IP REGISTA	ATION FORM		SPONSIBLE Mutual Fund	Application N	0.			
Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / S	Sol ID Employe	e Code	EUIN RIA	CODE^	Serial No., Date	& Time Stam
RN-118586	ARN							
e, have invested in the scheme		ered distributor based on the investor's a lan. I/We hereby give my/our consent to				ct of my/our invest	ments under Direct Pla	an of all schemes of
I/We hereby confirm that the EU uted without any interaction or i ibutor/sub broker or notwithst oyee/relationshipmanager/sales	IN box has been intentionally left blank b advice by the employee/relationship mana anding the advice of in-appropriatenes erson of the distributor/sub broker."	y me/us as this transaction is ger/sales person of the above ss, if any, provided by the	rst / Sole Applicant / Guardian	Second App	plicant	Third Applicant	Power	of Attorney Hold
	FOR APPLICATIONS THROU irst time investor across Mu		□ I cor	firm that I am an	existing investor in	Mutual Fund	S.	
		ed to receive Transaction Charges, the same	are deductible as applicable fr	om the purchase/subcription	on amount and payable to the	Distributor. Units w	ill be issued against the ba	alance amount invest
Applicant Details le / 1st Unitholder								
in PAN Card / KYC records) ardian's Name case of minor)								
t Holder PAN	1st Applicant	2nd Holder PAN	2nd A	pplicant	3rd Holder PAN		3rd Applicant	t l
SIP First Installn	nent Details (Optional)							
	Scheme			Plan	Optio	on	An	nount
Total								
Total		In w	ords .					igures
awn on bank / branch na	me				Cheq	jue / DD amoun	t	
ode Cheque / D) Axis Bank Debit M	landate Cheque / DD no.				Date	ed D D N	M Y
SIP DETAILS								
TM ref no.								
Scheme /	Plan / Option	Frequency SIP Date	Enrollment Period		SIP Amount		ility (Optional) Only a	
		(DD)	(MMYY)			Frequency	∌ in	nount figures
		Monthly*	rom M M Y	₹	in figures	Half Year	У	n words
		Yearly Default	OR	9	in words	Yearly		
		011 5010 711 (1 2 3			1	Dynamic	Sauraa
			rom M M Y	₹	in figures	Half Year	У	n words
		Yearly Default	0 M M Y		in words	Yearly		Words
		SIP Date 7th	OR 1 2 9	9			Dynamic	-
		Monthly*	rom M M Y	₹	in figures	☐ Half Year	У	figures
		Yearly Default	To M M Y	<u> </u>	in words	☐ Yearly	In	n words
		SIP Date 7th	OR 1 2 9	9			Dynamic	
DECLARATION AN	ID SIGNATURE (To be si	gned by ALL UNIT HOLDER	S if mode of holdi	ng is 'joint')				
m Axis Mutual Fund about a is to inform you that I/We ha	any changes in my bank account. Ive registered for making payment t	e authorise Axis Mutual Fund acting transaction is delayed or not effect towards my investments in Axis Mu	tual Fund by debit to my	our account directly o	r through ECS (Debit Cle	earing) / NACH (N	lational Automated C	Clearing House). I/
be charged to my/our accour	it.	orsed the Mandate Form. Further, I d before investing in any scheme of A			request) to get the abov	re Mandate verifi	ed. Mandate verifica	ition charges, if a
Sole/1s	Unit Holder / POA	х	2nd Unit Holder		Х	3rd U	nit Holder	
DEBIT MANDATE	((For Axis Bank A/c only	.) To be processed in CMS	software under cli	ent code "AXISN	1F")		TO BE DETACH PRESENTED TO	ED BY KARVY AXIS BANK CA
e	Name of	the account holder(s)				autho	orise you to debit m	ny/our account n
			Account type	Savings NR	O NRE Curi	rent FCNI	R Others	
av for the nurchase of	Axis MF Multiple Schemes	OR		Schen	ne Name			
ay for the parendes of				huc	ords)			
ount								
	e of	Signature of Second Account Holder		Third Hold		Dated	D D M	M Y Y

ONE TIME MANDATE (OTM) FORM



				F	ARN	-11	L85	86																															
Name of Appli	icant																																						
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Email ID																																							
Bank Name										_																					_			_					7
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Account No.																																							
I / We declare t SIP installment																				_																		nent	of
If the transaction	on is delay	ed orno	ot eff	fected	d at al	Ifor	reaso	ons	of inc	om	plete	orino	orre	ct in	forn	natio	on, I	/We	wo	uldi	not	holo	the	US	er in	stit	utio	n re	spo	nsibl	e.								
I/We will also in	nform Axi	s Mutua	l Fun	nd ab	outa	ny cl	nang	es in	myl	ban	k acc	ount.																											
I/We hereby a	uthorize to	honour	rsuc	:h pa	ymen	ts an	nd ha	ve si	gned	d an	d en	dorse	dthe	Ma	nda	te Fo	orm.																						
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 payments) in a																															t lin	nited	to S	SIP	and/	or or	Lun	npsu	m
I give my constant/or receive of my blocking	e commu	nication	n per	rtaini	ing to	trai	nsact	ions	s/ no	n-c	omm	nercia	l tra																										
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	Firs	Accour											Sec			Account Holder									Third Holder														
Dated D	D M	M Y	γ	Υ	Υ	Pla	ace																																
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Reference 1						Foli	io No.								F	Phon	e No).																					
Reference 2			A	III Sc	hemes	s of	Axis	Mut	ual F	und					E	mai	IID																						
agree for the debit	of mandate	processing	j char	rges by	the ba	ınk w	hom I a	am au	uthoriz	ing to	o debit	t my ac	count	s as p	er la	test s	ched	ule of	char	rges o	of th	e ban	k.																
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ACKNOWLED	GMENT	SLIP (To	o be	e fille	ed by	the	inv	esto	or)	-	ARN	I-118	358	6																									
Investor Nam	ne																										7 [
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