

SIP REGISTRATION FORM



Application No.

| Distributor ARN | Sub-Distributor ARN | Internal Sub-Broker / Sol ID | Employee Code | EUIN | RIA CODE [^] | 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, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser.

"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 Details Folio No.

Sole / 1st Unitholder (as in PAN Card / KYC records)

Guardian's Name (as case of minor) First Name Middle Name Last Name

1st Holder PAN 1st Applicant 2nd Holder PAN 2nd Applicant 3rd Holder PAN 3rd Applicant

2 SIP First Installment Details (Optional)

| Scheme | Plan | Option | Amount |
|--------------|----------|--------|------------|
| | | | |
| | | | |
| Total | In words | | In figures |

Drawn on bank / branch name Cheque / DD amount

Mode Cheque / DD Axis Bank Debit Mandate Cheque / DD no. Dated D D M M Y Y

3 SIP DETAILS

OTM ref no.

| Scheme / Plan / Option | Frequency | SIP Date (DD) | Enrollment Period (MMYY) | SIP Amount | TOP-UP Facility (Optional) Only available for Monthly SIP* | |
|------------------------|--|--|---|--|---|--|
| | | | | | Frequency | Amount |
| | <input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly | <input type="text"/> Default SIP Date 7th | From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 1 2 9 9 | ₹ <input type="text"/> in figures <input type="text"/> in words | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly | ₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> Dynamic |
| | <input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly | <input type="text"/> Default SIP Date 7th | From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 1 2 9 9 | ₹ <input type="text"/> in figures <input type="text"/> in words | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly | ₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> Dynamic |
| | <input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly | <input type="text"/> Default SIP Date 7th | From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 1 2 9 9 | ₹ <input type="text"/> in figures <input type="text"/> in words | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly | ₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> Dynamic |

4 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 Axis Mutual Fund 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 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 X 2nd Unit Holder X 3rd Unit Holder

5 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.

Account type Savings NRO NRE Current FCNR Others

to pay for the purchase of Axis MF Multiple Schemes OR Scheme Name

Amount (figures) (words)

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

Dated D D M M Y Y

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. Investor Name Stamp & Signature

ONE TIME MANDATE (OTM) FORM



Name of Applicant

PAN No. **Mobile No.**

Email ID

Bank Name

Account No.

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 installments and/ or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time.

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.

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 / We 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.

I / We request you to make provisions for me/ us and/ or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/ or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from Axis Mutual Fund.

I give my consent to Axis Asset Management Company Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

| | | |
|--------------------------------------|---------------------------------------|--------------|
| Signature of First Account Holder | Signature of Second Account Holder | Third Holder |
|--------------------------------------|---------------------------------------|--------------|

Dated **Place**

UMRN **Bank use** **Date**

Tick (✓) **CREATE** **MODIFY** **CANCEL**

Sponsor Bank Code **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 **All Schemes of Axis Mutual Fund** **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"/> | Signature Primary Account holder | Signature of Account holder |
| To | <input type="text"/> | Signature of Account holder | Signature of Account holder |
| Or | <input type="checkbox"/> Until Cancelled | 1. <input type="text"/> | 2. <input type="text"/> |
| | | Name as in bank records | Name as in bank records |
| | | 3. <input type="text"/> | 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 & in figures) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank records

ACKNOWLEDGMENT SLIP (To be filled by the investor)

| | |
|---|-------------------|
| Investor Name <input type="text"/> | Stamp & Signature |
| PAN No. <input type="text"/> | |