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

relax. IT'S AXIS.

AXIS MUTUAL FUND

Form 2

Distributor Code / ARN	Sub-distributor code / ARN / Sol ID	Serial Number, Date and Time Stamp
ARN-0988		

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.

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 authorise Axis Mutual Fund acting through it's 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 D D M M Y Y

X Sole/ 1st Unit Holder | 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.		Scheme / Plan / Option	
B) Account Number		SIP Auto Debit Date	(29th, 30th & 31st not available) (dd)
C) Account Type (Please ✓) ☐ Savings ☐ Current ☐ Cash Credit		Frequency	Monthly
D) 9-Digit MICR Number of the Bank & Branch		SIP Installment Amount	₹ (Min.500)
		SIP Auto Debit Period (minimum 36 months)	From M M Y Y To M M Y Y

Please fill in the 'To' date only if no. of installments have been specified in the SIP Application Form, otherwise leave blank.

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	2nd Bank Account Holder	3rd Bank Account Holder
Signature(s)	XX Sole/1st Bank Account Holder	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)	We confirm that we have taken the above ECS / Auto Debit instructions on our records.
Recorded on D D M M Y Y	Stamp of Bank Branch Manager
Recorded by	Signature
Credit A/c No.	Name