

SIP Registration Mandate - NACH

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



Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN 120166	ARN			E 185708	

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.

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	

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 12(b))	<input type="checkbox"/> D <input type="checkbox"/> D If no debit date is mentioned default date would be considered as 7 th of every month.
SIP period from <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y to* <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	*If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).	OR <input type="checkbox"/> End date (ref 12(ii)) <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 9 <input type="text"/> 9
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	

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
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AXIS MUTUAL FUND	UMRN	Bank use	Date
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Tick (✓)	Sponsor Bank Code	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	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
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Reference 1	Folio No.	Phone No.
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Reference 2	Scheme Name	Email ID
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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	Signature Primary Account holder	Signature of Account holder	Signature of Account holder
From			
To			
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 : • 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	Stamp & Signature
Scheme Name	(Scheme Name)	
Plan	Option	
SIP Period From	Amount ₹	