A. Identity Details (please see		6 V L		South Gujarat ARN: 54854
	guidelines overleaf)			
1. Name of Applicant (Please write comp	lete name as per Certificate of Inco	rporation / Registra	ion; leaving one box blan	k between 2 words. Please do not abbreviate the Nam
2. Date of Incorporation d	m m / y y y y	Place of Incorpo	ration	
3. Registration No. (e.g. CIN)			Date of commencemen	t of business ddd/mm/m/yy
4. Status Please tick (✓) □ Private Ltd. □ AOP □ Bank □ Governm Others (Please specify)		Body Corporate Organisation	Partnership T Defence Establishment	ust / Charities / NGOs
5. Permanent Account Number (PAN)	(MANDATORY)		Please enclose	a duly attested copy of your PAN Card
B. Address Details (please see	guidelines overleaf)			
1. Address for Correspondence				
City / Town / Village State			C0	Postal Code
2. Contact Details				ntry
Tel. (Off.) (ISD) (STD)				TD)
Mobile (ISD) (STD) E-Mail Id.			Fax (ISD) (S	TD)
City / Town / Village				Postal Code
State				ntry
State Image: State 5. Proof of address to be provided	d Line)	*Latest Bank specify)	e following valid docu	
State	d Line) 🔲 * Latest Electricity Bill rument (as listed overleaf).(Please / Expiry date of proof of address	*Latest Bank specify)	e following valid docu	ntry intry against the document att
State	d Line) *Latest Electricity Bill sument (as listed overleaf).(Please /Expiry date of proof of address idelines overleaf) umber, residential address	Latest Bank specify) submitted d 0	following valid doct Account Statement / m y	ntry intry against the document att
State	d Line) *Latest Electricity Bill sument (as listed overleaf).(Please /Expiry date of proof of address idelines overleaf) umber, residential address	Latest Bank specify) submitted d 0	following valid doct Account Statement / m y	Intry
State	d Line) *Latest Electricity Bill sument (as listed overleaf).(Please /Expiry date of proof of address sidelines overleaf) umber, residential address in the details)	and photogra	following valid doct Account Statement / m y	Intry
State State State State State State State S	d Line) *Latest Electricity Bill sument (as listed overleaf).(Please /Expiry date of proof of address idelines overleaf) umber, residential address in the details) RATION ails furnished above are truedge and belief and I/we unce ein, immediately. In case any e false or untrue or mislead	Latest Bank specify) submitted d d and photogra dertake of the ding or	following valid doct Account Statement / m y	htty against the document att IRegistered Lease / Sale Agreement of Office Pre / y Partners/Karta/Trustees/whole time dire
State State State State State State State S	d Line) *Latest Electricity Bill sument (as listed overleaf).(Please /Expiry date of proof of address idelines overleaf) imber, residential address in the details) RATION ails furnished above are true edge and belief and I/we unce ein, immediately. In case any e false or untrue or mislead that I/we may be held liable for	Latest Bank specify) submitted d d and photogra dentake of the ling or or it.	following valid doct Account Statement / m m / y phs of Promoters/I //E & SIGNATUF DF AUTHORISE PERSON(S)	htty against the document att IRegistered Lease / Sale Agreement of Office Pre / y Partners/Karta/Trustees/whole time dire
State State Froof of address to be provided Any other proof of address to be provided Any other proof of address doc *Not more than 3 Months old. Validity C. Other Details (please see gu Name, PAN, DIN/Aadhaar Nu (Please use the Annexure to fill Any other information:	d Line) *Latest Electricity Bill sument (as listed overleaf).(Please /Expiry date of proof of address idelines overleaf) imber, residential address in the details) RATION ails furnished above are true edge and belief and I/we unce ein, immediately. In case any e false or untrue or mislead that I/we may be held liable for	Latest Bank specify) submitted d d and photogra dertake of the ding or	following valid doct Account Statement / m m / y phs of Promoters/I //E & SIGNATUF DF AUTHORISE PERSON(S)	htty against the document att IRegistered Lease / Sale Agreement of Office Pre / y Partners/Karta/Trustees/whole time dire

Declaration for Ultimate Beneficial Ownership [UB0]

(Mandatory for Non-individual Applicant/Investor)



South Gujarat ARN: 54854

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

Part I: Applicant/Investor details:					
Investor Name			PAN		
			FAN		
Part II: Listed Company / its subsidiary company [Part III D	etails NOT APPLICABLE]				
	sted on recognized stock exchange in India 🗌 Ou		he Listed Company 📃 O	ur company is controll	ed by a Listed Company
(ii) Details of Listed Company [^] (^The details of holding/parent company to b	e provided in case the applicant/investor is a subsidiary co		ecurity ISIN		
Stock Exchange on which listed		3			
Part III: Non-individuals other than Listed Company / its s	ubsidiary company				
(I) Category [√ applicable category]:					
Unlisted Company Partnership Firm Limited Liabilit	y Partnership Company Unincorporated as	ssociation / body of individuals	Public Charitable Tru	ıst 📃 Religious Tru	ıst Private Trust
Trust created by a Will Others [please	e specify]				
(ii) Details of Ultimate Beneficiary Owners: (In case the space provid	led is insufficient, please provide the information b	y attaching separate declarati	on forms)		
Name of UBO & Address [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable / Tax identification number (or functional equivalent) for each country identified in relation to each investor# [Mandatory]	Country of tax residency/ permanent residency	Country of citizenship	UBO Code [Mandatory] [Refer instruction 3]	KYC (Yes/No) [Please attach KYC acknowledgement copy] [Refer instruction 2]
#Attached documents should be self-certified by the UBO and c	artified by the Applicent/Investor Authorized	Signatorylics			

Part IV: Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Date: D D M M Y Y Y Y	Place:	

Detai	Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals	ta / Trustees and whole tim	e directors forming	g a part of Know Your Client (KYC) Application Fo	orm for Non-Individuals
Name of	Name of Applicant				PAN of the Applicant	
Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
Name &	Name & Signature of the Authorised Signatory(ies)	Date [d] / [m m] / [y y y]	v v č	Place for Intermediary Logo		

DETAILS OF FATCA & CRS INFORMATION FOR NON-INDIVIDUAL/ LEGAL ENTITY



South Gujarat ARN: 54854

Name of the entity																												
Type of address given at KRA 🗌 Resid	dential or Business	R	lesiden	tial	🗌 Bi	usin	ess	Re	gister	red O	ffice																	
PAN	Da	ite of i	incorpo	oration	D	D	MN	Y	Y	Y	Y																	
City of incorporation							Country	/ of ind	corpo	ratio	n																	
Please tick the applicable tax resident of	leclaration:																											
1. Is "Entity" a tax resident of any cou	ntry other than India		Yes	🗌 No	(If yes,	plea	se provide	countr	y/ies i	in whi	ch the	e entit	ty is	a resi	dent	for t	ax pu	rposi	es and	d the a	associ	iated	Tax IL) num	ber be	elow.)		
Country					Tax I	den	tificatio	n Nun	nber	%						lo	lent	ifica	tion	Тур	e (TII	V or O	ther, j	olease	e spec	ify)		
																												_
[%] In case Tax Identification Number is not available	, kindly provide its functic	nal equ	uivalent	\$.																								
In case TIN or its functional equivalent is not avail In case the Entity's Country of Incorpora	lable, please provide Comp	any Ide	entifica	tion numl										's ex	emr	ntio	1 CO	de h	ere									
Please refer to para 3(vii) Exemption code for U.S.							controu	0.0.1	0100	,	JIICIO		inty	3 07	om	,	1 00		010									
FATCA & CRS Declaration	Please consult your profes	ssional	tax adv	visor for t	urther gl	uidar	nce on FA	TCA &	CRS c	lassifi	ication	n)																
PART A (to be filled by Financial Instituti	inns ar Nirect Renartin	a NFF	-sl																									_
We are a,	Global Intermediary I			Numbe	r (GIIN)																				\top		\top	
Financial institution ³	Note: If you do not have	e a GIII	N but ye	ou are sp	onsored	by a	nother en	tity, ple	ase pr	rovide	your :	spons	or's	GIIN a	above	e and	india	cate j	our s	ponso	or's na	nme b	elow					
OR Direct constant NEC ⁴	Name of sponsoring	entity																										
Direct reporting NFE [*] (please tick as appropriate)																												
GIIN not available <i>(please tick as applicable)</i> If the entity is a financial institution,	Applied for	Not r	equired	l to appl	y for - j	plea	se specif	y 2 dię	jits si	ub-ca	tegoi	ry ¹⁰		No	t ob	taine	ed - I	Non-	parti	cipati	ing F							
PART B (please fill any one as appropria										r																		
1 Is the Entity a publicly traded co regularly traded on an established se		iny who	ose snai	res are	Yes ⁰ Nam		<i>(If yes,</i> f stock e		·	'y any	one s	TOCK	excn	ange	on wi	nicn	the s	TOCK	is reg	ulariy	trade	a)						\neg
2 Is the Entity a related entity of a	a nublicly traded comn	anv /a	comnai	nv whose	_		(If yes,			v nam	na of t	tha lis	tod r	omna	nv ai	nd or	na etr	ncka	vchan		whic	h tha	stock	is rat		tradu		_
shares are regularly traded on an es			compar		_		f listed c		·	y nam				ompa	iiy ai		510		ciiaii	<i>ye un</i>	winc	1 116	51061	13 1 69		uau	·u/	
							of relati		′	S	ubsic	diary	of t	he Li	sted	Con	npan	у	or	[C	ontro	olled	by a	Lister	d Cor	mpany	y
					Nam	ne of	f stock e	xchanį	je																			
3 Is the Entity an active ¹ non-final	ncial Entity (NEF)			N	o Yes																							
					Nati	ure (of Busine	SS																				
					Plea	ise s	specify th	ne sub-	cate	gory o	of Ac	tive l	NFE				(M	entio	n cod	e-refe	r 2c d	of Par	t D)					
4 Is the Entity a passive ² NFE				N				ves, pl	ease	fill U	BO de	eclar	atioi	n in t	he n	ext s	secti	on.)										_
					Nati	ure (of Busine	SS																				

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D |

#If passive NFE, please provide below additional details for each of Controlling person. (Please attach additional sheets if necessary)

		1
Name and PAN / Any other identification Number (PAN, Aadhar, Passport, Election ID, Govt ID, Driving Licence, NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not applicable.	DOB - Date of Birth Gender - Male, Female, Other
1. Name	Occupation Type	DOB D M M Y Y Y Y
PAN	Nationality	Gender 🗌 Male 🗌 Female 🗌 Others
City of Birth	Father's Name	
Country of Birth		
2. Name	Occupation Type	DOB D M M Y Y Y Y
PAN	Nationality	Gender 🗌 Male 🗌 Female 🗌 Others
City of Birth	Father's Name	
Country of Birth		
3. Name	Occupation Type	DOB D M M Y Y Y
PAN	Nationality	Gender 🗌 Male 📄 Female 🗌 Others
City of Birth	Father's Name	
Country of Birth		

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

% In case Tax Identification Number is not available, kindly provide functional equivalent

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

PART C : CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions below and hereby accept the same.

Date	D	D	Μ	Μ	γ	Y	Y	Y																
Name																								
Designation																								
			Sig	natu	e							Sigr	nature						ę	Signa	ature			

E	FORM FOR UPDATION OF AADHAAR (NON-INDIVIDUA)	N OF ADHA	AAR (NON-IN	IDIVIDUAL)			South G	South Gujarat ARN: 54854	4854		🙏 AXIS MUTUAL FUND
Ð	(Please fill in all column in BLOCK CAPITAL LETTERS.)	K CAPITAL LETTERS.	(;							Date	
Ň	Name of the Non-Individual					Folio No.			PAN of the Non-Individual	dividual	
				CONSENT FOR AUTHENTICATION & SHARING OF AADHAAR DATA	ENTICATION &	SHARING OF	AADHAAR DATA				
Tr (al	I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (ii) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Adhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund (s)and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.	in accordance with Aadh Id PMLA. I/ We hereby pri of updating the same in ri	haar Act, 2016 and reg ovide my/our consent fu my/our folios with my P,	ulations made thereunder, for (i) c or sharing/disclosing of the Aadha AN.	collecting, storing ar number(s) incl	g and usage (ii) v luding demogral	/alidating/authentic phic information wit	ating and (iii) upda h the asset manaç	ıting my/ our Aadhaar r gement companies of S	umber(s) in accord EBI registered mut	ance with the Aadhaar Act, 2016 ual fund (s)and their Registrar and
		Details of	Aadhaar & PA	Details of Aadhaar & PAN of our Authorized Signatories: (Kindly use another form in case of	ignatories:	(Kindly us	se another fo	rm in case (of > 7 signatories)	ries)	
Sr. No.	r. Name of the Authorized Signatory (AS) o. (as per Aadhaar Card)	Date of Birth (as per Aadhaar Card)	PAN of AS	Aadhaar Number of AS	Gender	2	Mobile No.	PIN code	Enrolled for Aadhaar (Proof Enclosed)	r Aadhaar Iclosed)	Signature of AS (Consent for sharing Aadhaar information, authentication with UIDAI and sharing with MFs/RTAS)
		(yyyy)			Male Female Others				Self-attested copy Letter issued by UIC Aadhaar Enrolment	Self-attested copy of the Aadhaar card* Letter issued by UIDAL containing proof of Aadhaar Errolment	
		(dd-mm-bb)			Male Female Others				Self-attested copy Letter issued by UIC Aadhaar Enrolment	Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing proof of Aadhaar Enrolment	
		(dd-mm-yyyy)			Female Others				Self-attested copy Letter issued by UIC Aadhaar Enrolment	Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing proof of Aadhaar Errolment	
		(VVVV-mm-bp)			Male Female Others				Self-attested copy Letter issued by UIC Aadhaar Enrolment	Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing proof of Aadhaar Enrolment	
		(dd-mm-yyyy)			Male Female Others				Self-attested copy Letter issued by UIC Aadhaar Enrolment	Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing proof of Aadhaar Enrolment	
		(dd-mm-bb)			Male Female Others				Self-attested copy Letter issued by UIC Aadhaar Enrolment	Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing proof of Aadhaar Enrolment	
		(dd-mm-yyyy)			Male Female Others				Self-attested copy Letter issued by UIC Aadhaar Enrolment	Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing proof of Aadhaar Errolment	
			Ce	Certificate from Company Secretary / any other competent authority of the Organization , Company Secretary / Competent Authority to issue this certification on behalf of the	tary / any othe Competent Auth	r competent a nority to issue th	uthority of the Or	ganization ehalf of the organ	ization hereby confirm	the correctness of	om Company Secretary / any other competent authority of the Organization Company Secretary / Competent Authority to issue this certification on behalf of the organization hereby confirm the correctness of the above information. The above
st in st	specified list of personnel covers all authorized signatories on behalf our organization. We will let you know the changes / modifications from time to time, if any, through appropriate means to Axis Mutual fund. Above signatories have consented for sharing the above information with Axis Mutual Fund in corporate & individual capacity and also for validating the same with UIDAI wherever warranted. This information is provided to comply with the PMLA requirements and should not be used for any other purpose unless it is required under any law / regulatory purpose. Required to a suppropriate means and should not be used for any other purpose unless it is required under any law / regulatory purpose.	uthorized signatories on 1 corporate & individual irpose.	behalf our organization capacity and also for v.	. We will let you know the changes alidating the same with UIDAI wh	s / modifications / nerever warrante	from time to tim id. This informa	ie, if any, through ap tion is provided to c	propriate means t omply with the PI	o Axis Mutual fund. Ab MLA requirements and	ove signatories hav should not be used	ow the changes / modifications from time to time, if any, through appropriate means to Axis Mutual fund. Above signatories have consented for sharing the above with UIDAI wherever warranted. This information is provided to comply with the PMLA requirements and should not be used for any other purpose unless it is with UIDAI wherever warranted. This information is provided to comply with the PMLA requirements and should not be used for any other purpose unless it is
For Corr	For Company Secretary / Authorized Signatory (ies)	atory (ies)				0	Company Seal				
Ac	* Acknowledgement of Form for Updation of Aadhaar (Non-individual) (To be filled in by the investor) Bereived subject to verification Form for Lorem for Undation of Aadhaar (Non-individual)	Updation of Aadhaa	ar (Non-individual) (ation of Aadhaar (No	.3<. (To be filled in by the investor) m-individual)	(SIXA 📩	AXIS MUTUAL FUND	Redistrar's St	8enistrar's Stamn with Date & Signaturece
fror	from M/s		מווחו המווממו וח וחוומ	li li lu viu aai /							

GUIDELINES

- By filling up this Form, the investor authorizes Axis Asset Management Company Limited/Axis Mutual Fund/UIDAI/various KYC Registration Agencies/Authentication agencies etc. to receive and share the information physically or electronically related to Aadhaar and other related matters.
- In case of any correction/change in name/address/mobile number/date of birth etc. recorded with UIDAI, please update the change with UIDAI's Aadhaar Self Service Update Portal, currently, https://ssup.uidai.gov.in/web/guest/update. 5.
- 3. In case of any assistance, please contact the nearest Investor Service Centre of Axis Mutual Fund.
- applicable laws/rules/regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/ regulations and provision of the said data is mandatory as per shall be used only to comply with applicable laws/rules/regulations. 4.
- Ensure all the details are as per PAN Card / KYC / Aadhaar Card. 5.
- If the name given in the application does not match with the name as appearing on the PAN Card / Aadhaar Card, authentication application may be rejected or further transaction may be liable to get rejected. . 9

CHECK LIST

Form has been completed and signed by all the holders. The copy of Self attested AADHAR card

Letter issued by UIDAI containing Aadhaar Number.
 If Aadhaar number is applied for, please enclose letter issued by UIDAI containing proof of Aadhaar Enrolment.