

Form 2

Distributor ARN 83671	Sub-Distributor ARN / Sol ID	Internal Sub-Broker / Employee Code	EUIIN E100500	Serial No., Date & Time Stamp
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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 hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

First / Sole Applicant /
Guardian / POA

Second Applicant

Third Applicant

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 18 and please tick (✓) any one)

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.

Tick whichever is applicable : New SIP registration by new investor New SIP registration by existing investor Change in Bank details by investor

1. APPLICANT'S PERSONAL DETAILS (MANDATORY)

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

Sole / First Applicant Unitholder First Name Middle Name Last Name

Email ID For receiving statements over email instead of post

PAN 1st Applicant 2nd Applicant 3rd Applicant

Enclose (Please ✓) Attested PAN card KYC Letter Attested PAN card KYC Letter Attested PAN card KYC Letter

2. 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. 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.

Date

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

3. AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS

The Manager Name of Bank Branch City

I / We authorize Axis Mutual Fund, acting through its service providers, to debit my account through ECS (Debit) clearing / Direct debit (Standing Instruction) as per the details given here:

A) Folio No. / Application No.	Scheme	
<input type="text"/>	Plan*	
B) Account Number	Option	
<input type="text"/>	SIP Auto Debit Date	(29th, 30th & 31st not available) (DD)
A/c holder's name as in bank records	Frequency	Monthly
<input type="text"/>	SIP Installment Amount	Please refer to KIM for min. installment amount
C) Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit	SIP Auto Debit Period (minimum 30 months)	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"/>
D) 9-Digit MICR Number of the Bank & Branch	<input type="checkbox"/> Till you instruct Axis Mutual Fund to discontinue. Please fill in the 'To' date only if no. of installments have been specified in the Application Form. *Investors applying under Direct Plan must mention "Direct" against scheme name	

I / We declare that the particulars furnished above are correct. 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.

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Name(s)	Sole/1st Bank Account Holder / POA	2nd Bank Account Holder	3rd Bank Account Holder
Signature(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input checked="" type="checkbox"/> Sole/1st Bank Account Holder / POA	<input checked="" type="checkbox"/> 2nd Bank Account Holder	<input checked="" type="checkbox"/> 3rd Bank Account Holder
	<input type="text"/>	<input type="text"/>	<input type="text"/>

(To be signed by all holders if mode of operation of Bank Account is 'Joint')

ATTESTED BY THE BANKER
(Mandatory, if your First SIP Installment is through a Demand Draft / Pay Order)
I / We certify that the signature of account holder(s) and the bank account details are correct as per our records.

Stamp & Signature

FOR OFFICE USE ONLY (not to be filled in by investor)

Recorded on

Recorded by

Credit A/c No.

We confirm that we have taken the above ECS / Auto Debit instructions on our records.

Stamp of Bank Branch Manager

Signature

Name