

COMMON APPLICATION FORM

FOR FIRST TIME INVESTORS FOR LUMPSUM INVESTMENTS / SIP INVESTMENTS.
(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLACK/BLUE COLOURED INK & IN BLOCK LETTERS)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	Employee Code	RIA CODE [^]	PMR (Portfolio Manager's Registration) Number ^^	Serial No., Date & Time Stamp
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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, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

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 inappropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker.

You/ Sole Applicant/Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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Unit Holding Option Physical Mode Demat Mode (in case of Demat, please fill sec 7)

01  **MY DETAILS** (To be filled in Block Letters. Please provide the following details in full) (In case of investment "On behalf of minor", Please refer instruction No. 11)

Existing folio number	<input type="checkbox"/> I/ We want to create new Folio (Instruction No. 26)
My Name (Should match with PAN Card)	PAN/PEKRN (1st Applicant) <input type="checkbox"/> KYC
My Guardian's Name (if minor)/POA/Contact Person (For Non-individuals)	PAN/PEKRN (Guardian/POA) <input type="checkbox"/> KYC
On behalf of Minor (*Attach Mandatory Documents as per instructions)	Date of Birth Minor's <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Date of Birth Proof attached*
Guardian named is <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed	Guardian named is

02  **JOINT APPLICANTS (IF ANY) DETAILS**

Mode of Operation <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of minor investments).	PAN/PEKRN (Second applicant) <input type="checkbox"/> KYC
2nd Applicant Name (Should match with PAN Card)	PAN/PEKRN (Third applicant) <input type="checkbox"/> KYC
3rd Applicant Name (Should match with PAN Card)	
MFD / EUIN holder/ sub-distributor is not related to the 1st holder. If yes, declare that joint holders details provided in this form belongs to (tick any one):	<input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Siblings <input type="checkbox"/> Parents

03  MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters)	(For electronic communication, Please refer instruction No. 17)	
Address Type (Mandatory) <input type="checkbox"/> Residential & Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office		
Address		
City	State	Pin Code
Add overseas address (Mandatory for NRI / FII Applicants)		
City	Country	Pin Code
Email ID and Mobile number should pertain to First Holder only.		
Mobile No. <input type="checkbox"/> Tel No. <input type="checkbox"/>	Email ID (CAPITAL letters only) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS	
I declare that Email address provided in this form belongs to (tick any one):		and approve for usage of these contact details for any communication with Axis Mutual Fund.
I declare that Mobile Number provided in this form belongs to (tick any one)		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS
If above any option is not ticked (✓) or selected then (Self) option is considered as a default.		
I wish to receive Scheme Account Statement along with Annual Report & Abridged Summary: <input type="checkbox"/> Online (Preferred & Default) <input type="checkbox"/> Physical Copy (Choose online mode to help us save paper & contribute towards a greener & cleaner environment.)		

04  **BANK ACCOUNT DETAILS** (Avail Multiple Bank Registration Facility) (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

My Bank Name		
Bank A/C No.	A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others	
Branch Address		
City	State	Pin Code
IFSC code: (11 digit) <input type="checkbox"/>	MICR code (9 digit) <input type="checkbox"/>	(This is a 9 digit number next to your cheque number)
LEI Code <input type="checkbox"/> <input type="checkbox"/>	Valid up to <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	Note: LEI code mandatory to provide if transaction value is equal to or exceeds ₹ 50 crore limit, with LEI proof.



(Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied incase of no information, ambiguity or discrepancy). If the investment is in multiple schemes. "The Cheque/ DD should be drawn favouring "Axis MF Multiple Schemes"

Full Scheme/Plan/Option		Amount/Each SIP Amount	Frequency	SIP Period	TOP-UP Facility (Optional) Only available for Monthly SIP	
<input type="checkbox"/> LUMPSUM <input type="checkbox"/> SIP	Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	₹ <input type="text"/> Less DD charges <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Yearly	Start Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> End Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> % Top-Up <input type="checkbox"/> Fixed Amount	₹ <input type="text"/> in figures (in multiple of 5 only) <input type="text"/> in words
Scheme Name <input type="text"/>	Refer Inst. 13 B	<input type="checkbox"/> SIP Date <input type="text"/> <input type="text"/> <input type="text"/> (1 st to 28 th) <input type="checkbox"/> Last date of month	<input type="checkbox"/> Maximum Duration of 40 years	<input type="checkbox"/> Dynamic TOP-UP		
Option <input type="text"/>						
<input type="checkbox"/> LUMPSUM <input type="checkbox"/> SIP	Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	₹ <input type="text"/> Less DD charges <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Yearly	Start Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> End Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> % Top-Up <input type="checkbox"/> Fixed Amount	₹ <input type="text"/> in figures (in multiple of 5 only) <input type="text"/> in words
Scheme Name <input type="text"/>	Refer Inst. 13 B	<input type="checkbox"/> SIP Date <input type="text"/> <input type="text"/> <input type="text"/> (1 st to 28 th) <input type="checkbox"/> Last date of month	<input type="checkbox"/> Maximum Duration of 40 years	<input type="checkbox"/> Dynamic TOP-UP		
Option <input type="text"/>						
<input type="checkbox"/> LUMPSUM <input type="checkbox"/> SIP	Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	₹ <input type="text"/> Less DD charges <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Yearly	Start Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> End Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> % Top-Up <input type="checkbox"/> Fixed Amount	₹ <input type="text"/> in figures (in multiple of 5 only) <input type="text"/> in words
Scheme Name <input type="text"/>	Refer Inst. 13 B	<input type="checkbox"/> SIP Date <input type="text"/> <input type="text"/> <input type="text"/> (1 st to 28 th) <input type="checkbox"/> Last date of month	<input type="checkbox"/> Maximum Duration of 40 years	<input type="checkbox"/> Dynamic TOP-UP		
Option <input type="text"/>						

In case of multiple selection, SIP Top Up will be registered with 'Fixed Amount mentioned'.

SIP minimum Top-up amount is ₹ 1/- and in multiple of ₹1/- for all schemes except Axis ELSS Tax Saver Fund the minimum amount is ₹ 500/- and in multiples of ₹ 500/- thereafter.

Payment through NACH (Attach NACH form) OTM Reference No. (if one time mandate are registered)

OR Documents attached to avoid Third Party Payment Rejection, if applicable: Bank Certificate, for DD Third Party Declarations

Payment Details

First Cheque Date <input type="text"/> Amount <input type="text"/>	Cheque No. <input type="text"/>
Bank Name <input type="text"/>	Account No. <input type="text"/>
IFSC Code <input type="text"/>	MICR Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RTGS/ NEFT/ Funds Transfer <input type="text"/>	<input type="checkbox"/> If source of payment bank is same as above bank details tick here.

06 NOMINATION DETAILS

(For nomination, Please refer instruction No. 18)

Nominee 1

Name of the Nominee* <input type="text"/>	Nomination (%)* <input type="text"/> <input type="text"/> <input type="text"/>
Relationship with applicant* <input type="text"/>	Mobile Number* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email ID* <input type="text"/>	Residential Address* <input type="text"/>
	Pincode* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Proof of Identity* <input type="checkbox"/> Pan <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhar <input type="checkbox"/> Passport number in case of NRI/ OCI/ PIO	Identification No* <input type="text"/>
Nominee / Guardian (In Case of Minor) <input type="text"/> DOB <input type="text"/>	

Nominee 2

Name of the Nominee* <input type="text"/>	Nomination (%)* <input type="text"/> <input type="text"/> <input type="text"/>
Relationship with applicant* <input type="text"/>	Mobile Number* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email ID* <input type="text"/>	Residential Address* <input type="text"/>
	Pincode* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Proof of Identity* <input type="checkbox"/> Pan <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhar <input type="checkbox"/> Passport number in case of NRI/ OCI/ PIO	Identification No* <input type="text"/>
Nominee / Guardian (In Case of Minor) <input type="text"/> DOB <input type="text"/>	

Nominee 3

Name of the Nominee* <input type="text"/>	Nomination (%)* <input type="text"/> <input type="text"/> <input type="text"/>
Relationship with applicant* <input type="text"/>	Mobile Number* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email ID* <input type="text"/>	Residential Address* <input type="text"/>
	Pincode* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Proof of Identity* <input type="checkbox"/> Pan <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhar <input type="checkbox"/> Passport number in case of NRI/ OCI/ PIO	Identification No* <input type="text"/>
Nominee / Guardian (In Case of Minor) <input type="text"/> DOB <input type="text"/>	

**All fields are mandatory.*



I/We want the following details on nomination to be printed in the statement of account, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)

Name of nominee(s) Nominee Registration Status Yes / No

I/We hereby authorize _____ (Nominee No) _____ to operate my account on my behalf, in case of my incapacitation .He/

She is authorized to encash my assets up to _____ % of assets in the account / folio or Rs. _____ /-

I wish to complete the KYC of nominee (For completing KYC of nominee, kindly fill the separate KYC Form)

I do not wish to complete KYC of nominee.

DECLARATION FOR OPTING-OUT OF NOMINATION

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents/ information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account. **This nomination shall supersede any prior nomination made by me/us, if any.**

Name and Signature of Holder	Signature(s) of holder/ Thumb impression	Witness Name and Address**	Witness Signature**
Sole / First Holder _____			
Second Holder _____			
Third Holder _____			



KNOW YOUR CUSTOMER (KYC) DETAILS (Please Tick ✓ / Specify)

(For KYC details. Refer Instruction No. 8)

Tax Status details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO/OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-
Minor through Guardian	<input type="checkbox"/>	-	-	-
Non Individual	<input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> AOP <input type="checkbox"/> In case of Non-Profit Entity (refer point no 21)	<input type="checkbox"/> Body Corporate <input type="checkbox"/> Society <input type="checkbox"/> FI	<input type="checkbox"/> Partnership <input type="checkbox"/> HUF <input type="checkbox"/> FII	<input type="checkbox"/> Bank <input type="checkbox"/> FPI
Others (Please specify)				

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). YES NO

If yes, please quote Registration No. of Darpan portal of Niti Aayog. (refer point no 21)

Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)				

Politically Exposed Person (PEP) details	Is a PEP	Related to PEP	Not Applicable
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors/Turstees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross Annual Income Range (in ₹)

Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Networth in ₹ (Mandatory for Non Individual) (not older than 1 year)		as on DD MM YY	as on DD MM YY	as on DD MM YY	as on DD MM YY				



DEBIT MANDATE

(Only for Axis Bank Account holders: Now you don't have to issue a cheque if you hold an Axis Bank Account). To be processed in CMS software under client code "AXISMF"

(For Debit mandate Please refer instruction No. 5 & 21)

I/We

Name of the account holder(s)

authorise you to debit my/our account no. _____

Account type Savings NRO NRE Current FCNR Others

Specify

to pay for the purchase of Scheme Name _____

OR Axis MF Multiple Schemes

Amount
(in Figures) _____

(in words) _____

Signature of First Account Holder

Signature of Second Account Holder

Signature of Third Account Holder

Date*

D D M M Y Y Y Y

*Date is mandatory



ACKNOWLEDGEMENT SLIP

APPLICATION NO.

Received from _____

Scheme Name _____

Amount _____

Cheque/DD No. _____

Plan _____

Option _____

Bank & Branch details _____

Stamp & Signature _____

affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro investment only) with your fund house. For NRIs only - I/We confirm that I am/we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non Resident External /Non Resident Ordinary /FCNR account. I/We confirm that details provided by me/us are true and correct.

I/ We give my consent to Axis Asset Management Company Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/ our Aadhaar number(s) (if provided) 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.

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.

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
Date <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; padding: 2px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; padding: 2px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; padding: 2px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; padding: 2px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; padding: 2px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; padding: 2px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; padding: 2px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; padding: 2px;" type="text"/>	Place <input style="width: 200px; height: 15px; border: 1px solid black; border-radius: 5px; padding: 2px;" type="text"/>		