

Form 1

Date Application No. **R**

Distributor Code / ARN No.	Sub-distributor Code / ARN No. / Sol ID	Serial Number, Date and Time Stamp
ARN-0032		

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

1 EXISTING FOLIO NUMBER

Existing Investors - Please fill in Sections 1, 9, 10, 11 and 13 only

2 UNIT HOLDER INFORMATION**Name of the First Applicant / Corporate Investor****Date of Birth** **Age** (No. of years)

Mr/ Ms/ M/s/ Dr/ Minor

PAN (mandatory)

Enclosed - ☐ PAN Proof ☐ KYC Letter (mandatory, for any investment amount)

Refer instruction no. 6 A & B

Name of the Second Applicant

Mr/ Ms/ M/s/ Dr

PAN (mandatory)

Enclosed - ☐ PAN Proof ☐ KYC Letter (mandatory, for any investment amount)

Refer instruction no. 6 A & B

Name of the Third Applicant

Mr/ Ms/ M/s/ Dr

PAN (mandatory)

Enclosed - ☐ PAN Proof ☐ KYC Letter (mandatory, for any investment amount)

Refer instruction no. 6 A & B

Name of the Guardian (in case of a minor)

Mr/ Ms/ M/s/ Dr

PAN (mandatory)

Enclosed - ☐ PAN Proof ☐ KYC Letter (mandatory, for any investment amount)

Refer instruction no. 6 A & B

Name of the Power of Attorney Holder

Mr/ Ms/ M/s

PAN (mandatory)

Enclosed - ☐ PAN Proof ☐ KYC Letter (mandatory, for any investment amount)

Refer instruction no. 6 A & B

Name of the Third Party (When payment is made through instruments issued from an account other than that of the beneficiary investor)

Mr/ Ms/ M/s

PAN (mandatory)

Enclosed - ☐ PAN Proof ☐ KYC Letter (mandatory, for any investment amount)

Refer instruction no. 6 A & B

Relation

Enclosed - ☐ Declaration Form (Mandatory)**3 STATUS OF FIRST APPLICANT**
☐ Resident Individual
 ☐ Bank
 ☐ HUF
 ☐ Proprietor
 ☐ Minor
 ☐ Society
 ☐ Fil

☐ Partnership Firm
 ☐ NRI
 ☐ PIO
 ☐ Trust
 ☐ Company
 ☐ Other (specify)
4 MODE OF OPERATION
☐ Single
 ☐ Joint
 ☐ Anyone or Survivor (Default option is Joint)
5 OCCUPATION (of First/ Sole Applicant)
☐ Service
 ☐ Housewife
 ☐ Defence
 ☐ Professional
 ☐ Retired
 ☐ Business
 ☐ Agriculture
 ☐ Other (specify)
6A CONTACT DETAILS - FIRST APPLICANT/ GUARDIAN/ CORPORATE (PO Box address is not sufficient. Mobile number and email id is mandatory to avail of online facility.)

Contact Person (In case of Non Individual Investor)

Address

State Pincode City Landline No. Mobile (Holder 1)* Email (Holder 1)* Mobile (Holder 2)* Email (Holder 2)* Mobile (Holder 3)* Email (Holder 3)*

*Mandatory to transact using online transaction mode on our website www.axismf.com

6B OVERSEAS ADDRESS (Mandatory in case of NRIs/ Fils) (PO Box address is not sufficient. Investors residing overseas & with PO Box address must provide their Indian address)Address City State Pincode Mobile Landline No. Email **10A AXIS MUTUAL FUND - DEBIT MANDATE** (For Axis Bank account holders only)**TO BE DETACHED BY THE REGISTRAR (KARVY COMPUTERSHARE PVT LTD) AND PRESENTED TO AXIS BANK CMS BRANCH**Date Application No. **R****To CMS DEPARTMENT - Axis Bank***I/ We Name of the account holder(s)authorise you to debit my/ our account no. to pay for thepurchase of **Axis Equity Fund / Axis Tax Saver Fund / Axis Income Saver / Axis Triple Advantage Fund** (Strike off those not applicable)Please debit an amount of ₹ (in figures) ₹ (in words) Signature of Account Holder(s) as per bank records /
Authorised Signatory(ies)***To be processed in CMS software under client code "AXISMF"****AXIS MUTUAL FUND - ACKNOWLEDGMENT SLIP** (To be filled in by the investor)Application No. **R**Received from Mr/ Ms/ M/s/ Dr

an application for purchase of units in

☐ Axis Equity Fund
 ☐ Axis Tax Saver Fund
 ☐ Axis Income Saver
 ☐ Axis Triple Advantage Fund

Option ☐ Growth ☐ Dividend Payout ☐ Dividend Re-investment | **Dividend Frequency*** *Applicable only for Axis Income Saver
for ₹ (in figures) on Date vide instrument no.

Stamp & Signature

7 CONTACT & ADDRESS OF POWER OF ATTORNEY HOLDER (PO Box address is not sufficient)

Address

City State Pincode

Mobile Landline No.

Email

8 MODE OF CORRESPONDENCE (Where the investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive correspondence through physical mode instead of e-mail are requested to ✓). Email communication will help save paper & the planet.

☐ I / We wish to receive all communication through physical mode in lieu of email.

9 BANK ACCOUNT DETAILS OF FIRST / SOLE APPLICANT (Refer "Bank Details" under Instructions. Please enclose a copy of a cancelled cheque). Multiple Bank Accounts Registration form available at www.axismf.com.

Name of Bank Branch

City State Account No.

Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others (specify)

MICR code* IFSC code**

Document attached (Any one) ☐ Cancelled Cheque with name pre-printed ☐ Bank statement ☐ Pass book ☐ Bank Certificate

Note: In case bank details are not provided in "Multiple Bank Account Registration Form" as default bank the above section 9 bank details shall be treated as default bank..

*Mandatory for dividend payout via ECS (The 9 digit code appears on your cheque next to the cheque number) **Mandatory for credit via RTGS/ NEFT (11 digit code also found on your cheque leaf)

10 PAYMENT OPTIONS (Please ✓ either Cheque / DD payment or RTGS/ NEFT)

☐ Cheque / DD ☐ RTGS ☐ NEFT ☐ Debit Mandate (For Axis Bank A/c holders only. Also fill section 10A)

Cheque / DD UTR (for RTGS / NEFT) No. Cheque/DD Date

Drawn on Bank Branch Name Branch

City State Account No.

Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others (specify)

Cheque Issuer Name In case cheque is issued by person other than the investor

Total amount ₹ (In figures) inclusive of DD charges if any

₹ (In words) inclusive of DD charges if any

DD Charges ₹ (In figures) if any

11 INVESTMENT DETAILS

☐ Axis Equity Fund ☐ Axis Tax Saver Fund ☐ Axis Income Saver ☐ Axis Triple Advantage Fund

Option ☐ Growth ☐ Dividend Payout ☐ Dividend Re-investment **Dividend Frequency*** ☐ Quarterly ☐ Half Yearly ☐ Annual *Applicable only for Axis Income Saver

12 NOMINATION DETAILS

I/We do hereby nominate the under mentioned person to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee, and signature of the Nominee acknowledgment receipt thereof shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Nominee's Name

Relationship

Address

In case Nominee is a Minor

Name of Guardian

Address of Guardian

Date of Birth Signature of Guardian

In case of more than one nominee, kindly submit multiple nomination (maximum 3 nominees) forms. Extra nomination forms can be obtained from the nearest ISC or Registrar or from the AMC website.

13 DECLARATION AND SIGNATURES

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, 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 understood the details of the Scheme & 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 (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. **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.

First / Sole Applicant / Guardian	Second Applicant
Third Applicant	Power of Attorney Holder

CHECKLIST Documents as listed below are to be submitted along with the Application Form (as applicable to your specific case)

Document submitted. Kindly (✓)	Sr No	Documents	Individuals	Companies	Trusts	Societies	Partnership Firms	FIs	NRIs	Investments through POA
	1	Resolution / Authorisation to invest		✓	✓	✓	✓	✓		
	2	List of Authorised Signatories with Specimen Signature(s)		✓	✓	✓	✓	✓		✓
	3	Memorandum & Articles of Association		✓						
	4	Trust Deed			✓					
	5	Bye-Laws				✓				
	6	Partnership Deed					✓			
	7	Notarised Power of Attorney								✓
	8	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c where applicable						✓	✓	
	9	PAN Proof (not required for existing investors)	✓	✓	✓	✓	✓	✓	✓	✓
	10	KYC acknowledgment letter (required if not already submitted)	✓	✓	✓	✓	✓	✓	✓	✓
	11	Copy of cancelled cheque	✓	✓	✓	✓	✓	✓	✓	✓

All documents in 1 to 6 above should be originals or true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public / Partner as applicable. Originals will be handed over after verification.

For list of official point of acceptance please visit www.axismf.com

Axis Asset Management Company Limited

Investment Manager to Axis Mutual Fund

Axis House, First Floor, Bombay Dyeing Mills Compound, Pandurang Budhkar Marg, Worli, Mumbai - 400 025, India.

Tel 91 22 4325 5161 Fax 91 22 4325 5199 / 2425 5199 Toll Free 1800 3000 3300 Email customerservice@axismf.com www.axismf.com

Form 2

Date Application No. **R**

Distributor Code / ARN No.	Sub-distributor Code / ARN No. / Sol ID	Serial Number, Date and Time Stamp
ARN-0032		

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

☐ SIP Registration by New Investor
 ☐ SIP Registration by Existing Investor
 ☐ Micro SIP Registration by New Investor
 ☐ Micro SIP Registration by Existing Investor
1 EXISTING FOLIO NUMBER Existing Investors - Please fill in Sections 1, 9, 10, 11 and 13 only**2 UNIT HOLDER INFORMATION****Name of the First Applicant / Corporate Investor****Date of Birth** **Age** (No. of years)

Mr/ Ms/ M/s/ Dr/ Minor

PAN (mandatory)* Enclosed- ☐ PAN Proof ☐ KYC Letter** (mandatory, for any investment amount) Refer instruction no. 6 A & B**Name of the Second Applicant**

Mr/ Ms/ M/s/ Dr

PAN (mandatory)* Enclosed- ☐ PAN Proof ☐ KYC Letter** (mandatory, for any investment amount) Refer instruction no. 6 A & B**Name of the Third Applicant**

Mr/ Ms/ M/s/ Dr

PAN (mandatory)* Enclosed- ☐ PAN Proof ☐ KYC Letter** (mandatory, for any investment amount) Refer instruction no. 6 A & B**Name of the Guardian** (in case of a minor)

Mr/ Ms/ M/s/ Dr

PAN (mandatory)* Enclosed- ☐ PAN Proof ☐ KYC Letter** (mandatory, for any investment amount) Refer instruction no. 6 A & B**Name of the Power of Attorney Holder**

Mr/ Ms/ M/s

PAN (mandatory)* Enclosed- ☐ PAN Proof ☐ KYC Letter** (mandatory, for any investment amount) Refer instruction no. 6 A & B**Name of the Third Party** (When payment is made through instruments issued from an account other than that of the beneficiary investor)

Mr/ Ms/ M/s

PAN (mandatory) Enclosed- ☐ PAN Proof ☐ KYC Letter (mandatory, for any investment amount) Refer instruction no. 6 A & BRelation ☐ Declaration Form (Mandatory)***Micro SIP** - PAN is not mandatory in case of Micro SIP. Please refer to the Terms and Conditions overleaf.Date of Birth Type of supporting document Identification number details **3 STATUS OF FIRST APPLICANT**
☐ Resident Individual
 ☐ Bank
 ☐ HUF
 ☐ Proprietor
 ☐ Guardian
 ☐ Society
 ☐ FII
 ☐ Partnership Firm

☐ NRI
 ☐ PIO
 ☐ Trust
 ☐ Company
 ☐ Minor
 ☐ Other (specify)
 4 MODE OF OPERATION
☐ Single
 ☐ Joint
 ☐ Anyone or Survivor (Default option is Joint)
 5 OCCUPATION (of First/ Sole Applicant)
☐ Service
 ☐ Housewife
 ☐ Defence
 ☐ Professional
 ☐ Retired
 ☐ Business
 ☐ Agriculture
 ☐ Other (specify)
 6A CONTACT DETAILS - FIRST APPLICANT/ GUARDIAN/ CORPORATE (PO Box address is not sufficient. Mobile number and email id is mandatory to avail of online facility.)Contact Person (In case of Non Individual Investor) Address State Pincode Landline No. Mobile (Holder 1) Email (Holder 1) Mobile (Holder 2) Email (Holder 2) Mobile (Holder 3) Email (Holder 3) **6B OVERSEAS ADDRESS** (Mandatory in case of NRIs/ FIIs) (PO Box address is not sufficient. Investors residing overseas & with PO Box address must provide their Indian address)Address City State Pincode Mobile Landline No. Email **7 CONTACT & ADDRESS OF POWER OF ATTORNEY HOLDER** (PO Box address is not sufficient)Address City State Pincode Mobile Landline No. Email **AXIS MUTUAL FUND - ACKNOWLEDGMENT SLIP** (To be filled in by the investor)Application No. **R**Received from Mr/ Ms/ M/s/ Dr

an application for purchase of units in

☐ Axis Equity Fund
 ☐ Axis Tax Saver Fund
 ☐ Axis Income Saver
 ☐ Axis Triple Advantage Fund

Option ☐ Growth ☐ Dividend Payout ☐ Dividend Re-investment **Dividend Frequency*** *Applicable only for Axis Income Saver
 for ₹ (in figures) on Date vide instrument no.

Stamp & Signature

8 MODE OF CORRESPONDENCE (Where the investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive correspondence through physical mode instead of e-mail are requested to ✓). Email communication will help save paper & the planet. ☐ I/We wish to receive all communication through physical mode in lieu of email.

9 BANK ACCOUNT DETAILS OF FIRST/ SOLE APPLICANT (Refer "Bank Details" under Instructions. Please enclose a copy of a cancelled cheque)

Name of Bank Branch
 City State Account No.
 Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others (specify)
 MICR code* IFSC code**

*Mandatory for dividend payout via ECS (The 9 digit code appears on your cheque next to the cheque number) **Mandatory for credit via RTGS/ NEFT (11 digit code also found on your cheque leaf.)

10 PAYMENT OPTIONS (The first SIP transaction has to be through a cheque. Please attach a copy of cancelled cheque.)

Payment Mechanism ☐ Electronic Debit (Please Complete mandate form for electronic debit form 3) ☐ Cheque/DD (Please provide details below)
 First SIP Transaction via Cheque No. First Cheque date Total No. of Cheques
 Drawn on (Bank/ Branch Name) In case cheque is issued by person other than the investor Cheque No. From
Total amount ₹ (In figures) inclusive of DD charges if any To
 ₹ (In words) inclusive of DD charges if any DD Charges ₹ (In figures) if any
 SIP Start Date End Date (should be a minimum of 3 years from the start date) No. of Installments
 Monthly SIP amount ₹ (in figures) ₹ (in words)
 (SIP unavailable on dates 29th, 30th, and 31st of every month)

11 INVESTMENT DETAILS

☐ Axis Equity Fund ☐ Axis Tax Saver Fund ☐ Axis Income Saver ☐ Axis Triple Advantage Fund

Option ☐ Growth ☐ Dividend Payout ☐ Dividend Re-investment ☐ Dividend Frequency* ☐ Quarterly ☐ Half Yearly ☐ Annual *Applicable only for Axis Income Saver

12 NOMINATION DETAILS

I/We do hereby nominate the under mentioned person to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee, and signature of the Nominee acknowledgment receipt thereof shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Nominee's Name
 Relationship
 Address

In case Nominee is a Minor

Name of Guardian
 Address of Guardian

Date of Birth Signature of Guardian

In case of more than one nominee, kindly submit multiple nomination (maximum 3 nominees) forms. Extra nomination forms can be obtained from the nearest ISC or Registrar or from the AMC website.

13 DECLARATION AND SIGNATURES

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, 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 understood the details of the Scheme & 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 (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. I / We confirm the I / We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro SIP investment only.) **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.

First / Sole Applicant / Guardian	Second Applicant
Third Applicant	Power of Attorney Holder

CHECKLIST Documents as listed below are to be submitted along with the Application Form (as applicable to your specific case)

Document submitted Kindly (✓)	Sr No	Documents	Individuals	Companies	Trusts	Societies	Partnership Firms	FIs	NRIs	Investments through POA
	1	Resolution / Authorisation to invest		✓	✓	✓	✓	✓		
	2	List of Authorised Signatories with Specimen Signature(s)		✓	✓	✓	✓	✓		✓
	3	Memorandum & Articles of Association		✓						
	4	Trust Deed			✓					
	5	Bye-Laws				✓				
	6	Partnership Deed					✓			
	7	Notarised Power of Attorney								✓
	8	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c where applicable						✓	✓	
	9	PAN Proof (not required for existing investors)	✓	✓	✓	✓	✓	✓	✓	✓
	10	KYC acknowledgment letter (required if not already submitted, accept for Micro SIP)	✓	✓	✓	✓	✓	✓	✓	✓
	11	Copy of cancelled cheque	✓	✓	✓	✓	✓	✓	✓	✓

All documents in 1 to 6 above should be originals or true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public / Partner as applicable. Originals will be handed over after verification.

Terms & Conditions - Micro SIPs where aggregate of installments in a rolling 12 month period or in a financial year i.e. April to March do not exceed ₹ 50,000 (hereinafter referred as "Micro SIP") shall be exempt from the requirement of PAN, subject to submission of any one of the necessary photo identification documents as detailed below. This exemption will be applicable only to investments by individuals (including NRIs, but not PIOs), minors, sole proprietary firms and joint holders. HUFs and other categories will not be eligible for the exemption.

Investors (including joint holders) should submit a photocopy of any one of the following photo identification documents (current and valid and either self-attested by the investor or attested by an AMFI registered Distributor mentioning the AMFI Registration number) along with the application form as a proof of identification in lieu of PAN: • Voter Identify Card • Driving License • Government/Defence identification card • Passport • Photo Ration Card • Photo Debit Card (Credit card not included) • Employee ID cards issued by companies registered with Registrar of Companies • Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament • ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks • Senior Citizen / Freedom Fighter ID card issued by Government • Cards issued by Universities / deemed Universities or institutes under statutes like ICAA, ICWA, ICSI • Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL) • Any other photo ID card issued by Central Government / Municipal authorities / Government organization like ESIC/EPFO.

Axis Asset Management Company Limited

Investment Manager to Axis Mutual Fund

Axis House, First Floor, Bombay Dyeing Mills Compound, Pandurang Budhkar Marg, Worli, Mumbai - 400 025, India.

Tel 91 22 4325 5161 Fax 91 22 4325 5199 / 2425 5199 Toll Free 1800 3000 3300 Email customerservice@axismf.com www.axismf.com

Please submit this form along with the SIP application form (i.e. Form 2)

Electronic Debit facility for SIP is currently available for

Account holders of all banks participating in local clearing at Agra, Ahmedabad, Allahabad, Amritsar, Anand, Asansol, Aurangabad, Bangalore, Bardhaman, Baroda, Belgaum, Bhavnagar, Bhillwara, Bhopal, Bhubaneswar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Dargeeling, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Goa, Gorakhpur, Gulbarga, Guwahati, Gwalior, Haldia, Hubli, Hyderabad, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Patna, Pondicherry, Pune, Raichur, Raipur, Rajkot, Ranchi, Salem, Shimla, Shimoga, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Trivandrum, Tumkur, Udaipur, Udipi, Varanasi, Vijaywada, Vizag.

Account holders of the following banks

Axis Bank, Bank of Baroda, Bank of India, HDFC Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, Punjab National Bank, Union Bank of India and State Bank of India

Authorization to pay SIP instalments through Electronic Debit Arrangement

I/We hereby, authorise Axis Mutual Fund and it's authorised service provider to debit my/our bank account by Electronic Debit for the collection of SIP instalments.

UNIT HOLDER INFORMATION

Folio No.	<input type="text"/>																				
Name of first applicant	<input type="text"/>																				
PAN	<input type="text"/>										Mobile	<input type="text"/>									
E-mail	<input type="text"/>																				
Preferred messaging medium SMS - <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail - <input type="checkbox"/> Yes <input type="checkbox"/> No																					

SIP DETAILS

☐ Axis Equity Fund ☐ Axis Tax Saver Fund ☐ Axis Income Saver ☐ Axis Triple Advantage Fund

Option ☐ Growth ☐ Dividend Payout ☐ Dividend Re-investment | Dividend Frequency* ☐ Quarterly ☐ Half Yearly ☐ Annual *Applicable only for Axis Income Saver

SIP Start Date End Date (should be a minimum of 3 years from the start date) No. of Installments

(SIP unavailable on dates 29th, 30th, and 31st of every month)

Monthly SIP amount ₹ (in figures) ₹ (in words)

BANK DETAILS (Please attach a copy of the cheque of below mentioned bank account with this application form.)

Account holder's name	<input type="text"/>																				
Name of bank	<input type="text"/>																				
Branch	<input type="text"/>										Account No.	<input type="text"/>									
Account type	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Others <input type="text"/> (specify)																				
9 digit MICR code (Please enter the 9 digit number that appears after your cheque number) <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"/>																					

Please specifically mention the MICR code of your bank branch in case you have a payable at par cheque book.

I/ We hereby declare that the particulars given above are correct and express my willingness to pay the instalments referred above through participation in Electronic Debit arrangement. 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.

Bank Account Holder (1)	Bank Account Holder (2)	Bank Account Holder (3)
Place <input type="text"/>		Date <input type="text"/>

FOR BANK USE ONLY

We, hereby, certify that the particulars furnished above are correct as per our records, and we, hereby, declare that a copy of this form, duly completed, has been submitted to us.

Branch Date

Signature of the authorised official from the bank	Bank stamp
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AUTHORISATION OF THE BANK ACCOUNT HOLDER

This is to inform you that I/ we have registered for the Electronic Debit facility and that my payment towards SIP installments shall be made from my/ our below mentioned bank account with your bank. I/ We authorise the representative carrying this ECS mandate form to get it verified and executed. I/ We hereby authorised the bank to debit verification charges if any from my/ our account as mention above.

Account Holder's signature (As in bank records)	Joint Account Holder's signature (As in bank records)	Account number
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