

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.)

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
ARN 119684	ARN			E 184535		

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 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."

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

### TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. 20)

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

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

EXISTING INVESTOR'S FOLIO NUMBER	INVESTMENT TYPE (Please tick any one)	MODE OF HOLDING
(If you have an existing folio with KYC validated, please mention here and skip to section 6/7.) <input type="text"/>	<input type="checkbox"/> LUMP SUM <input type="checkbox"/> LUMP SUM WITH SIP <input type="checkbox"/> LUMP SUM WITH STP <input type="checkbox"/> SINGLE CHEQUE MULTIPLE SCHEMES	(in case of Demat Purchase Mode of Holding should be same as in Demat Account) <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor

### 1 APPLICANT INFORMATION (MANDATORY) (In case of investment "On behalf of Minor", Please Refer Instruction no. 11.)

<b>FIRST / SOLE APPLICANT</b>	Mr. Ms. M/s.
PAN (Mandatory)	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CKYC No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Aadhaar No.	<input type="text"/>
Mobile No.	<input type="text"/>
Address	<input type="text"/>
State	<input type="text"/>
City	<input type="text"/>
Pin Code	<input type="text"/>
Email ID	<input type="text"/>

<b>SECOND APPLICANT</b>	Mr. Ms. M/s.
PAN (Mandatory)	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CKYC No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Aadhaar No.	<input type="text"/>

<b>THIRD APPLICANT</b>	Mr. Ms. M/s.
PAN (Mandatory)	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CKYC No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Aadhaar No.	<input type="text"/>

<b>GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)</b>	
Mr. Ms. M/s.	
PAN (Mandatory)	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CKYC No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Aadhaar No.	<input type="text"/>
Mobile No.	<input type="text"/>
Relationship Of Guardian (Refer Instruction No. 11)	<input type="text"/>
Email ID	<input type="text"/>

**Proof of the Relationship with Minor**  Birth Certificate  School Certificate  Passport  Other  Specify

**TAX STATUS (Applicable for First / Sole Applicant)**

Resident Individual  
  FII's  
  NRI - NRO  
  HUF  
  Club / Society  
  PIO  
  Body Corporate  
  Minor  
  Government Body  
  Trust  
  NRI - NRE  
  Bank & FI  
 Sole Proprietor  
 Partnership Firm  
 QFI  
 Provident Fund  
 Others  Specify

<b>6 DEBIT MANDATE (For Axis Bank A/c only.) To be processed in CMS software under client code "AXISMF" TO BE DETACHED BY KARVY &amp; PRESENTED TO AXIS BANK CMS</b>	Application No.
I/ We <input type="text"/> Name of the account holder(s)	authorise you to debit my/our account no. <input type="text"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	Account type <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others <input type="text"/> Specify to pay for the purchase of
<input type="checkbox"/> Axis Bluechip Fund, <input type="checkbox"/> Axis Long Term Equity Fund, <input type="checkbox"/> Axis Regular Saver Fund, <input type="checkbox"/> Axis Triple Advantage Fund, <input type="checkbox"/> Axis Midcap Fund, <input type="checkbox"/> Axis Focused 25 Fund, <input type="checkbox"/> Axis Arbitrage Fund, <input type="checkbox"/> Axis Equity Saver Fund, <input type="checkbox"/> Axis Multicap Fund, <input type="checkbox"/> Axis Dynamic Equity Fund <b>OR</b> <input type="checkbox"/> Axis MF Multiple Schemes	
Amount <input type="text"/> (figures)	<input type="text"/> (words)
Signature of First Account Holder	Signature of Second Account Holder
	Signature of Third Account Holder

<b>ACKNOWLEDGMENT SLIP</b> Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.	Application No.			
From <input type="text"/>				
Cheque no.	Date	Amount	Scheme	Stamp & Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**2 KYC DETAILS** (Refer Instruction No. 8. In case of investment "On behalf of Minor", Please Refer Instruction No. 11)

**OCCUPATION [Please tick (✓)]**

FIRST APPLICANT	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others
SECOND APPLICANT	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others
THIRD APPLICANT	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others

**GROSS ANNUAL INCOME [Please tick (✓)]**

FIRST APPLICANT	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore Net worth (Mandatory for Non - Individuals Rs. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] as on [ D ] [ D ] [ M ] [ M ] [ Y ] [ Y ] [ Y ] [ Y ] [Not older than 1 year])
SECOND APPLICANT	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
THIRD APPLICANT	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

For Individuals	For Non-Individual Investors (Companies, Trust, Partnership etc.)
<input type="checkbox"/> I am Politically Exposed Person	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please attach mandatory UBO Declaration)
<input type="checkbox"/> I am Related to Politically Exposed Person	Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am not related to Politically Exposed Person	Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

**3 FATCA AND CRS DETAILS FOR INDIVIDUALS** (Including Sole Proprietor. Refer Instruction No. 23)

The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
<b>First Applicant / Guardian</b>			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
<b>Second applicant</b>			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
<b>Third applicant</b>			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?  Yes  No [Please tick]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Address Type
<b>First Applicant / Guardian</b>				<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
<b>Second applicant</b>				<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
<b>Third applicant</b>				<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

'FATCA and CRS Self Certification form' is available on the website of AMC i.e. www.axismf.com or at the Investor Service Centres (ISCs) of Axis Mutual Fund

**4 DEMAT ACCOUNT DETAILS (OPTIONAL)** (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. 19

NSDL: Depository Participant Name [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] DPID No. [ I ] [ N ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Beneficiary A/c No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

CDSL: Depository Participant Name [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Beneficiary A/c No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Enclosed  Client Master  Transaction/ Statement Copy/ DIS Copy

**QUICK CHECKLIST**

- KYC acknowledgement letter (Compulsory for MICRO Investments)
- SIP Registration Mandate - NACH for SIP investments
- Self attested PAN card copy
- Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that future payments can be made from any of the accounts)
- Email id and mobile number provided for online transaction facility
- Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached
- Plan / Option / Sub Option name mentioned in addition to scheme name
- Additional documents attached for Third Party payments. Refer instruction No. 7.
- FATCA Declaration.



**5 NOMINATION DETAILS** (Mandatory) (Refer Instruction No. 18)

Sr. No.	Nominee Name	PAN	Allocation (%)	Relationship with Investor	Guardian Name (in case of Minor)	Guardian Signature
1						
2						
3						

I/We DO NOT wish to nominate and sign here

First / Sole Applicant	Second Applicant	Third Applicant
------------------------	------------------	-----------------

**7 INVESTMENT & PAYMENT DETAILS**

Payment type  Non-Third Party Payment  Third Party Payment (Refer instruction no. 7 and attach 'Third Party Payment Declaration Form')

Scheme  Plan  Option  Sub Option<sup>#</sup>  Dividend Frequency (Quarterly/ Half Yearly/ Annual)\*

# Dividend Re-Investment is not available for Axis Long Term Equity Fund \* Applicable as per the scheme. Please refer SID of the respective scheme.

**7A Multiple Investments** (Refer Instruction No. 22)

Sr. No.	Scheme	Plan	Option	Amount
1.				
2.				
3.				
<b>Total</b>				In words
				In figures

**7B LUMP SUM**

Mode  Cheque  DD  Axis Bank Debit Mandate (Please fill section 6.) Cheque / DD no.  Dated

Amount (figures)  (words)

Pay-in A/c no.

Account type  Savings  NRO  NRE  Current  FCNR  Others  Specify

IFSC Code (11 Digit)  MICR Code (9 Digit)

Drawn on bank / branch name & address

**7C SIP (SIP Registration details (Form 2) with Form 1**

Monthly SIP Amount (figure)  (words)

SIP frequency (tick  any one)  Monthly  Yearly (Default Frequency Monthly) Preferred Debit Date (Any date except 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup>) (ref 13(b))   If no debit date is mentioned default date would be considered as 7th of every month.

SIP period Start Date     End Date     OR  End date (ref 13(i)) 1 2 9 9 If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).

First SIP Installment details Mode  Cheque / DD  Axis Bank Debit Mandate (Please fill section 6.) Dated

Drawn on bank / branch name  Cheque / DD no.

**8 BANK ACCOUNT DETAILS FOR PAYOUT** (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

Tick here and don't fill the section below, if the Bank account details for Pay-Out should be same as the bank account details mentioned in section 7B.

Name of the Bank

Branch Address

City  Pin Code

Account No.  Account Type  Savings  Current  NRE  NRO  FCNR  Others

IFSC Code (11 Digit)  MICR Code (9 Digit)

**9 DECLARATION AND SIGNATURE**

Having read and understood the content of the SID / SAI of the scheme, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us. 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.

**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.

**AADHAAR DECLARATION**

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) 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.

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

Date :  Place :

# FORM 2 - MULTIPLE SIP WITH TOP-UP FORM



Application No.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
ARN 119684	ARN			E 184535		

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 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.

## 1 Applicant Details

Folio No.

Sole / 1st Unitholder  
(as in PAN Card / KYC records)

Guardian's Name  
(as case of minor)

First Name

Middle Name

Last Name

1st Holder PAN

1st Applicant

2nd Holder PAN

2nd Applicant

3rd Holder PAN

3rd Applicant

## 2 SIP DETAILS

Scheme / Plan / Option	Frequency	SIP Date (DD)	Enrollment Period (MMYY)	SIP Amount	TOP-UP Facility (Optional) Only available for Monthly SIP*	
					Frequency	Amount
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	DD Default SIP Date 7th	From MM YY To MM YY OR 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> As & when
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	DD Default SIP Date 7th	From MM YY To MM YY OR 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> As & when
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	DD Default SIP Date 7th	From MM YY To MM YY OR 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> As & when

## 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 Axis Mutual Fund 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 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.

<input checked="" type="checkbox"/> Sole/ 1st Unit Holder / POA	<input type="checkbox"/> 2nd Unit Holder	<input type="checkbox"/> 3rd Unit Holder
---	--	--



UMRN

Bank use

Date

Tick (✓)  
 CREATE  
 MODIFY  
 CANCEL

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  All Schemes of Axis Mutual Fund 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

Signature Primary Account holder  
 1.  Name as in bank records  
 Signature of Account holder  
 2.  Name as in bank records  
 Signature of Account holder  
 3.  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 : • Instrument Date • 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 & in figures) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank records

## ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No.  Investor Name  Stamp & Signature