

SIP Registration Mandate - AUTO DEBIT/ NACH FACILITY/ MICRO SIP/ SIP TOP UP



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE ALL FIELDS

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

Application No:

1	DISTRIBUTOR INFORMATION	FOR OFFICE USE ONLY																
<table><tr><td>Distributor ARN</td><td>Sub-Agent Code/ Bank Branch Code</td><td>Sub Agent ARN Code</td><td>EUIN No.</td><td>CO Code</td><td>MO Code</td><td>Sales Code</td><td>Date/Time of Receipt</td></tr><tr><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td></td><td></td></tr></table>		Distributor ARN	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt									
Distributor ARN	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt											
<input type="checkbox"/> 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.																		
Sole/1 st applicant/Guardian/Authorised Signatory/POA		2 nd applicant/Authorised Signatory		3 rd applicant/Authorised Signatory														

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

2	REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / NACH FACILITY
<input type="checkbox"/> New SIP Registration* <input type="checkbox"/> SIP Cancellation <input type="checkbox"/> Change in Bank Account*	
(*Please provide a cancelled cheque)	

3	APPLICANT INFORMATION AND SCHEME DETAILS
Sole / First Investor Name	
PAN No.	
Folio No.	
Scheme Name	
Plan	
Option	
Sub Option	
Dividend Frequency	

4	SIP DETAILS
Each SIP Amount (✓)	
SIP Frequency (✓) <input checked="" type="checkbox"/> Monthly	
SIP Auto Debit Dates <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th (Default date is 7th)	
Regular SIP <input type="checkbox"/> SIP Period **: Start M M Y Y Y Y Y End M M Y Y Y Y Y <input type="checkbox"/> Till further Notice (Note: Please allow minimum one month for auto debit to register and start. If and date is not specified, the fund will continue SIP till it receives termination notice from the investor.)	
<input type="checkbox"/> SIP TOP UP (Optional) (Tick to avail this facility) TOP UP Amount: ₹ TOP UP amount has to be in multiples of ₹ 500 only (Refer Point No. 16). TOP UP Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	

I/We hereby, authorize BOIAXA Mutual Fund to debit my/our following bank account by Auto Debit / NACH Facility for collection of SIP payments.

** Minimum SIP term should be for 6 months for Monthly SIP.

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. 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 AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf, I/We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. **Applicable to NRI only:** I/We confirm that I am/we are Non-Resident Indian/ Person of Indian Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We undertake that all additional purchases made under this Folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We hereby agree to avail the TOP UP facility for SIP and authorize my bank to execute the NACH/ Standing Instruction/ Direct Debit for a further increase in installment from my designated account, We are not Citizens / Residents of USA / Canada.

First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory

Second Applicant/ Authorised Signatory

Third Applicant

DEBIT MANDATE FORM NACH / DIRECT DEBIT

	UMRN	F O R O F F I C E U S E O N L Y	Date	D D M M Y Y Y Y
Tick (✓)	Sponsor Bank Code	For Office use only	Utility Code	For Office use only
CREATE <input type="checkbox"/>	I/We hereby authorize		BOI AXA Mutual Fund	to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other
MODIFY <input type="checkbox"/>	Bank a/c number			
CANCEL <input type="checkbox"/>	with Bank		Name of customers bank	IFSC or MICR
an amount of Rupees		Amount in words		₹
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
Reference 1		Phone No.		
Reference 2		Email ID		

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank

PERIOD	From	Signature Primary Account holder		Signature of Account holder		Signature of Account holder	
	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 has been carefully read, understood & made by me/us, I am authorizing the user entity/Corporate to debit my account, based on the instruction 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 of the bank where I have authorized the debit.

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No.		Investor Name		Stamp & Signature
Scheme Name	(Scheme Name)			
Plan		Option		
SIP Period From	D D M M Y Y	to	D D M M Y Y <input type="checkbox"/> Till further Notice	