SIP REGISTRATION FORM

AXIS MUTUAL FUND
The RESPONSIBLE Mutual Fund

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/ subcription 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
	☐ Monthly* ☐ Yearly	D D Default SIP Date 7th	From M M Y Y To M M Y Y OR ☐ 1 2 9 9	₹ in figures in words	☐ Half Yearly ☐ Yearly	₹ in figures in words ☐ Dynamic
	☐ Monthly* ☐ Yearly	D D Default SIP Date 7th	From M M Y Y To M M Y Y OR ☐ 1 2 9 9	₹ in figures in words	☐ Half Yearly ☐ Yearly	₹ in figures in words ☐ Dynamic
	☐ Monthly* ☐ Yearly	D D Default SIP Date 7th	From M M Y Y To M M Y Y OR ☐ 1 2 9 9	₹ in figures in words	☐ Half Yearly ☐ Yearly	₹ in figures in words ☐ 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 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 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

AXIS MUTUAL FUND
The RESPONSIBLE Mutual Fund

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 D D M M Y Y Y Y **Place**

AXIS MUTUAL FUND
The RESPONSIBLE Mutual Fund

UMRN Bank use **Date** D D M M Y Y Y Y

Tick (✓)
CREATE ☑
MODIFY ☒
CANCEL ☒

Sponsor Bank Code: Bank use — 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 D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ☐ Until Cancelled

Signature Primary Account holder | Signature of Account holder | Signature of Account holder

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 : • 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	
PAN No.	

Stamp & Signature