

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 ^{^^}	Serial No., Date & Time Stamp

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
-------------------------------	------------------	-----------------	--------------------------

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 20)

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.

1. YOUR INFORMATION (MANDATORY)

EXISTING INVESTOR'S FOLIO NUMBER

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

Folio number

Your Name (as in PAN Card / KYC records)

Mr. Ms. M/s.

Name of the Guardian

Mr. Ms. M/s.

(In case First / Sole Applicant is minor) / Contact Person - Designation / PoA HOLDER (In case of Non-individual Investors)

Your PAN

2nd Holder PAN

3rd Holder PAN

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	<input type="text"/>	Bank use	<input type="text"/>	Date	<input type="text"/>
<input checked="" type="checkbox"/> Tick (✓)	Sponsor Bank Code	<input type="text"/>	Utility Code	<input type="text"/>	Bank use	
<input checked="" type="checkbox"/> CREATE	I/We hereby authorize	Axis Mutual Fund	to debit (tick ✓)	<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC
<input type="checkbox"/> MODIFY	Bank a/c number	<input type="text"/>		<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> Other
<input type="checkbox"/> CANCEL	with Bank	<input type="text"/>	IFSC	<input type="text"/>	or MICR	<input type="text"/>
	an amount of Rupees	<input type="text"/>	In Words	<input type="text"/>	₹	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
Reference 1	<input type="text"/>	PAN No.	<input type="text"/>	Phone No.	<input type="text"/>	<input checked="" type="checkbox"/> Fixed Amount
Reference 2	<input type="text"/>	All Schemes of Axis Mutual Fund	Email ID	<input type="text"/>	<input checked="" type="checkbox"/> Maximum Amount	

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"/> To <input type="text"/> Or <input type="checkbox"/> Until Cancelled	1. _____	2. _____	3. _____
	Name as in bank records	Name as in bank records	Name as in bank records
	Signature Primary Account holder	Signature of Account holder	Signature of Account holder

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 • 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
SIP Scheme 1	Top-up <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

