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



Tick (✓)  Sponsor Bank Code  Bank use  Utility Code  GREATE  I/We hereby authorize  Bank alc number  Bank alc number (core banking alc nown)* Bank records  Name as in b	Distribu	itor ARN	Sub-Di:	stributo	r ARN	ı	S	Sol ID /	Inter	nal S	ub-Br	oker				Emp	loye	ee Co	ode				EUIN	l		S	eria	No.	, Dat	te & 1	Time	Sta	mp	
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MODIFY   SCANCEL   Bank a/c number   IFSC   Or MICR    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    To   D   D   M   M   Y   Y   Y    Signature Primary Account holder   Signature of Account holder   Signature of Account holder    This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the tarefully / Corporate to debit my account, based on the instructions as agreed and signed by have understood that I am authorized to cancel amend this mandate by appropriately communicating the carcellation / amendment repairs to the User entity / Corporate or the bank where I have accounts and and appropriately communicating the carcellation / amendment repairs to the User entity / Corporate or the bank where I have accounts as agreed and signed by have understood that I am authorized to cancel amend this mandate by appropriately communicating the carcellation / amendment repairs to the User entity / Corporate or the bank where I have accounts as agreed and signed by have understood that I am authorized to cancel amend this mandate by appropriately communicating the carcellation / amendment repairs to the User entity / Corporate or the bank where I have accounts as agreed and signed by have repairs and the substance of the substance of the debit mandate by appropriately communicating the carcellation / amendment repairs to the User entity / Corporate or the bank where I have account to defend the substance of the debit.   Account type 4 Bank Alp Carcellation / amendment repairs to the User entity / Corporate or the bank where I have a	CREATE 🗹					Λvi			und							L		SB	_	۲۸		rr	$\overline{}$			030	S.B.	NRO		□ nt	hor	_		_
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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    Lagree 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   M   M   Y   Y   Y    To   D   D   M   M   Y   Y   Y    To   Until Cancelled   Signature of Account holder   Signature of Account holder   Signature of Account holder    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 it 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)	CANCEL X	Ва	nk a/c numb	oer																														
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## **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





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.



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

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