SIP Registration Mandate - NACH
(Investor must read Key Scheme Features and Instructions before completing this form.)

AXIS MUTUAL FUND

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN 130842	ARN			E E215826	

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/ subcription 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)) ☐ D D   If no debit date is mentioned default date would be considered as 7th of every month.

SIP period from M M Y Y to M M Y Y   **OR** ☐ End date (ref 12(i)) 1 2 9 9   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 D D M M Y Y

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.

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

---

AXIS MUTUAL FUND

UMRN   Bank use   Date D D M M Y Y Y Y

Tick (✓)		
CREATE	✓	
MODIFY	X	
CANCEL	X	

Sponsor Bank Code   Bank use   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	D D M M Y Y Y Y
To	D D M M Y Y Y Y
Or	☐ Until Cancelled

1. _____   2. _____   3. _____
Signature Primary Account holder   Signature of Account holder   Signature of Account holder

Name as in bank records   Name as in bank records   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 D D M M Y Y to D D M M Y Y   Amount ₹   Stamp & Signature

INSTRUCTION

1. Investors are advised to comply with applicable Know Your Customer (KYC) requirements from time to time and failure to comply with this requirement may result in the purchase application being rejected.
2. Please read the Scheme Information Document(s), Key Information Memorandum(s) of the scheme(s) and Statement(s) of Additional Information of the respective schemes and addenda issued for these documents carefully before investing.
3. Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.
4. Applications incomplete in any respect are liable to be rejected. AMC / RTA shall have absolute discretion to reject any such Application Forms.
5. Investors are advised to retain this acknowledgment slip till they receive a confirmation of processing of their SIP Mandate from the Axis Mutual Fund Investor Service Centre (ISC)/ Karvy.
6. Investors/Unit holders should provide the Folio & Name of the Sole/Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.
7. If both Folio & Name of the Sole/Primary Holder are not mentioned, the transaction shall be liable for rejection.
8. A minimum gap of 21 days needs to be maintained between the first and second SIP installments.
9. Investor shall have the option of choosing any date of the month as the SIP date except the dates 29th,30th and 31st .
10. All SIP installment cheques/payment instructions must be of the same amount and the same monthly debit date (excluding first cheque).
11. In case payment is made using "At Par" cheques, investors must mention the MICR number of his actual bank branch.
12. If the period is not specified by the unitholder then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
13. Mandatory fields for filling NACH mandate. In case any of these fields are not filled mandate will be rejected.

- Account Type
- Bank A/c. number
- Bank Name
- IFSC code or MICR code (As per the Cheque / Pass book)
- Amount in Words (Maximum amount)
- Amount in Figures (Maximum amount)
- Period Start Date and End date or until cancelled
- Account Holder Signature
- Account Holder Name as per Bank Record

14. The SIP will be discontinued automatically if payment is not received for three successive installments.
15. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar Karvy. Notice of such discontinuance should be received at least 20 days prior to the due date of the next installment / debit.
17. Please submit this form along with a copy of a cancelled cheque.

- -

EASY SERVICES FROM AXIS MUTUAL FUND

EasyApp
SMS **EasyApp** to **92120 10033** to download. **Invest with ease** on your Android smartphone.

EasyCall™
1800 3000 3300
Buy / Sell units without PINs or Passwords.

EasySMS
SMS **HELP** to **92120 10033**
Transact and get folio details on the go.

EasyInvest
https://online.axismf.com
Invest online without any prior registration.

'Buy' means purchase and 'Sell' means redemption of units of Axis Mutual Fund schemes.