

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 9992	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 (Refer 20) 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.

☐ I confirm that I am a first time investor across Mutual Funds.

☐ I confirm that I am an existing investor in Mutual Funds.

1 UNIT HOLDING OPTION (To be filled in case of demat holding only)	2 EXISTING INVESTOR'S FOLIO NUMBER (If you have an existing folio with KYC validated, please mention here and skip to section 6/8.)
<input type="checkbox"/> DEMAT MODE <input type="checkbox"/> PHYSICAL MODE	Folio Number
Demat Account Details of First / Sole Applicant (Name should be as per demat account)	
Depository Participant Name	
NSDL DP ID IN CDSL Beneficiary ID	
Beneficiary ID	Note: Please attach copy of Client Master List.

4 MODE OF HOLDING (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
5 FIRST APPLICANT'S DETAILS (Non-individual investors please fill in FATCA / CRS, UBO annexure and attach along with application form) Ref. 9 & 22. All fields are mandatory.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Name (1st) (As in PAN card/ KYC/ Aadhaar records)

PAN (Minor/1st Holder) Ref. 10

Aadhaar No. (Ref. 23)

Father's Name

Date of birth (Minor / 1st Holder) (as per Aadhaar records)

Name of the Guardian (in case of minor please attach proof of date of birth) / POA (Contact person for non individuals / PoA holder name)

Guardian / PoA PAN

Guardian Aadhar No.

Country of Birth

Place of Birth

Nationality

For Investments "On behalf of Minor" (Refer 11) ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Other Specify Guardian named above is ☐ Father ☐ Mother ☐ Court Appointed

Correspondence address (Please note: Address will be replace as per KYC records)

City

State

Country

Pin Code

Overseas address (For FIIs/NRIs/PIOs)

City

State

Country

Pin Code

Email

Mobile

Tel.

Status ☐ Resident Individual ☐ Proprietor ☐ HUF ☐ Minor ☐ Society ☐ FII ☐ NRI ☐ PIO ☐ Partnership Firm ☐ Trust ☐ Company ☐ NPO* ☐ Other Specify *Other than NPO

Occupation ☐ Pvt. Sector Service ☐ Public Sector ☐ Gov. Service ☐ Housewife ☐ Defence ☐ Professional ☐ Retired ☐ Business ☐ Agriculture ☐ Student ☐ Forex Dealer ☐ Other Specify

Are you FATCA Compliant (Please tick any one) ☐ Yes ☐ No (if no, please fill below details)

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

Permissible documents are ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others specify

Gross Annual Income OR Net-worth* in ₹	<input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L	<input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L <input type="checkbox"/> 25L-1C <input type="checkbox"/> > 1C	Is the entity involved in any of the following:
*Not older than one year	as on	as on	Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No
	Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable <input type="checkbox"/>		Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other information			Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

6 DEBIT MANDATE (For Axis Bank A/c only.) To be processed in CMS software under client code "AXISMF" TO BE DETACHED BY KARVY & PRESENTED TO AXIS BANK CMS

I/ We Name of the account holder(s) authorise you to debit my/our account no. Date

Account type ☐ Savings ☐ NRO ☐ NRE ☐ Current ☐ FCNR ☐ Others

to pay for the purchase of Axis Banking & PSU Debt Fund.

Amount (figures) (words)

Signature of First Account Holder Signature of Second Account Holder Signature of Third Account Holder

ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From

Cheque no.	Date	Amount	Scheme

Stamp & Signature

Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)		
Country [#]	Tax identification number [%]	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

SECOND APPLICANT'S DETAILS (All fields are mandatory)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name (2 nd) (As in PAN card/ KYC/ Aadhaar records)		
Father's Name		Email
PAN (Ref. 10)	KIN (Refer 8A)	<input type="checkbox"/> CKYC FORM <input type="checkbox"/> SUPPLEMENTARY CKYC FORM
Aadhaar No. (Ref. 23)		
Mobile	Date of birth (as per Aadhaar records)	Enclose <input type="checkbox"/> Attested PAN card copy <input type="checkbox"/> KYC Acknowledgment (Refer 8)
Country of Birth	Place of Birth	Nationality
Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Proprietor <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Society <input type="checkbox"/> FII <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Other Specify	INDIVIDUALS	Gross Annual Income OR Net-worth* in ₹
Occupation <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Retired <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other Specify		<input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L as on <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="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable

Are you FATCA Compliant (Please tick any one) <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please fill below details)	
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes	
Type of address given at KRA <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	
Permissible documents are <input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others	specify

Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)		
Country [#]	Tax identification number [%]	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

THIRD APPLICANT'S DETAILS (All fields are mandatory)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name (3 rd) (As in PAN card/ KYC/ Aadhaar records)		
Father's Name		Email
PAN (Ref. 10)	KIN (Refer 8A)	<input type="checkbox"/> CKYC FORM <input type="checkbox"/> SUPPLEMENTARY CKYC FORM
Aadhaar No. (Ref. 23)		
Mobile	Date of birth (as per Aadhaar records)	Enclose <input type="checkbox"/> Attested PAN card copy <input type="checkbox"/> KYC Acknowledgment (Refer 8)
Country of Birth	Place of Birth	Nationality
Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Proprietor <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Society <input type="checkbox"/> FII <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Other Specify	INDIVIDUALS	Gross Annual Income OR Net-worth* in ₹
Occupation <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Retired <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other Specify		<input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L as on <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="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable

Are you FATCA Compliant (Please tick any one) <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please fill below details)	
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes	
Type of address given at KRA <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	
Permissible documents are <input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others	specify

Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)		
Country [#]	Tax identification number [%]	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

QUICK CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> KYC acknowledgement letter (Compulsory for MICRO Investments) | <input type="checkbox"/> SIP Registration Mandate - NACH for SIP investments |
| <input type="checkbox"/> Self attested PAN card copy | <input type="checkbox"/> 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) |
| <input type="checkbox"/> Email id and mobile number provided for online transaction facility | <input type="checkbox"/> Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached |
| <input type="checkbox"/> Plan / Option / Sub Option name mentioned in addition to scheme name | <input type="checkbox"/> Additional documents attached for Third Party payments. Refer instructions. |
| | <input type="checkbox"/> FATCA Declaration. |

 EasyInvest https://online.axismf.com Invest online without any prior registration.	 EasyCall 1800 221322 / 1800 2000 2300 Buy / Sell units without PINs or Passwords.	 EasySMS SMS HELP No. 91210 10033 Transact and get field details on the go.	 EasyApp SMS EasyApp to 91210 10033 to download. Invest with ease on your Android smartphone.	 Risk Managed Products
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*Buy means purchase and 'Sell' means redemption of units of Axis Mutual Fund schemes.

Bank Name																			
Bank A/c No.										Type		<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others		Specify					
Branch Name										City					Pin				
IFSC Code (11 digit)*										MICR Code (9 digit)*					*Mentioned on your cheque leaf				

Payment type <input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')								
Scheme		Plan		Option		Sub Option		Dividend Frequency

Mode <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Axis Bank Debit Mandate (Please fill section 6.)															Cheque / DD no. <input style="width: 100%;" type="text"/>										Dated <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table>					D	D	M	M	Y	Y									
D	D	M	M	Y	Y																																							
Amount (figures) <input style="width: 150px;" type="text"/>										(words) <input style="width: 150px;" type="text"/>																																		
Pay-in A/c no. <table border="1" style="display: inline-table; text-align: center; width: 200px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																												
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										Drawn on bank / branch name <input style="width: 100%;" type="text"/>																			

Monthly SIP Amount (figure) (words)

SIP frequency (tick ✓ any one) ☐ Monthly ☐ Yearly (Default Frequency Monthly) Preferred Debit Date (Any date except 29th, 30th and 31st) (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(ii)) 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.

	First Nominee								Second Nominee								Third Nominee											
Name (as in PAN card/KYC records)																												
PAN																												
Date of Birth	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y				
Relationship with Investor																												
Address																												
Guardian Name (in case Nominee is a Minor)																												
Signature (Guardian in case Nominee is a Minor)																												
Allocation % (Total to be 100%)																												
Unit Holder's Signature If you do not wish to nominate sign here.	First / Sole Applicant / Guardian								Second Applicant								Third Applicant								Power of Attorney Holder			

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, rules 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.

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.

Date :

D	D	M	M	Y	Y
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 Place :

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 9992	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	<input type="checkbox"/> Attested PAN card <input type="checkbox"/> KYC Letter	<input type="checkbox"/> Attested PAN card <input type="checkbox"/> KYC Letter	<input type="checkbox"/> Attested PAN card <input type="checkbox"/> KYC Letter	
KIN (Refer 8A)				
	<input type="checkbox"/> CKYC FORM <input type="checkbox"/> SUPPLEMENTARY CKYC FORM	<input type="checkbox"/> CKYC FORM <input type="checkbox"/> SUPPLEMENTARY CKYC FORM	<input type="checkbox"/> CKYC FORM <input type="checkbox"/> SUPPLEMENTARY CKYC FORM	
Aadhaar No. (Ref. 24)				

2 SIP DETAILS

Scheme Name	Plan	Option	
SIP frequency (tick ✓ any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly (Default Frequency Monthly)	Preferred Debit Date (Any date except 29 th , 30 th and 31 st) (ref 13(b))	<input type="text" value="D"/> <input type="text" value="D"/>	If no debit date is mentioned default date would be considered as 7th of every month.
SIP period from <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> to <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR <input type="checkbox"/> End date (ref 13(ii))	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="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 <input type="checkbox"/> Cheque / DD <input type="checkbox"/> Axis Bank Debit Mandate	Cheque / DD no.	MICR No.	Dated <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="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 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.

<input checked="" type="checkbox"/> Sole / 1st Unit Holder / POA / Guardian	<input checked="" type="checkbox"/> 2nd Unit Holder	<input checked="" type="checkbox"/> 3rd Unit Holder
UMRN	Bank use	Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Tick (✓)	Sponsor Bank Code	Bank use	Utility Code	Bank use
CREATE <input checked="" type="checkbox"/>	I/We hereby authorize	Axis Mutual Fund	to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other	
MODIFY <input checked="" type="checkbox"/>	Bank a/c number			
CANCEL <input checked="" type="checkbox"/>				

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	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Signature Primary Account holder	Signature of Account holder
To	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Signature of Account holder	Signature of Account holder
Or <input type="checkbox"/> Until Cancelled		1. Name as in bank records	2. Name as in bank records
		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 (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
SIP Period From	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> to <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Amount ₹
		Stamp & Signature