|   |  |              |                     |          |             |             | 1  |           |          |               |           |        |          |         |          |            | -                             |                          | -        | -         |            |
|---|--|--------------|---------------------|----------|-------------|-------------|--|-----------|----------|---------------|-----------|--------|----------|---------|----------|------------|-------------------------------|--------------------------|----------|-----------|------------|
| Distributor ARN   | ARN Sub-Distributor ARN Sol ID / Internal Su |              |                     |          |             |             | b-Broker   |           |          | Employee Code |           |        | EUIN     |         |          |            | Serial No., Date & Time Stamp |                          |          |           |            |
| ARN   | ARN  |              |                     |          |             |             |  |           |          |               |           |        | E        |         |          |            |                               |                          |          |           |            |
| pfront commission shall be paid di<br>"I/We hereby confirm that the EUIN b  | ox has been intentionally left blan          | k hv me/us : | as this transaction | n is 🗌   |             |             |  | of vari   | ous fact | tors incl     | luding t  | he se  | rvice re | nderec  | d by th  | e distribi | itor.                         |                          |          |           |            |
| Ecuted without any interaction or advice by the employee/relationship manager/sales person of the above<br>stributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the<br>apployee/relationship manager/sales person of the distributor/sub broker. |  |              |                     |          |             |             | irst / Sole Applicant / Second Appli<br>Guardian |           |          |               |           | nt     |          |         | Third    | Applica    | nt                            | t Power of Attorney Hold |          |           |            |
| ANSACTION CHARGES FO  |  | DUGH DI      | STRIBUTOR           | S ONL    | Y           |             |  |           |          |               |           |        |          |         |          |            |                               |                          |          |           |            |
| I confirm that I am a firs  |  |              |                     |          |             |             |  |           |          |               |           |        |          |         |          | ual Fu     |                               |                          |          |           |            |
| ase the subscription amount is ₹ 10,00<br>ck whichever is applicable :  |  | -            | P registration      | -        |             |             | pplicable  | from the  | purchase | / subcripi    | tion amoi |        |          |         |          | ration b   |                               | -                        |          | alance al | nount inve |
|   | SONAL DETAILS (M                             |              |                     |          |             |             |  |           |          |               |           | _      |          |         |          |            |                               | 5                        |          |           |            |
| plication Form No. (For New )   |  |              |                     |          |             | 0           | R  | F         | olio No  | ). (For E     | Existina  | Unit   | holders  | )       |          |            |                               |                          |          |           |            |
| le / 1st Unitholder   |  | First        | Name                |          |             |             |  |           |          | lle Nan       |           |        |          |         | -        |            |                               |                          | ast Na   | me        |            |
| lardian's Name  |  | 11131        | Marrie              |          |             |             |  |           | Ivita    |               | Email II  |        |          | For r   | receivi  | ng stat    | ements                        |                          |          |           | l of pos   |
| case of minor)  | 1st Applicant                                |              |                     |          |             |             | 2nd Ap   | plicant   |          |               |           |        |          |         |          |            |                               |                          | pplica   |           |            |
|   |  |              |                     |          |             | tested PA   |  |           | KYC Le   | ttor          |           |        |          |         |          |            | tested                        |                          |          |           | C Lette    |
| SIP DETAILS   |  |              |                     |          |             | ICSICUTA    |  |           |          |               |           |        |          |         |          |            | lesteu                        |                          | Jaru     |           | U Lette    |
| heme Name   |  |              |                     |          |             |             | Plan   |           |          |               |           |        |          |         | 0.       | tion       |                               |                          |          |           |            |
|   |  |              |                     |          |             |             |  |           |          | h ooth        | L O I III |        |          |         |          |            | ebit date                     | e is me                  | entioned | l defaul  | t date w   |
| P frequency (tick ✓ any one   | Monthly Yearly (                             | Default Fr   | 00 -                |          |             | Debit Dat   | ie (Any  |           |          |               |           |        |          | D       | D        | be con     | sidered a                     | as 7th                   | of ever  | y month   | 1.         |
| Pperiod from M M Y  | Y to M M Y                                   | Y            | OR 🗌 En             | d date   | (ref 12(i)) | 1 2         | 2 9  | 9         | lf end o | late is r     | not men   | itione | d then   | the SIF | P will b | ie consid  | ered for                      | perpe                    | tuity (D | lec 209   | 9).        |
| P Amount (figures) ₹  |  |              |                     |          | words)      |             |  |           |          |               |           |        |          |         |          |            |                               |                          |          |           |            |
| st SIP Installment details  | Drawn on bank / branch                       | name         |                     |          |             |             |  |           |          |               | Ch        | eque   | / DD A   | moun    | nt       |            |                               |                          |          |           |            |
| de 🗌 Cheque / DD 🗌  | Axis Bank Debit Mandate                      | Ch           | neque / DD no       |          |             |             |  | MICR      | No.      |               |           |        |          |         |          |            | Date                          | d                        | D        | M         | MY         |
| Sole/ 1st Unit H  | older / POA / Guardian                       |              | X                   |          |             | 2nd Unit    | Holde  | ŕ         |          |               |           | )      | <        |         |          | 31         | d Unit                        | Holde                    | er       |           |            |
| AXIS MUTUAL FUND  | UMRN   |              |                     |          | Bai         | nk use      |  |           |          |               |           |        |          |         |          | Date       | D                             | D                        | M        | /I Y      | Y          |
| ick ( 🗸 ) Spon  | sor Bank Code                                |              | Bank use            |          |             |             | Utility  | Code      |          |               |           |        |          |         | B        | ank us     | e                             |                          |          |           |            |
| EATE 🖌 I/We he  | reby authorize                               | Ax           | is Mutual F         |          |             | to          | o debit  | (tick~    |          | SB            |           | A      |          |         | SB-I     |            |                               | NRO                      |          | Other     | <u> </u>   |
| ODIFY 🛛   | nk ala numbar                                |              |                     |          |             |             |  |           |          |               |           |        |          |         |          |            |                               |                          |          |           | 7          |
| NCEL X  | nk a/c number                                |              |                     |          |             |             |  |           |          |               |           |        |          |         |          |            |                               |                          |          |           |            |
| h Bank  | Name of customers bank                       |              |                     |          | IFS         | C           |  |           |          |               |           |        |          | 0       | or MI    | CR         |                               |                          |          |           |            |
| amount of Duncos  |  |              |                     |          |             |             |  |           | !        |               |           |        |          |         | _        | <b>→</b>   |                               |                          |          |           |            |
| amount of Rupees  |  |              |                     |          |             |             |  |           |          | 1             |           |        |          |         | _        | ₹          |                               |                          |          |           |            |
|   | 🗌 Qtly 🗌 H-Yr                                | ly 🗌         | Yrly 🗌              | As &     | when        | presente    | ed   |           |          | DE            | BIT T     | YPE    |          | _ ⊦ix   | (ed A    | moun       | t 🗆                           | Ma                       | ximu     | m Am      | ount       |
| erence 1  | Foli   | o No.        |                     |          |             | PI          | none N   | 0.        |          |               |           |        |          |         |          |            |                               |                          |          |           |            |
| erence 2  | Schem  | ne Name      | )                   |          |             | Er          | nail ID  |           |          |               |           |        |          |         |          |            |                               |                          |          |           |            |
| ee for the debit of mandate proc  | essing charges by the bank w                 | hom I am a   | authorizing to d    | ebit my  | accounts    | as per late | st sche  | lule of c | charges  | of the b      | bank.     |        |          |         |          |            |                               |                          |          |           |            |
| PERIOI  | )  |              |                     |          |             |             |  |           |          |               |           |        |          |         |          |            |                               |                          |          |           |            |
| rom D D M I   | VI Y Y Y Y                                   | _            | 01                  |          |             |             |  |           |          |               |           |        |          |         |          |            |                               |                          |          |           |            |
| D D M I   | VI Y Y Y                                     |              | Signature Pr        | imary    | Accour      | it holder   |  |           | Signa    | ture o        | f Acc     | ount   | : holde  | er      |          |            | Sign                          | ature                    | e of A   | ccoun     | t holde    |
| r 📃 Until Cance   | lled   | 1            | Namo a              | e in h   | ank roce    | ords        | 2.   |           | Non      |               | in ban    | k ro   | oordo    |         | _ :      | 3          | Me                            |                          | o in k   | oank re   | oordo      |
| is to confirm that the declaratio   | n (as mentioned overleaf) has                | been carei   | fully read, unde    | rstood & | k made by   | me / us. I  | am auth  | orizing   | the Use  | r Entity      | / Corpo   | orate  | to debit | t my ac | ccount   | , based c  | n the in                      | structi                  | ions as  | agreed    |            |
| e understood that I am authorize  |  |              |                     |          |             |             |  |           |          |               |           |        |          |         |          |            |                               |                          |          |           | ···>ê      |
| VDATORY FIELDS : • Account<br>cancelled • Account holder sign   |  |              |                     | ank nan  | ne • IFSC   | code or M   | ICR cod  | e (as pe  | r the ch | eque / p      | bass bo   | ok) •  | Amoun    | t in wo | ords (m  | aximum     | amount                        | ) • Per                  | riod sta | rt date   | and end    |
| <b>CKNOWLEDGM</b>   |  |              |                     | or)      |             |             |  |           |          |               |           |        |          |         |          |            |                               |                          |          |           |            |
| olio No.  |  |              | Inve                | estor    | Name        |             |  |           |          |               |           |        |          |         |          |            |                               |                          |          |           |            |
| Scheme Name   |  |              |                     |          |             | ieme Nam    |  |           |          |               |           |        |          |         |          |            |                               |                          |          |           |            |
|   |  |              |                     |          |             |             |  |           |          |               |           |        |          |         |          |            |                               |                          |          |           |            |

| Plan            |  |  |  | Option |  |  |  |  |   |          |
|-----------------|--|--|--|--------|--|--|--|--|---|----------|
| SIP Period From |  |  |  | to     |  |  |  |  | γ | Amount ₹ |

## INSTRUCTION

- 1. Investors are advised to comply with applicable Know Your Customer (KYC) requirements from time to time and failure to comply with this requirement may result in the purchase application being rejected.
- 2. Please read the Scheme Information Document(s), Key Information Memorandum(s) of the scheme(s) and Statement(s) of Additional Information of the respective schemes and addenda issued for these documents carefully before investing.
- 3. Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.
- 4. Applications incomplete in any respect are liable to be rejected. AMC / RTA shall have absolute discretion to reject any such Application Forms.
- Investors are advised to retain this acknowledgment slip till they receive a confirmation of processing of their SIP Mandate from the Axis Mutual Fund Investor Service Centre (ISC)/ Karvy.
- 6. Investors/Unit holders should provide the Folio & Name of the Sole/Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.
- 7. If both Folio & Name of the Sole/Primary Holder are not mentioned, the transaction shall be liable for rejection.
- 8. A minimum gap of 21 days needs to be maintained between the first and second SIP installments.
- 9. Investor shall have the option of choosing any date of the month as the SIP date except the dates 29th, 30th and 31st .
- 10. All SIP installment cheques/payment instructions must be of the same amount and the same monthly debit date (excluding first cheque).
- 11. In case payment is made using "At Par" cheques, investors must mention the MICR number of his actual bank branch.
- 12. If the period is not specified by the unitholder then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.

13. Mandatory fields for filling NACH mandate. In case any of these fields are not filled mandate will be rejected.

| Account Type   |
|--|
| Bank A/c. number                                       |
| Bank Name  |
| IFSC code or MICR code (As per the Cheque / Pass book) |
| Amount in Words (Maximum amount)                       |
| Amount in Figures (Maximum amount)                     |
| Period Start Date and End date or until cancelled      |
| Account Holder Signature                               |
| Account Holder Name as per Bank Record                 |
|  |

14. The SIP will be discontinued automatically if payment is not received for three successive installments.

- 15. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar Karvy. Notice of such discontinuance should be received at least 20 days prior to the due date of the next installment / debit.
- 17. Please submit this form along with a copy of a cancelled cheque.

36.

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## EASY SERVICES FROM AXIS MUTUAL FUND



**EasyApp** SMS **EasyApp** to **92120 10033** to download. Invest with ease on your Android smartphone.



1800 3000 3300 Buy / Sell units without PINs or Passwords.





EasyInvest https://online.axismf.com Invest online without any prior registration.

·>€

'Buy' means purchase and 'Sell' means redemption of units of Axis Mutual Fund schemes