

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN-3852	ARN			E029058	

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.

*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.

Parent / Guardian

Donor

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer 17)

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.



Form 2 SIP Registration Mandate

AXIS MUTUAL FUND

Details of Minor Child (Beneficiary details) (ref 13)

Folio no. (For existing minor unit holders)

Application No.

Name

Email ID

PAN Minor Guardian Donor

Enclose Attested PAN card KYC letter Attested PAN card KYC letter Attested PAN card KYC letter

Scheme	Plan#	Sub-plan	Option
<input checked="" type="checkbox"/> Axis Children's Gift Fund	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> No Lock-in <input type="checkbox"/> Compulsory lock-in	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend re-investment* <input type="checkbox"/> Dividend payout
SIP installment amount (₹) <input type="text"/> words <input type="text"/> in words			
Preferred debit date (Any date except 29th, 30th and 31st) <input type="text"/> SIP period from <input type="text"/> to <input type="text"/> OR <input type="checkbox"/> End date (ref 12(i)) <input type="text"/>			

*Not available for Compulsory Lock-in
If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).

Declaration and signature

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 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.

Date

Parent / Guardian
 Donor



UMRN Bank use Date

Tick (✓)	Sponsor Bank Code <input type="text"/> Bank use <input type="text"/>	Utility Code <input type="text"/> Bank use <input type="text"/>
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 <input type="text"/>	
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"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>
Or	<input type="checkbox"/> 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. <input type="text"/>	Investor Name <input type="text"/>	
Scheme Name <input type="text"/>	(Scheme Name)	Plan <input type="text"/> Option <input type="text"/>
SIP Period From <input type="text"/>	to <input type="text"/>	Amount ₹ <input type="text"/>
		Stamp & Signature <input type="text"/>