Additional Subscription Request Form
(For Existing Clients Only)

AXIS ASSET MANAGEMENT

Date | D D M M Y Y Y Y

Client code | | | | | | | | Portfolio name | | | | | | | | | | | | | | | | | |

1. ACCOUNT HOLDER'S DETAILS (MANDATORY)

First/ Sole Holder/ Entity Name | Mr. | Ms. | M/s. | First Name | Middle Name

Last Name

Second Holder (in case of individuals) | Mr. | Ms. | M/s. | First Name | Middle Name

Last Name

Third Holder (in case of individuals) | Mr. | Ms. | M/s. | First Name | Middle Name

Last Name

2. ADDITIONAL SUBSCRIPTION

I / We request you to accept my / our application for Additional Portfolio Subscription as per details given below.

Please (tick) any one ☐ By cheque   ☐ In securities   ☐ Both

Payment Details (Cheque) - Cheque to be drawn in favour of "Axis Asset Management Company Limited - PMS A/c" and in case of NRI, cheque towards subscription shall be drawn in favour of his/her "Own Name ".

Amount (in ₹ figures) | | | | | | | | Amount (in ₹ words) | | | | | | | | | | | | | | | | |

Cheque No. | | | | | | | | Cheque Date | D D M M Y Y Y Y

Account Number | | | | | | | | | | | | | | | Account Type (Please ✓) ☐ Current ☐ Savings ☐ NRE ☐ NRO ☐ FCNR

Bank Name | | | | | | | | | | | | | | | Branch | | | | | | | | |

MICR Number | | | | | | | NEFT/RTGS/IFSC Code | | | | | | | |

Enclosed Copy of (Please ✓)   ☐ Cancelled Cheque* **OR** ☐ Bank Passbook **OR** ☐ Bank Statement (with Bank Stamp, Signature of Branch Manager)

Name of Joint Holders | | | | |

*In the event, name of the Applicant is not printed on the cheque, it will not be treated as valid proof.

Payment Details (Securities) - Attach DP Instruction slip for verification

Please (tick) any one ☐ NSDL   ☐ CDSL

DP ID | In case of NSDL | | | Client ID | | | | | | |

DP Name | | | | | | | | | | | |

DP Address | | | | | | | | | | | |

Enclosed Copy of (Please (tick) any one)   ☐ Client Master **OR** ☐ DP Statement   Total No. of Scrips Transferred** | | | | | |

** Please attach list of securities in the prescribed format

3. DECLARATIONS & SIGNATURE(S)

I / We are existing Client of Axis Asset Management Company Limited (Portfolio Manager) and have executed Portfolio Management Services Agreement with the Portfolio Manager. I /We hereby declare that all the information and particulars given by me / us in the account opening form submitted initially continue to remain unchanged / Please find attached the details of change(s) in the particulars given by me/us at the time of account opening. I / We declare and agree that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted therefrom, the Portfolio Manager shall have right to terminate the Portfolio Management Services Agreement. I / We agree to keep you informed of any action taken by any regulatory authorities for violation of Securities / Economic Laws. I / We declare that I / We do / do not hold investments / interest in any body corporate which enables me / us to obtain unpublished price sensitive information.

I / We confirm that I / We have read and understood the terms of the Portfolio, associated risks and the Disclosure Document of the Portfolio Manager. I / we also confirm and agree that all terms & conditions of the aforesaid Portfolio Management Services Agreement will continue to govern this investments / subscriptions without any changes. Further, I/We confirm that I/We have read and understood the Term Sheet of fees which shall be applicable to me/us with regard to my/our investment in the portfolio.

X | X | X | X

First / Sole Holder / Authorised Signatory | Second Holder / Authorised Signatory | Third Holder / Authorised Signatory | POA Holder/ Authorised Signatory

TERMS & CONDITIONS/ INSTRUCTIONS

1. For Individuals Clients: The application should be duly signed by holders as per mode of holding opted. The application will have to be dully signed by all holders if the investments are held jointly.

2. In case of HUF Clients: The form should be duly signed by the Karta on behalf of the HUF affixed by rubber stamp of the HUF.

3. In case of Partnership Firm / Corporate Bodies / Societies / Trust Clients: The form should be duly signed by the Authorised Signatory(ies)/ Partners and rubber stamp should be affixed at appropriate places.

FOR OFFICE USE

RM / Distributor Name

Received on | D | D | M | M | Y | Y | Y | Y | Processed on | D | D | M | M | Y | Y | Y | Y |

Location   Received by   Processed by

Contact No.   Remarks   Remarks