

SIP Registration Mandate - NACH

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

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN	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
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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 [] [] [] [] [] [] [] [] [] [] to [] [] [] [] [] [] [] [] [] [] OR End date (ref 12(ii)) 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 [] [] [] [] [] [] [] [] [] []

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 authorize 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 [] [] [] [] [] [] [] [] [] []

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 [] [] [] [] [] [] [] [] [] [] 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 [] [] [] [] [] [] [] [] [] []