FORM 2 - SIP REGISTRATION MANDATE - NACH

(Investor must read Key Scheme Features and Instructions before completing this form.)

AXIS MUTUAL FUND

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
ARN 162514	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/ subcription amount and payable to the Distributor. Units will be issued against the balance amount invested.

Tick whichever is applicable : ☐ New SIP registration by new investor ☐ New SIP registration by existing investor

1 APPLICANT'S PERSONAL DETAILS (MANDATORY)

Application Form No. (For New Applicants) OR Folio No. (For Existing Unit holders)

Sole / 1st Unitholder First Name Middle Name Last Name

Guardian's Name (in case of minor) Email ID For receiving statements over email instead of post

PAN 1st Applicant 2nd Applicant 3rd Applicant

Enclose KIN (Refer 8A) ☐ Attested PAN card ☐ KYC Letter | ☐ Attested PAN card ☐ KYC Letter | ☐ Attested PAN card ☐ KYC Letter

☐ CKYC FORM ☐ SUPPLEMENTARY CKYC FORM | ☐ CKYC FORM ☐ SUPPLEMENTARY CKYC FORM | ☐ CKYC FORM ☐ SUPPLEMENTARY CKYC FORM

Aadhaar No. (Ref. 23)

2 SIP DETAILS

Scheme Name Plan Option

SIP frequency (tick ✓ any one) ☐ Monthly ☐ Yearly (Default Frequency Monthly) Preferred Debit Date (Any date except 29th, 30th and 31st) (ref 12(b)) D D If no debit date is mentioned default date would be considered as 7th of every month.

SIP period from M M Y Y to M M Y Y OR ☐ End date (ref 13(i)) 1 2 9 9 If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).

SIP Amount (figures) ` (words)

First SIP Installment details Drawn on bank / branch name Cheque / DD Amount

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

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 authorise 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 AXISMF 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 also 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 / Guardian | X 2nd Unit Holder | X 3rd Unit Holder

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AXIS MUTUAL FUND

UMRN Bank use Date D D M M Y Y Y Y

Tick (✓)
CREATE ✓
MODIFY X
CANCEL X

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 X Fixed Amount ✓ Maximum Amount

Reference 1 Folio No. Phone No.

Reference 2 Scheme Name 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 D D M M Y Y Y Y

To D D M M Y Y Y Y

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 (maximum amount) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank record

ARN-162514

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. Investor Name

Scheme Name (Scheme Name) Plan Option

SIP Period From D D M M Y Y to D D M M Y Y Amount ` Stamp & Signature