

FORM 2 - MULTIPLE SIP WITH TOP-UP FORM



Application No.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
ARN 111873	ARN			E 025671		

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/ subscription 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 DETAILS

Scheme / Plan / Option	Frequency	SIP Date (DD)	Enrollment Period (MMYY)	SIP Amount	TOP-UP Facility (Optional) Only available for Monthly SIP*	
					Frequency	Amount
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	<input type="text"/> <input type="text"/> Default SIP Date 7th	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> 1 2 9 9	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in figures <input type="text"/> <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in figures <input type="text"/> <input type="text"/> in words <input type="checkbox"/> As & when
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	<input type="text"/> <input type="text"/> Default SIP Date 7th	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> 1 2 9 9	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in figures <input type="text"/> <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in figures <input type="text"/> <input type="text"/> in words <input type="checkbox"/> As & when
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	<input type="text"/> <input type="text"/> Default SIP Date 7th	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> 1 2 9 9	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in figures <input type="text"/> <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in figures <input type="text"/> <input type="text"/> in words <input type="checkbox"/> As & when

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 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
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UMRN

Bank use

Date

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

To

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)

Folio No. Investor Name Stamp & Signature