COMMON APPLICATION FORM

Bharti AXA Equity Fund Bharti AXA Tax Advantage Fund Bharti AXA Focused Infrastructure Fund



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE MANDATORY (MARKED*) FIELDS

	ore filling up the applic					plication								
DISTRIBUTOR INFORMATI	ON (Refer Instru	ction No. 1)			FOR OF	FICE US	E ONLY	<u> </u>						
Name & Agent Code anesh S. Shanbha	Sub-Agent Na	ame & Code	Bank/Branch Name &	Serial No.	Reg	gistrar Ser	ial No.		С	Date/	Time	of R	Recei	pt
RN – 0988 ront commission shall be paid di ributor. NSACTION CHARGES FOR APPLIC			•		stors' asse	essment of	various	factor	s inclu	ding s	ervices	s ren	dered	l by the
ase the subscription amount is ₹ er than first time mutual fund inve	10,000/- or more at	nd your Distribute ed from your subs	or has opted to receive Tra scription amount and paid	nsaction Char I directly to the	distributo	r. Units wil	ll be issu	ed aga	inst th	e bala	nce am	ount	tinve	sted.
INFORMATION OF EXISTIN	IG INVESTOR		ivestors / Zero Balance I that Applicant Details an											
olio No. / ZERO Balance Folio xisting unit holders holding		orm shall provi	de the demat accoun	t details as	mentione	ed below))							
EMAT ACCOUNT DETAILS	(Pleas	se ensure that the	sequence of names as m Refer Instruction No. 2A) [entioned in the	applicatio	n form mat	tches wit					with a	any o	ne of th
t Holding Option: DL: Depository participant Name	Physical Mode	☐ Dema	at Mode (If demat a	nccount details		ed below, u		be allo	tted by			ectror	nic m	ode onl
SL: Depository participant Name				neficiary Accou	nt No.		Ť					+		
APPLICANT INFORMATION	l (Refer Instructi	on No. 3)		•							(*Mar	ndatory	y for all	investors
ne of Sole /First Applicant	☐ Mr. ☐ N	Ms. ☐ M/s.		Date of Bir	th D D	ММ	ΥΥ							
F I R S T N A	ME	I N	1 I D D L E		E			L	A S	Т	N	Α	M	Е
uments Enclosed^	IP					☐ KYC [~]	PAN	*	\vdash			T	П	
ne of Guardian/ Name of the		Designation*		Relationsl	nip with N	/INOR						Ť		
F I R S T N A	ME	I N	1	N A M	E			L	A S	Т	N	А	M	Е
uments Enclosed^	IP			DAN	Proof	☐ KYC ⁻	PAN	*						
ne of Second Applicant	Mr. N	Ms. M/s.		Date of Bir		M M	ΥΥ							
FIRST NA	ME	No. My d.	1	N A M	E			L	A S	Т	N	Α	M	Е
uments Enclosed [^] Micro Si	IP			DAN	Proof	□ KYC ⁻	PAN	*						
ne of Third Applicant	Mr. N	Ms. ☐ M/s.		Date of Bir		ММ	YY							
FIRST NA	MF	VIS. IVI/ S.	1	N A M	F S		-	L	A S	Т	N	Α	М	Е
uments Enclosed^	IP			□ PAN	Proof	I KYC⁻	PAN	*						
ase mention the contact person in		ual KYC - Mand	datory for investments of ₹ 50 irrespective of transaction val	_		_					SIP refe			
Anyone or Survivor Club/ Club/ Gover	Society Minor	NGO D	Bank/ FI AOP Defence Defence Est	′ '	Busines Housev Others	vife St	ofessiona tudent		_		Re	etired	d	
FIRST APPLICANT'S CONT. Trespondence Address of Sol														
у	- I I I I I I I I I I I I I I I I I I I	THE SEA GIOTA	State						Pin c	ode				
	for NRI/FII applic													
		ant). (P.O. Box	alone may not be suffi	cient)										
		ant). (P.O. Box	alone may not be suffi	cient)										
rseas Address # (mandatory			Country					Pin co						
rseas Address # (mandatory	s to be provided (self		Country		serve as p	roof of add				uments	s are in	forei	ign la	nguage
y comment proof for foreign address same to be translated to English ar			Country		serve as p	roof of add		case th		uments	s are in	forei	ign la	nguage
y mandatory y more as Address # (mandatory y more proof for foreign address same to be translated to English ar ntact Details Tel No. STD Co Applicant Mobile No."		f certified copy of uthorities in the co	Country bank account statement, buntry of residence or the In Email ID*	Passbook will dian Embassy.	serve as p	roof of add		case th	ne docu	uments	s are in	forei	ign la	nguage
y y y y y y y y y y y y y y y y y y y		f certified copy of uthorities in the co	Country bank account statement, bank account statement, bank account statement, bank presidence or the In Email ID* Email ID*	Passbook will dian Embassy.	serve as p	roof of add		case th	ne docu	uments	s are in	forei	ign la	nguage
preseas Address # (mandatory y procument proof for foreign address same to be translated to English ar ntact Details Tel No. STD Co Applicant Mobile No." Applicant Mobile No." Applicant Mobile No."	ode	f certified copy of uthorities in the co	Country bank account statement, buntry of residence or the In Email ID* Email ID* Email ID*	Passbook will dian Embassy.	serve as p	roof of add		case th	ax					
rseas Address # (mandatory y comment proof for foreign address same to be translated to English ar ntact Details Tel No. STD Co Applicant Mobile No." Applicant Mobile No." Applicant Mobile No." bile number is mandatory to en	ode and a second	f certified copy of uthorities in the co	Country bank account statement, buntry of residence or the in Email ID* Email ID* Email ID* Email ID*	Passbook will dian Embassy. Off.			ress. In	case th	ax *Ema	ail ID c	ompul	sory		
preseas Address # (mandatory comment proof for foreign address same to be translated to English ar ntact Details Tel No. STD Co Applicant Mobile No."	nable us to community information document(s) via	f certified copy of uthorities in the co	Country Shank account statement, buntry of residence or the in Email ID* Email ID* Email ID* Email ID* CO Plan will be composite to the incomposite to the inco	Passbook will dian Embassy. Off.	nunicate	d via Ema	ress. In	For (Reference of Reference of	*Ema	ail ID c	ompul	sory (). 5)	for E	CO Pla
preseas Address # (mandatory y procument proof for foreign address same to be translated to English ar ntact Details Tel No. STD Co Applicant Mobile No." Applicant Mobile No." Applicant Mobile No." Applicant Mobile No." Mobile No." Applicant Mobile No." Mobile No." Applicant Mobile No."	nable us to commur INFORMATION document(s) via t(s) [Please ()]	f certified copy of uthorities in the co	Country bank account statement, buntry of residence or the in Email ID* Email ID* Email ID* Email ID*	Passbook will dian Embassy. Off. JIsorily comm	nunicate	d via Ema	ail only)	For (Reference of Reference of	*Ema	ail ID c	ompuls	sory (). 5)	for E	CO Pla
preseas Address # (mandatory y comment proof for foreign address same to be translated to English ar ntact Details Tel No. STD Co Applicant Mobile No." Applicant Mobile No." Applicant Mobile No." Applicant Mobile No." Mobile No." Applicant Mobile No."	nable us to commun INFORMATION document(s) via t(s) [Please ()]	f certified copy of uthorities in the co	Country Shank account statement, buntry of residence or the in Email ID* Email ID* Email ID* Email ID* CO Plan will be composed to the instance of the i	Passbook will dian Embassy. Off. Ilsorily commodity co	nunicated	d via Ema	ail only)	(Refe	*Ema	ail ID cotruction	ompuls on No tatutor	sory (). 5)	for E	CO Pla
preseas Address # (mandatory y procument proof for foreign address same to be translated to English ar ntact Details Tel No. STD Co Applicant Mobile No." Applicant Mobile No." Applicant Mobile No." Applicant Mobile No." Mobile No." Applicant Mobile No." Mobile No." Applicant Mobile No."	nable us to commun INFORMATION document(s) via t(s) [Please ()]	f certified copy of uthorities in the co	Country Shank account statement, buntry of residence or the in Email ID* Email ID* Email ID* Email ID* CO Plan will be composed to the instance of the i	Passbook will dian Embassy. Off. Ilsorily commodity co	nunicated	d via Ema	ail only)	(Refe	*Ema	ail ID cotruction	ompuls on No tatutor	sory (). 5)	for E	CO Pla
preseas Address # (mandatory by cocument proof for foreign address same to be translated to English ar ntact Details Tel No. STD Co Applicant Mobile No.* I would like to apply for a PIN form / as available on the AMC of t	nable us to commun INFORMATION document(s) via t(s) [Please ()]	f certified copy of uthorities in the co	Country Shank account statement, buntry of residence or the in Email ID* Email ID* Email ID* Email ID* CO Plan will be composed to the instance of the i	Passbook will dian Embassy. Off. Ilsorily commodity co	nunicated Letter	d via Ema	ail only) ual Repo	(Refe	*Ema	ail ID cotruction	ompuls on No tatutor	sory (). 5)	for E	CO Pla
ty occument proof for foreign address same to be translated to English ar intact Details Applicant Mobile No. Applicant Mobile No	nable us to community of the state of the st	f certified copy of uthorities in the co	Country bank account statement, buntry of residence or the in Email ID* Email ID* Email ID* CO Plan will be compt Account Statement ar account / transact or in on the PIN Agreement F	Passbook will dian Embassy. Off. Ilsorily commodity co	nunicated Letter	d via Ema	ail only) ual Repo	(Refe	*Ema	ail ID cotruction	ompuls on No tatutor	sory (). 5)	for E	CO Pla
ty locument proof for foreign address same to be translated to English are to be translated t	nable us to communable us to communable us to communation (Information document(s) via t(s) [Please ()] NUMBER (PIN) I' (PIN will allow you website from time to	f certified copy of uthorities in the comparison of the comparison	Country Shank account statement, buntry of residence or the in the interpretation of the PIN Agreement Fund on	Passbook will dian Embassy. Off. Ulsorily comm News	nunicated Letter o the Terrand subm	d via Ema	ail only) ual Repr ditions vith this	(Reference of the control of the con	*Emaa *Emaa *ine transion App	siil ID c tructii ther S	ompuls on No tatutor	ssory 5. 5) y Info	for E	CO Pla
cocument proof for foreign address same to be translated to English are contact Details and Applicant Mobile No. Tel No. STD Code Applicant Mobile No. Mobile number is mandatory to en a semantal in lieu of physical document ERSONAL IDENTIFICATION I would like to apply for a PIN form / as available on the AMC of Mobile No. Mobile	nable us to communable us to communable us to communation (Information document(s) via t(s) [Please ()] NUMBER (PIN) I' (PIN will allow you website from time to	f certified copy of uthorities in the comparison of the comparison	Country Shank account statement, buntry of residence or the in the interpretation of the interpretation of the interpretation of the interpretation of the PIN Agreement Fund on the PIN Agreement Fund	Passbook will dian Embassy. Off. Ilsorily community co	municated Letter o the Terra and subm Applii	d via Ema	ail only) ual Repr ditions vith this	(Reference of the control of the con	*Emaa *Emaa on App	niil ID c tructi	on No tatutor ion fac	ssory (b. 5) solution (cility).	for E	CO Pla tition in thi
cocument proof for foreign address same to be translated to English are contact Details and Mobile No. Tel No. STD Code Applicant Mobile No. Mobile No. Mobile No. Mobile No. Mobile No. Mobile number is mandatory to en a EMAIL COMMUNICATION Now wish to receive the following mail in lieu of physical document ERSONAL IDENTIFICATION I would like to apply for a PIN form / as available on the AMC of Mobile No. Mobile No	nable us to communable us to communable us to communation (Information document(s) via t(s) [Please ()] NUMBER (PIN) I' (PIN will allow you website from time to the filled in	f certified copy of uthorities in the comparison of the comparison	Country Shank account statement, buntry of residence or the in the interpretation of the PIN Agreement Fund on	Passbook will dian Embassy. Off. News Ilsorily commodities the commodities of the comm	municated Letter o the Terra and subm Applii	d via Ema	ail only) ual Repr ditions vith this	(Reference of the control of the con	*Emaa *Emaa on App	niil ID c tructi	compuls on No tatutor ion fac on Form	ssory (b. 5) solution (cility).	for E	CO Pla tition in thi
ty locument proof for foreign address same to be translated to English are to be translated t	nable us to communable us to communable us to communable us to communate (a) via to (b) [Please (b)] NUMBER (PIN) V' (PIN will allow yowebsite from time to (a) place (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	f certified copy of uthorities in the company of th	Country Shank account statement, buntry of residence or the in the interpretation of the PIN Agreement Fund on	Passbook will dian Embassy. Off. News Ilsorily common News In the subject of	municated Letter o the Terra and subm Applii	d via Ema	ail only) ual Repr ditions vith this	(Reference of the control of the con	*Emaa *Emaa on App	niil ID c tructi	compuls on No tatutor ion fac on Form	ssory (b. 5) solution (cility).	for E	CO Pla tition in thi

6. BANK ACCOUNT DETAILS (Page	out Bank) (* Man	ıdator	ry - If I	eft bla	nk, A <mark>l</mark>	ppli	icatio	ı will b	e r	eject	ed) (F	Ref	er In	str	uctio	n l	۷o.	6)									
A/c Type [please] Saving	Curre	nt 🔲 NI	RO	☐ NE	RE	FC	CNF	≀ 🔲 (thers	(Ple	ease	Spec	ify															
Bank Name																										T		
Account No							T			Ť	İ]		·														_
Branch						City	<u> </u>			Ť	Ť									Pi	n		Τ			Т		٦
IFSC Code*			manda	atory fo	ı or credi	t via N	r L JEF1	T/RTGS) (11 C	hara	cter c	ode ap	pea	ring o	n yo	ur ch	ـــا egu	e lea	f.)							_		_
MICR Code*		(9 Digit N												_						ue)								
Direct credit facility is available for	redemption							-						CIIC	qu	,, 00	PJ	01 01	юч	ucj								
IN CASE INVESTOR WISH TO RECEIVE A (instead of a direct credit into their bank I/We want to receive the redemption and	account),								ease (ultip			reg	istra	itio	n, us	se r	nul	tiple	e ba	ank a	1000	ount	
7. SCHEME DETAILS (Refer Instru		•	i arry) i	by way	or a cir	eque.		bi	3436 (gio	iacio		,,,,,,												
7. SOILEME DETAILS (Neich Instit	iction No.	1)																										
Scheme Name :						— [In	rae	e of	ח	vide	nc	On	tio	n								1
Investment In			Plan							Or	tion		- Cu			T		_			nd (Sul	b-0	nti	on			
			Fiaii							۱۰	Cion							_		uei	iu .	Jui	0-0	pu	OII	_		$\frac{1}{2}$
Lumpsum SIP (please fill the																												
SIP Form)																												
8. DIVIDEND TRANSFER FACILITY	(Please	to selec	t this	facilit	v) (Re	fer In	str	uctior	No. 8	3)																		
This facility is available only under Di					, ,					<u> </u>	of the	divid	end	rece	iva	ble b	y th	em i	nto	any	of	the	ope	en e	ende	d sc	hem	es.
9. INVESTMENT & PAYMENT DET	AILS (Ref	er Instruct	tion N	No 9)																			•					
Investment Amount			7 n	D Cha	ardes		Т					T	1	Net	Δn	OUR	+ [T	T	T	T	Ŧ	_
Cheque/DD No		heque/D			I I		\pm	\dashv		Dra	wn c	L n Bar	_ hk∫	T	711	T	'' [\pm	_				<u> </u>	$\frac{\perp}{1}$	$\frac{\perp}{\perp}$	十	$\frac{\perp}{1}$	╣
Branch Name	`	I I	 			$\frac{1}{1}$	\dashv		4/c Typ				l	Savir		\dashv		ren	 + [IRC			NR	F		FCN	_ R
			n la lla	-61-4-	ha vala		\sqcup																				OIV	
• Third Party & O/S cheques will not be a		i transactio	भा १५ ॥	able to							ianu c	rart is	re															
Further for different mode of payments sp	ecified dec		uld be											uno	u ic	r iiiv	Jau	nent	in	each	ı pıa	an o	of a	scr	Cilic	•		
10. NOMINATION DETAILS (Refer		aration sho												, unio	u 10	rillv	55 U	nent	in (each	ı pıa	an o	of a	scr	CITIC			
10. NOMINATION DETAILS (Refer	Instruction	aration shoon No. 10)	provid	ed as m	ention	ned	in inst	uction																		ioh	
10. NOMINATION DETAILS (Refer	Instruction	aration shoon No. 10)	provid	ed as m	ention	ned	in inst	uction					natur						F	Prop	ort	ion t will	(%) by	whie red	by	
10. NOMINATION DETAILS (Refer	Instruction	aration shoon No. 10)	not wisl	ed as m	ninate.	of t	in inst	uction	no.	9		Sig							F	Prophe i	oort unit	ion t will	(% I be) by	which	by	
10. NOMINATION DETAILS (Refer	Instruction	aration shoon No. 10)	not wisl	n to non	ninate.	of t	in inst	uction	no.	9		Sig							F	Prophe i	oort unit	ion t will	(% I be) by e sha	which	by	
10. NOMINATION DETAILS (Refer I/ we do wish to nominate as under Name & Address of Nominee(s)	Instruction	aration shoon No. 10)	not wisl	n to non	ninate.	of t	in inst	uction	no.	9		Sig							F	Prophe i	oort unit	ion t will	(% I be) by e sha	which	by	
10. NOMINATION DETAILS (Refer I/ we do wish to nominate as under Name & Address of Nominee(s) 1. 2.	Instruction	aration shoon No. 10)	not wisl	n to non	ninate.	of t	in inst	uction	no.	9		Sig							F	Prophe i	oort unit	ion t will	(% I be) by e sha	which	by	
10. NOMINATION DETAILS (Refer I/ we do wish to nominate as under Name & Address of Nominee(s) 1.	Instruction	aration shoon No. 10)	not wisl	n to non	ninate.	of t	in inst	uction ardian	no.	9		Sig							F	Prophe i	oort unit	ion t will	(% I be) by e sha	which	by	
10. NOMINATION DETAILS (Refer III) We do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3.	Instruction Date of the control of	on No. 10 I / v te of Birth	ve do r	not wisl Nar (To	n to non me & Ad	ninate.	of t	the Gua	ardian ne Nom	ine	e is a		Sig							F	Prophe i	oort unit	ion t will	(% I be) by e sha	which	by	
10. NOMINATION DETAILS (Refer II) / we do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3. 11. BENEFICIAL OWNER (Refer II) I am / we are the Beneficial Owner	Da D	on No. 10 I / v te of Birth	ve do r	not wisl Nar (To	n to non me & Ad	ninate.	of t	the Gua	ardian ne Nom	ine	e is a		Sign r)		e o					F	Prophe i	oort unit	ion t will	(% I be) by e sha	which	by	
10. NOMINATION DETAILS (Refer II) / we do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3. 11. BENEFICIAL OWNER (Refer II) I am / we are the Beneficial Owner (If No, indicate name of Beneficial	Da D	on No. 10 Li v te of Birth No. 13 to	we do r	not wish Nar (To	n to nomme & Ad	ninate. dress nished	of 1 d in	the Gua	ardian ne Nom	ine	e is a	Minor	Sign r)	natur	e o					F	Prophe i	oort unit	ion t will	(% I be) by e sha	which	by	
10. NOMINATION DETAILS (Refer I Lam / we are the Beneficial Owner (Note: If the response is not completed) 1. In the response is not completed.	Da D	No. 13 be nits that we need that you	we do r	not wisl Nar (To	ed as mento nomme & Ado be fur	ninate. dress nished	of 1 d in	the Gua	ardian ne Nom	ine	e is a	Minor	Sign r)	natur	e o					F	Prophe i	oort unit	ion t will	(% I be) by e sha	which	by	
10. NOMINATION DETAILS (Refer I / we do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3. 11. BENEFICIAL OWNER (Refer I am / we are the Beneficial Owne (If No, indicate name of Beneficial (Note: If the response is not completed 12. DECLARATION AND SIGNATU	Da D	No. 13 be nits that we need that you scheme Informer in the content of the conten	we do not be a second of the s	not wisi Nar (To	ed as mento non me & Ado be fur sed purs eficial C	ninate. dress nished	of the distribution of the	the Guardian this Ap	ardian ne Nom	on iona	e is a	Minor Yes	Sign r)	natur	e o	f Gua	rdia	an	Fun	F t t e a	Prophe used	oort unit n N rega	cion t will Nom ate t	(% I be ine to 1) by sha	whiii red shou n on	by uld	
10. NOMINATION DETAILS (Refer III) I/ we do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3. 11. BENEFICIAL OWNER (Refer IIII) I BENEFICIAL OWNER (Refer IIIII) I BENEFICIAL OWNER (Refer IIIII) I BENEFICIAL OWNER (Refer IIIIII) I BENEFICIAL OWNER (Refer IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Da D	No. 13 beneficially beneficiall	we do r	not wish Nar (To	ed as ment to non me & Ado be fur sed purseficial Coursent dother the details of the thick that the thick	minate. dress nished and Si //Purch e amd	of 1 d in to t	the Guardian case t	uction ardian ne Norr plicati of Additt	on ionae Soe S	e is a	Minor Yes	Sigg r)	f Bhae to a	e o	AXA ee by	Mu	tual tterm	Funnsa	F t t e a a	Prophe used in the search of t	ding	g the	(% I be ine to 1	ection	white red should be should	by uld with the second of the	o. ot
10. NOMINATION DETAILS (Refer I I/ we do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3. 11. BENEFICIAL OWNER (Refer I I am / we are the Beneficial Ownee (If No, indicate name of Beneficial (Note: If the response is not completed to the contrained of the contrained in the contraine	Da D	No. 13 to the of that you fer Instruction of any A	we do n will be u are tl ction ormati y appli	not wisi Narr (To	ed as mento non me & Ado be fur ed purseed purseed purseument lotment dot that the gulations	dress nished	of the din to	this Ap	uction ardian ne Nom plicati of Addit ts in the total in the Direct	ine on	e is a la linfo	Minor Yes	Sign r)	f Bha e to a eto e egula	e o	AXA le by nate	Mu	tual term rces	Fun sa on in Ind	f t e e a a a a a a a a a a a a a a a a a	clucion did	ding	g the	(% I be ine to 1	ection licab	white red should be red with the red with th	n "Winered dis n Bha	o. ot rti
10. NOMINATION DETAILS (Refer III) / we do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3. 11. BENEFICIAL OWNER (Refer III) am / we are the Beneficial Owner (If No, indicate name of Beneficial (Note: If the response is not completed to the contraction of the purpose of any contraver AXA Mutual Fund, its Investment Manage Advisor. I/We have neither received nor be Advisor.	Da D	No. 13 benits that we med that you fer Instruction of any American discounts to dis	we do n we do n u are ti ction ormati oy appi westm trick, Rulal ctool do	not wisl Nar (To	ed as mento non me & Ado be fur edicial Coursett lottent dithat the gulations of my inv	dress nished	of 1 d in to t	this Ap	uction ardian ne Nom plicati of Addit ts in the ted in the ted in the ank(s)/	ine on ionae So	e is a linfo	Minor Yes rmatic and a	Sign r)	f Bhae to a gegen elimination	e o	AXA le by nate y au pank	Mu the sou	tual ttermrces	Funsa soni Indor	d in nd coly ar library	clud oncoded d	ding	g the	(% I be ine to 1	ection licable oover/li	white red in on on one of the and rise onves	n "Winered dis na Bha	o. ot rti nt
10. NOMINATION DETAILS (Refer I I/ we do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3. 11. BENEFICIAL OWNER (Refer I I am / we are the Beneficial Ownee (If No, indicate name of Beneficial (Note: If the response is not completed (Note: If the response is not completed and the individual Fund, its Investment Manage Advisor. I/We have neither received nor be is correct, complete and truly stated. I/We are aware that the information provi	Da D	No. 13 be nits that we need that you feel Instruction of any Alents to disciply any reballed in this age and in this age.	we do r we do r we do r u are tl ction ormati oy appli ct, Rul lose d ute or g	not wisl Nar (To	ed as mento non me & Ado be fur sed purse eficial Coursent dotted that it sulations of my invectly or mento necessarily or	dress nished and Si August 1 a	of 1 d in to t	the Guardian case t	plicati of Addit ts in the roll of the ro	ine on on ionae So onse So onse Si ons	e is a lal Info	Yes	Sign r) on cagre rou, iny tual We	f Bha e to a e gulling feeguling fee	e o	AXA le by nate y au by autonat i	Mu the sou tho (s)	tual term rces riand , nfor	Funns a a confine India	d in nd c y ar libration	cluce on concentration of the	dingditio	g the ons a note of the control of t	(% I be interested to 1	ection licab volve utho er / In	white red should be not on on on on one of the and and arise rise ation	by uld "Winered disn astmean for sharing the control of the contro	o. ot rti nt m
10. NOMINATION DETAILS (Refer I I/ we do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3. 11. BENEFICIAL OWNER (Refer I I am / we are the Beneficial Ownee (If No, indicate name of Beneficial (Note: If the response is not completed (Note: If the response is not completed to the contract of the contr	Da D	No. 13 the nits that we need that you feer Instruction of any American discounting the nits to discount and the nits a	we do r we do r will be u are ti ction ormati oy appi westm tc, Rulul ct, Rulul ose de te or g	not wisl Nar (To	ed as mento non me & Ado be fur ded purs efficial Continuent distance that the full time of my inwinectly or mis need Mutual	and Si /Purclee amond sindirections, Notification indirections and file of the second sindirections and file of the second sindirections and file of the second sindirections are second sindirections.	of tot	this Ap	plicati of Addit ts in the do in the doing this plication open pl	on iona iona iona iona iona iona iona io	e is a la Info hemechement is estimated.	Yes Yes Yes myloo service	Sign r) Soon congregorou, iny tual We ur in	f Bha e to a gegegial Funo decid	e o	AXA lee by nate ry au pank that t	Muthe south of the country of the co	tual tterm rces ity ir and , nfor	Fumisa a on incomment	d in nd cly ardia. I Distriction	cluc oncond did wiribu give	ding ding	g the	(% I be inner to 1	ection licab ection licab ection licab volve utho er / In	white red for some or	m "Wilnered dis n Bhaestmeen form	ot rti nt m
10. NOMINATION DETAILS (Refer I I/ we do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3. 11. BENEFICIAL OWNER (Refer I I am / we are the Beneficial Ownee (If No, indicate name of Beneficial (Note: If the response is not completed (Note: If the response is not completed I). We have read and understood the contraction of Money I. (We hereby declare that I/We am / are audesigned for the purpose of any contraver AXA Mutual Fund, its Investment Manage Advisor. I/We have neither received nor be is correct, complete and truly stated. I/We are aware that the information proviny/our data/information with any third party of the province	Da D	No. 13 to nits that we need that you fer Instruction of any A ents to discibly any reballed in this age required in the properties of the	wwe do r wwe do r will be u are tl ction ct, Rululose dd tate or g pplicat by Bha	not wisl Nar (To	ed as mento non me & Ado be fur sed purse eficial Continuation of my invection	dress nished and St / Purche among s, Notine estimates and function of India	of t d in to t	the Guardines to the Guardines Appeared to the Guardines of United States	plicati of Addit ts in the ted in the Direct anningsh; in to oppose of	on o	e is a la l Info	Yes Trmatic and a e is th d by a A Mut my/o servic e rem	Sign r) Soon congregations itual we ur inverse itte	f Bhaa e to a egul legul legul legul legul legul legul legul legul decla mvest o me	e o	AXA le by nate opank hat i	Muuthe south or o abr	tual tterm rces rity in for nt. I, poenii	Funsaa on on on one of the one of	d in nd coly ardia. I Disticion	cluc oncond di/Wi reby inu	dingglitio	g the sons as not ereb /Brn thi	(% I be inner to 1	ection licab volve erati	white in one of the state of th	n "Winered dis n Bhastmenn form	ot rti nt m
10. NOMINATION DETAILS (Refer I I/ we do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3. 11. BENEFICIAL OWNER (Refer I I am / we are the Beneficial Ownee (If No, indicate name of Beneficial (Note: If the response is not completed (Note: If the response is not completed to the contrained in the contr	Instruction: Da Da Instruction Instructi	No. 13 be not shown that you fee Instruction of any Arents to disciply any rebail and in this age required by any rebail and that you fee Instruction of any Arents to disciply any rebail and in this age required by any rebail and in this age required by any rebail and in this age required by any rebail and in this age.	we do r we do	not wisl Narr (To	ed as mento non me & Ado be fur ed purseed purseed purseed purseed purseed in a company of the	and Side of India II purch	of 1 d in to t to t t) tate has infort an (has	the Guardine Case t	plicati of Addit ts in the pricetank(s)/ ing this n to ope not that le unde	iona iona e So e S ions Bha inv erat prov	e is a lal Info hemen i issue rati Ax estm de hav is Fol	Minor Yes rmatic and a se is the se is the service my/o service e remmon will	Sign r) Son cagrerou, inyal we ur in ees:	f Bhae to a geege gula Fundecla on meatur	e o	AXA le by nate y au oank hat t	Mu the sou tho (s): he cou or o	tual term rcescrity in nfor nt. I, nfor oad reces	Funns a confine from the first and the first	d in and continued in the continued in t	clude once on the control of the con	dingglitio	g the sons as not ereb /Brn thi	(% I be inner to 1	ection licab volve erati	white in one of the state of th	n "Winered dis n Bhastmenn form	ot rti nt m
10. NOMINATION DETAILS (Refer I I/ we do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3. 11. BENEFICIAL OWNER (Refer I I am / we are the Beneficial Ownee (If No, indicate name of Beneficial (Note: If the response is not completed (Note: If the response is not completed to the contract of the contr	Instruction The struction The second of th	No. 13 the need that you feer Instruction of any American discount of the need that you feer Instruction of any American discount of the need that it is not on the need that it is not on the need that it is not on the need that you feer Instruction of any American of any American discount of any American discount of the need that you feer that you feer that you feer that you feel that you fe	we do r we do r will be u are ti ction y applicat by Bha ident Ir unt. ccomm	not wisl Nar (To allotte he Ben No. 1 ion Doco ly for Al nent an eet, Reg ettails o der irit AXA ndian/ ndian/ nissions	ed as mento non me & Ado be fur de de purs eficial (Control of the control of the	and Si /Purclee amond indirections of India II purcle form of	of 1 d in to t to t)) tate that the total tota	the Guardine	plicati of Addit ts in the do in the plication of in the down to open one of the the down th	on ionacionacionacionacionacionacionacionac	e is a e is a lal Info hemen cheme ches is issue arti Ax estm dion of fixiding	Minor Yes Yes Yes rmatic and a e is th d by a servic e rem io will	Sign r) Son cagrerou, inyal we ur in ees:	f Bhae to a geege gula Fundecla on meatur	e o	AXA le by nate y au oank hat t	Mu the sou tho (s): he cou or o	tual term rcescrity in nfor nt. I, nfor oad reces	Funns a confine formation of the confine forma	d in nd coly ardia. I Disticion	clude once on the control of the con	dingglitio	g the sons as not ereb /Brn thi	(% I be inner to 1	ection licab volve erati	white in one of the state of th	n "Winered dis n Bhastmenn form	ot rti nt m
10. NOMINATION DETAILS (Refer III) I/ we do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3. 11. BENEFICIAL OWNER (Refer III) I am / we are the Beneficial Ownee (If No, indicate name of Beneficial (Note: If the response is not completed (Note: If the response is not completed II) I we have read and understood the contrained invest" and "Prevention of Money I /We have read and understood the contrained invest" and "Prevention of Money I /We hereby declare that I/We am /are audesigned for the purpose of any contraver AXA Mutual Fund, its Investment Manage Advisor. I/We have neither received nor be is correct, complete and truly stated. I/We are aware that the information provimy/our data/information with any third painvestment account/folio. Applicable to NRI only: I /We confirm the or from funds in my/our NRE/NRO/FCNR banking channels or from funds in my/our I/We confirm that the ARN holder has dis	Instruction The struction The second of th	No. 13 the need that you feer Instruction of any American discount of the need that you feer Instruction of any American discount of the need that it is not on the need that it is not on the need that you feer Instruction of any American discount of the need o	we do r we do r will be u are ti ction y applicat by Bha ident Ir unt. ccomm	not wisl Nar (To allotte he Ben No. 1 ion Doco ly for Al nent an eet, Reg ettails o der irit AXA ndian/ ndian/ nissions	ed as mento non me & Ado be fur de de purs eficial (Control of the control of the	and Si /Purclee amond indirections of India II purcle form of	of 1 d in to t to t)) tate that the total tota	the Guardine	plicati of Addit ts in the do in the plication of in the down to open one of the the down th	on ionacionacionacionacionacionacionacionac	e is a e is a lal Info hemen cheme ches is issue arti Ax estm dion of fixiding	Minor Yes Yes Yes rmatic and a e is th d by a servic e rem io will	Sign r) Son cagrerou, inyal we ur in ees:	f Bhae to a geege gula Fundecla on meatur	e o	AXA le by nate y au oank hat t	Mu the sou tho (s): he cou or o	tual term rcescrity in nfor nt. I, nfor oad reces	Funns a confine formation of the confine forma	d in and continued in the continued in t	clude once on the control of the con	dingglitio	g the sons as not ereb /Brn thi	(% I be inner to 1	ection licab volve erati	white in one of the state of th	n "Winered dis n Bhastmenn form	o. ot rti nt m
10. NOMINATION DETAILS (Refer I I / we do wish to nominate as under Name & Address of Nominee(s) 1. 2. 3. 11. BENEFICIAL OWNER (Refer I I am / we are the Beneficial Ownee (If No, indicate name of Beneficial (Note: If the response is not completed (Note: If the response is not completed to the contrained of the purpose of any contraver AXA Mutual Fund, its Investment Manage Advisor. I/We have neither received nor be is correct, complete and truly stated. I/We are aware that the information provimy/our data/information with any third painvestment account/folio. Applicable to NRI only: I / We confirm that or from funds in my/our NRE/NRO/FCNR banking channels or from funds in my/our I/We confirm that the ARN holder has disthe different competing Schemes of various.	Instruction The struction The second of th	No. 13 the need that you feer Instruction of any American discount of the need that you feer Instruction of any American discount of the need that it is not on the need that it is not on the need that you feer Instruction of any American discount of the need o	we do r we do r will be u are ti ction y applicat by Bha ident Ir unt. ccomm	not wisl Nar (To allotte he Ben No. 1 ion Doco ly for Al nent an eet, Reg ettails o der irit AXA ndian/ ndian/ nissions	ed as mento non me & Ado be fur de de purs eficial (Control of the control of the	and Si /Purclee amond indirections of India II purcle form of	of 1 d in to t to t)) tate that the total tota	the Guardine	plicati of Addit ts in the do in the plication of in the down to open one of the the down th	on ionacionacionacionacionacionacionacionac	e is a e is a lal Info hemen cheme ches is issue arti Ax estm dion of fixiding	Minor Yes Yes Yes rmatic and a e is th d by a servic e rem io will	Sign r) Son cagrerou, inyal we ur in ees:	f Bhae to a geege gula Fundecla on meatur	e o	AXA le by nate y au oank hat t	Mu the sou tho (s): he cou or o	tual term rcescrity in nfor nt. I, nfor oad reces	Funns a confine formation of the confine forma	d in and continued in the continued in t	clude once on the control of the con	dingglitio	g the sons as not ereb /Brn thi	(% I be inner to 1	ection licab volve erati	white in one of the state of th	n "Winered dis n Bhastmenn form	o. ot rti nt m

CHECKLIST (Please submit the following documents with your application (where applicable). All documents should be original/true copies Certified by a Director/Trustee /Company Secretary /Authorised signatory / Notary Public.)

Documents	Ind	Co.	Soc.	Partnership Firms	Investment through POA	Trusts	NRI
PAN Card (not required for Micro SIP)							
KYC Acknowledgement^							
Resolution/ Authorisation to invest							
List of authorised signatories with specimen signatures							
Memorandum & Articles of Association							
Trust Deed							
Bye-laws							
Partnership Deed							
Notorised POA (signed by investor and POA Holder)							

www.bhartiaxa-im.com Email us at

For more information visit us at

service@bhartiaxa-im.com

Call us at (Toll Free)

Alternate Number 1-800-1032-263 020-4011 2300