

SIP REGISTRATION FORM



Application No.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE [^]	Serial No., Date & Time Stamp
ARN-118586	ARN					

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)

1st Holder PAN 1st Applicant 2nd Holder PAN 2nd Applicant 3rd Holder PAN 3rd Applicant

2 SIP First Installment Details (Optional)

Scheme	Plan	Option	Amount
Total	In words		In figures

Drawn on bank / branch name Cheque / DD amount

Mode Cheque / DD Axis Bank Debit Mandate Cheque / DD no. Dated D D M M Y Y

3 SIP DETAILS

OTM ref no.

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	DD Default SIP Date 7th	From MMYY To MMYY OR 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> Dynamic
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	DD Default SIP Date 7th	From MMYY To MMYY OR 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> Dynamic
	<input type="checkbox"/> Monthly* <input type="checkbox"/> Yearly	DD Default SIP Date 7th	From MMYY To MMYY OR 1 2 9 9	₹ <input type="text"/> in figures <input type="text"/> in words	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	₹ <input type="text"/> in figures <input type="text"/> in words <input type="checkbox"/> Dynamic

4 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.

Sole/ 1st Unit Holder / POA
 2nd Unit Holder
 3rd Unit Holder

5 DEBIT MANDATE ((For Axis Bank A/c only.) To be processed in CMS software under client code "AXISMF")

TO BE DETACHED BY KARYV & PRESENTED TO AXIS BANK CMS

I/We Name of the account holder(s) authorize you to debit my/our account no.

Account type Savings NRO NRE Current FCNR Others

to pay for the purchase of Axis MF Multiple Schemes OR Scheme Name

Amount (figures) (words)

Signature of First Account Holder
 Signature of Second Account Holder
 Third Holder
 Dated D D M M Y Y

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. Investor Name Stamp & Signature

