) | | | | a | uthorise y | ou to | debit ı | my/oι | ur account | no. | | | | | Date | D | D M | M | У У | | | |
| | | | | | | | | | | | | | rrent 🗌 F(| | | | | ure of | First A | | Holder | | | | | |
| Others Specify to Axis Constant Maturity 10 \(\) | pay for the purcha | _ | • | | | | | | _ | | | | | | | | | re of S | econd / | Accour | t Holder | | | | | |
| _ | (figures) | -anning Dent F | and F | naio oiiUi (| . GIIII FUI | u | | ords) | - unu | GIAN | . i odal | ary Mi | arantaye F | unu _ | | | Signat | ure of 1 | Third A | ccount | Holder | | | | | |
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| 4 INVESTN Payment type | IENT Non | | | | | | | | | | | | | | | t mentic h 'Third | | | | | | | 2) | | | | | | | | | | | | | | | | | |
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