

FORM 2 - SIP REGISTRATION MANDATE - NACH

(Investor must read Key Scheme Features and Instructions before completing this form.)

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN-3086	ARN			E	

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

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
-----------------------------------	------------------	-----------------	--------------------------

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY

I confirm that I am a first time investor across Mutual Funds. I confirm that I am an existing investor in Mutual Funds.

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

Tick whichever is applicable : New SIP registration by new investor New SIP registration by existing investor

1 APPLICANT'S PERSONAL DETAILS (MANDATORY)

Application Form No. (For New Applicants) [] [] [] [] [] [] [] [] [] [] **OR** Folio No. (For Existing Unit holders) [] [] [] [] [] [] [] [] [] []

Sole / 1st Unitholder [] [] [] [] [] [] [] [] [] [] **First Name** [] [] [] [] [] [] [] [] [] [] **Middle Name** [] [] [] [] [] [] [] [] [] [] **Last Name**

Guardian's Name (in case of minor) [] [] [] [] [] [] [] [] [] [] **Email ID** [] [] [] [] [] [] [] [] [] [] **For receiving statements over email instead of post**

PAN [] [] [] [] [] [] **1st Applicant** [] [] [] [] [] [] **2nd Applicant** [] [] [] [] [] [] **3rd Applicant** [] [] [] [] [] []

Enclose Attested PAN card KYC Letter Attested PAN card KYC Letter Attested PAN card KYC Letter

2 SIP DETAILS

Scheme Name [] [] [] [] [] [] [] [] [] [] **Plan** [] [] [] [] [] [] [] [] [] [] **Option** [] [] [] [] [] [] [] [] [] []

SIP frequency (tick any one) Monthly Yearly (Default Frequency Monthly) Preferred Debit Date (Any date except 29th, 30th and 31st) (ref 12(b)) [] [] [] [] [] [] [] [] [] [] If no debit date is mentioned default date would be considered as 7th of every month.

SIP period from [] [] [] [] [] [] [] [] [] [] **OR** End date (ref 13(ii)) [] [] [] [] [] [] [] [] [] [] If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).

SIP Amount (figures) ₹ [] [] [] [] [] [] [] [] [] [] (words) [] [] [] [] [] [] [] [] [] []

First SIP Installment details Drawn on bank / branch name [] [] [] [] [] [] [] [] [] [] **Cheque / DD Amount** [] [] [] [] [] [] [] [] [] []

Mode Cheque / DD Axis Bank Debit Mandate **Cheque / DD no.** [] [] [] [] [] [] [] [] [] [] **MICR No.** [] [] [] [] [] [] [] [] [] [] **Dated** [] [] [] [] [] [] [] [] [] []

3 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')

I / We declare that the particulars furnished here are correct. I / We authorise Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement / NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Axis Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in AXISMF by debit to my /our account directly or through ECS (Debit Clearing) / NACH (National Automated Clearing House). I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Axis Mutual Fund using this facility.

Sole / 1st Unit Holder / POA / Guardian 2nd Unit Holder 3rd Unit Holder



UMRN [] [] [] [] [] [] [] [] [] [] **Bank use** [] [] [] [] [] [] [] [] [] [] **Date** [] [] [] [] [] [] [] [] [] []

Tick (✓)

CREATE MODIFY CANCEL

Sponsor Bank Code [] [] [] [] [] [] [] [] [] [] **Utility Code** [] [] [] [] [] [] [] [] [] [] **Bank use** [] [] [] [] [] [] [] [] [] []

I/We hereby authorize **Axis Mutual Fund** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number []

with Bank [] [] [] [] [] [] [] [] [] [] **Name of customers bank** [] [] [] [] [] [] [] [] [] [] **IFSC** [] [] [] [] [] [] [] [] [] [] **or MICR** [] [] [] [] [] [] [] [] [] []

an amount of Rupees [] [] [] [] [] [] [] [] [] [] ₹ [] [] [] [] [] [] [] [] [] []

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented **DEBIT TYPE** Fixed Amount Maximum Amount

Reference 1 [] [] [] [] [] [] [] [] [] [] **Folio No.** [] [] [] [] [] [] [] [] [] [] **Phone No.** [] [] [] [] [] [] [] [] [] []

Reference 2 [] [] [] [] [] [] [] [] [] [] **Scheme Name** [] [] [] [] [] [] [] [] [] [] **Email ID** [] [] [] [] [] [] [] [] [] []

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From []

To []

Or Until Cancelled

1. [] [] [] [] [] [] [] [] [] [] **Signature Primary Account holder** **Name as in bank records**

2. [] [] [] [] [] [] [] [] [] [] **Signature of Account holder** **Name as in bank records**

3. [] [] [] [] [] [] [] [] [] [] **Signature of Account holder** **Name as in bank records**

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

MANDATORY FIELDS : • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount in words (maximum amount) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank record

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. [] [] [] [] [] [] [] [] [] [] **Investor Name** [] [] [] [] [] [] [] [] [] []

Scheme Name [] [] [] [] [] [] [] [] [] [] **(Scheme Name)**

Plan [] [] [] [] [] [] [] [] [] [] **Option** [] [] [] [] [] [] [] [] [] []

SIP Period From [] [] [] [] [] [] [] [] [] [] **to** [] [] [] [] [] [] [] [] [] [] **Amount ₹** [] [] [] [] [] [] [] [] [] []

Stamp & Signature