Distributor ARN	Sub-Distributor ARN	Interna	I Sub-Bro	ker / Sol	ID	Emplo	yee C	ode		EU	IN	R	A COI	DE^		Seria	I No	., Dat	.e & 1	Time S	Stam
ARN-119042										E182											
I/We, have invested in the scheme(s	ctly by the investor to the AMFI regist) of Axis Mutual Fund under Direct P SEBI Registered Investment Adviser:													ny/our i	investm	ients u	nder I	Direct F	'lan of	all sche	mes of
	-	y me/us as this trai per/sales person of	isaction is the above	First	Sole A	pplicant /			acond	Applica			Third	Appli	oont][Pouro	r of A	ttorne	
stributor/sub brokér or notwithstai nployee/relationship manager/sales pe	box has been intentionally left blank b vice by the employee/relationship mana ding the advice of in-appropriatenes son of the distributor/sub broker." FOR APPLICATIONS THROU	š, if any, provide	d by the	1 V	Guard	ian		0	econu	Applied			THIL	Appli	Cant			TOWE	ULAI	ttorney	TIOIU
I confirm that I am a fi	st time investor across Mu	tual Funds.										nvestor									
n case the subscription amount is ₹ 10, 1 Applicant Details	DOO or more and your Distributor has opt	d to receive Transa	tion Charges,	the same are	deductibl	e as applicab	le from tl	he purcha:	se/ subci	ription an		l payable to t lio No.	ne Distrib	utor. U	nits will	be issu	ed aga	inst the	balance	e amoun	t investe
Sole / 1st Unitholder as in PAN Card / KYC records)																					
Guardian's Name		First Name						Mid	dle Na	me							La	st Nar	ne		\neg
Ist Holder PAN	1st Applicant		Holder PAN			2nd	d Appli	cant			3rd I	Holder PA	N			31	d Ar	plicar	nt		
	ent Details (Optional)					II	1														
	Scheme						Pl	o.n.				Ωn	tion				_		mour		
	Scheine				+			d11				op									
					+																
					+																
Total				In wor	ds													In	figu	res	
Drawn on bank / branch nar	пе											Ch	eque /	DD ar	nount		Τ		Τ		Τ
Mode Cheque / DD	Axis Bank Debit N	andate Chequ	e / DD no.												Dated	1	$\overline{\square}$	Ť	\square	ŤŤ	
3 SIP DETAILS					-				-												
3 SIP DETAILS OTM ref no.								7													
	Plan / Option	Frequency	SIP Da	te E	nrolln	nent Peri	od			CID	Amou	nt	TO	P-UP	Facil	ity (C)ption:	al) Only	availab	ble for M	onthly {
John Chemie / 1		Trequency	(DD)		(1	MMYY)				JIF	AIIIUU		F	reque	ncy	Ŧ	_	1.	Amoun	-	
		Monthly*	D	Fror	n M	М	Щ	₹		in f	igures			Half	Yearly	₹			in tiqu in wo		
		🗌 Yearly	Defaul		M									Yearl	у				11 440	103	
			SIP Date	7th OR		1 2 9	9] Dy	namic			
		Monthly*	D	Fror	n M	M Y	Y	₹		in f	igures			Half	Yearly	₹			in figu in wo		
		🗌 Yearly	Defaul	t To	M	<u>M M Y Y</u>				İ	n word	ls	Year		ly				11 440	103	
			SIP Date			1 2 9	9										Dy	namic			
		Monthly*	D	Fror	n M	M Y	Y	₹		in f	igures			Half	Yearly	₹			in figu		
		Yearly	Defaul		М	M Y	Y	-		i	n word	Is	- 🗆	Yearl	у				in wo	ras	
			SIP Date	/th OR		1 2 9	9										Dy	namic			
	D SIGNATURE (To be si																				
we declare that the particulars rangement / NACH (National Ai form Axis Mutual Fund about ar	furnished here are correct. I / We itomated Clearing House). If the	authorise Axis ransaction is de	Viutual Fund layed or not	effected a	ougn it: it all for	s service p reasons o	rovider f incon	s to deb nplete oi	r incorr	our bar rect info	ormatio	unt toward n, I/We wo	uld not	hold t	he use	r insti	tutio	throug n resp	in an E onsibl	e. I/We	will a
his is to inform you that I/We hav reby authorize to honour such p	e registered for making payment ayments and have signed and end	owards my inve orsed the Manda	stments in A Ite Form. Fu	xis Mutual rther, I aut	Fund b torize n	y debit to r v represer	ny /our itative	account (the bea	t direct irer of t	ly or thi his requ	ough El lest) to	CS (Debit C get the ab	learing ove Ma) / NA(ndate	CH (Nat verified	tional d. Mai	Auto ndate	mated verifi	Cleari cation	ing Hou charge	ıse). I/V es, if ar
ay be charged to my/our account ereby agree to read the respect	ive SID and SAI of the mutual fun	l before investin	g in any sch	eme of Axis	Mutua	l Fund usir	ıg this f	acility.												Ū	
x Sole/ 1st	Unit Holder / POA	x			2nd Un	it Holder					х			3	rd Uni	t Hol	der				
DEBIT MANDATE	((For Axis Bank A/c only) To be proc	essed in	CMS so	ftwar	e under	client	code	"AXI	SMF")				Р	TO I RESE	BE D	ETAC D TO	HED AXIS	BY KA S BAN	
We	Name of	he account	holder(s)										á	authori	ise yo	ou to	debit	my/oı	ur acco	ount n
					Acco	unt type		ivings	s	RO	F	RE	irrent		CNR		the	ers			
pay for the purchase of	xis MF Multiple Schemes	OR							Scl	heme N	lame					-	┢				
	(figures)									(words											
mount Signature			naturo of							words	• J										
			nature of Account Ho	ldor				T	Fhird F	lolder				Da	ated	D	D	M	M	۱ Y	Y
First Account I	Toluel																				

ONE TIME MANDATE (OTM) FORM



Name of Applicant																			
PAN No.						N	lobile	No.											
Email ID																			
Bank Name																			
Account No.																			

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 installments and/ or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time.

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.

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/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 you to make provisions for me/ us and/ or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/ or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from Axis Mutual Fund.

I give my consent to Axis Asset Management Company Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

x		x		×								
	Signature of First Account Holder	0	ature of account Holder	Third Holder								
Dated D	D M M Y Y Y Y	Place			×							
AXIS MUTUAL FUND	UMRN	Eank use		Date								
Tick (√)	Sponsor Bank Code	Bank use	Utility Code	Bank us	ISE							
CREATE 🖌	I/We hereby authorize	Axis Mutual Fund	to debit (tick🗸)	B CA CC SB-NRE	SB-NRO Other							
MODIFY X CANCEL X	Bank a/c number											
with Bank	- Name of customers I	bank IFSC		or MICR								
an amount of F	Rupees			₹								
FREQUENCY	X Mthly X Qtly X H	H-Yrly 🛛 Yrly 🖌 As & when prese	nted I	DEBIT TYPE 🛛 🗵 Fixed Amount	🖌 Maximum Amount							
Reference 1		Folio No.	Phone No.									
Reference 2	All Schemes	es of Axis Mutual Fund	Email ID									
l agree for the debit	t of mandate processing charges by the ba	pank whom I am authorizing to debit my accounts as per	atest schedule of charges of th	he bank.								
From [To [PERIOD	Signature Primary Account hold	er Signature	e of Account holder	Signature of Account holder							
Or	Until Cancelled	1Name as in bank records	2	3 3	Nama ag in bank regards							
I have understood t	hat I am authorized to cancel / amend this	A NAME AS IN DARK FECORDS off has been carefully read, understood & made by me / u is mandate by appropriately communicating the cancellat	s. I am authorizing the User Ent on / amendment request to the	e 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)

Investor Name	Stamp & Signature
PAN No.	Sidinp & Signatore