FORM 2 - SIP AUTO DEBIT FORM (SIP matlab Sleep In Peace™)

AXIS MUTUAL FUND
relax. IT'S AXIS.

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN 76921	ARN			E 027659	

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 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 (Refer 18 and 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/ 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 ☐ 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 / 1st 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 ☐ 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')

Date D D M M Y Y

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.

X Sole/ 1st Unit Holder / POA	X 2nd Unit Holder	X 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.

B) Account Number

A/c holder's name as in bank records

C) Account Type (Please ✓)

☐ Savings ☐ Current ☐ Cash Credit

D) 9-Digit MICR Number of the Bank & Branch

Scheme	
Plan*	
Option	
SIP Auto Debit Date	(29th, 30th & 31st not available) (DD)
Frequency (ref 12 (h))	☐ Monthly ☐ Yearly
SIP Installment Amount	Please refer to KIM for min. installment amount
SIP Auto Debit Period (ref 12 (h))#	From M M Y Y To M M Y Y

☐ 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.
#For Long Term Equity minimum SIP instalment is 6 months.

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)	XX Sole/1st Bank Account Holder / POA	XX 2nd Bank Account Holder	XX 3rd Bank Account Holder

Date D D M M Y Y (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 D D M M Y Y

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