

# SIP REGISTRATION FORM

for first time investors, submit Common Application form along with this form.

Distributor  
ARN

Sub-Distributor  
ARN

Internal Sub-Broker/  
Sol ID

EUIN

Employee  
Code

RIA CODE ^

PMR (Portfolio Manager's Registration) Number ^ ^

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, 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 Portfolio Manager.

☐ "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."

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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## TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 10)

☐ I confirm that I am a first time investor across Mutual Funds. **OR** ☐ I confirm that I am an existing investor across 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.

## DO NOT FILL THE MANDATE BELOW, IF OTM DETAILS ARE PROVIDED IN SECTION 2 ON THE NEXT PAGE.

To register Axis One Time Mandate, please fill and submit the One Time Mandate form separately.

		UMRN	Bank use		Date	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>							
<b>Tick (✓)</b> CREATE <input checked="" type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL <input type="checkbox"/>	Sponsor Bank Code I/We hereby authorize Bank a/c number	Bank use Axis Mutual Fund 	Utility Code to debit (tick✓ )	Bank use <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									
with Bank		Name of customers bank	IFSC	or MICR									
an amount of Rupees		In Words		₹	In Figures								
FREQUENCY		<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented			DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount								
Reference 1		PAN 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.

<b>PERIOD</b> From <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> To <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> Or <input type="checkbox"/> Until Cancelled		Signature Primary Account holder 1. _____ Name as in bank records	Signature of Account holder 2. _____ Name as in bank records	Signature of Account holder 3. _____ Name as in bank records
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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. Reference 1 - PAN.

## ACKNOWLEDGMENT SLIP (To be filled by the investor)

Investor Name			
SIP Scheme 1	Top-up	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stamp & Signature
SIP Scheme 2	Top-up	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SIP Scheme 3	Top-up	<input type="checkbox"/> Yes <input type="checkbox"/> No	

[illegible]

(If you have an existing folio with KYC validated, please mention here)

SIP Registration Mode ☐ A-OTM ☐ K-OTM ☐ Mandate along with SIP form

(if Multiple One Time Mandate are registered)

SIP initial payment details (Optional)

In case of multiple SIP, mention "Axis MF Multiple Schemes" on the payment instrument.

14. It is Mandatory to write SIP amount in both figures and in words.

- Transactions carried out through the Stock Exchange platforms for mutual funds shall not be subject to transaction charges.

### 3. 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 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.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant
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