FORM 2 - SIP AUTO DEBIT FORM (SIP matlab Sleep In PeaceTM)



Distributor A	tor ARN Sub-Distributor ARN Sol ID / In								/ Int	nternal Sub-Broker						Employee Code								EUIN							Serial No., Date & Time Stamp							
ARN ARN																								E														
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 ser														ervio	e rei	nder	ed by	the	distril	outor	:																	
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.*											e Applicant / Second Applicant ardian							Third Applicant Power of Attorney Holder									lder											
_	TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer 18 and any one) 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.															ted.																							
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 h									t hol	iolders)																
Sole / 1st Unitholder First Name																Mi	ddle	Nam	е											.ast I	Varn	е						
Email ID											For	recei	iving	j sta	ateme	nts	over	email	inst	tead	of po	st																
PAN 1st Applicant 2nd Applicant Attested PAN card KYC Letter Attested PAN card KYC Letter																L						Appli	_															
Enclose Attested PAN card KYC Letter Attested												ed PA	N ca	ard		YU	Lett	er					Attested PAN card KYC								YU LE	etter						
2 DECLARAT	2 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint') Date Date Date															Υ																						
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 installments 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	l Unit	Hol	der							X 3rd Unit Hol							Hold	older										
3 AUTO DEBI	3 AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS																																					
The Manager																																						
Name of Bank				T	T	T			T		Bra	anch	1													Ci	ty	Т						П				
I / We authorize Axis	Mutual Fu	nd, acting 1	through	its se	ervice	provi	iders,	, to	debit	t my	acc	oun	t thr	oug	h ECS	G (De	ebit)	leari	ng /	Dire	ct del	bit (S	Stan	ding	Inst	truc	tion)	as į	oer th	ne de	etails	s giv	en he	ere:				
A) Folio No. / Applio	A) Folio No. / Application No. Scheme																																					
									Plan*								$^{+}$																					
B) Account Number										Option																												
															SIP	Auto	Deb	it Da	te						(29th, 30th & 31st not available) (DD)													
A/c holder's nan	ne as in ba	k records													Frequency (ref 12 (h))									☐ Monthly ☐ Yearly														
C) Account Type (P	N ()														SIP Installment Amount									_	Please refer to KIM for min. installment amount													
☐ Savings	Curren		Cash Cre	edit											SIP Auto Debit Period (ref 12 (h))"									From M M Y Y To M M Y Y														
D) 9-Digit MICR Number of the Bank & Branch												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									on is c	delay	yed o	r no	t eff	ecte														we v	vould	not	hold	l the	user	insti	tutio	n res	oonsi	ible. 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																	
Out of 1st Dank Account House (1 OA													IIU DANK ACCOUNT HOIGER						Old Bully Modelity Holder																			
Signature(s)																																						
XX Sole/1st Bank Account Holder / POA XX									2nd Bank Account Holder									XX				3rd	Bar	ık A	CCO	unt H	lold	ar										
Date	D M M	ү ү (Т	o be sign	ned by	all hol	ders if	f mod	e of	opera	ation	of B	ank .	Ассо	unt	is 'Joi	nt')																						
ATTESTED BY THE BANKER (Mandatory, if your First SIP Installment is through a Demand Draft / Pay Order) 1 / We certify that the signature of account holder(s) and the bank account details are correct as per										er ou	er our records.									Stamp & Signature																		
FOR OFFICE USE ONLY (not to be filled in by investor) We confirm to									n th	at we	e hav	/e tal	cen th	ne al	bove	ECS	/ Au	to D	ebit	inst	ruct	ions	on (our re	cor	ds.	_	_		_	_							
Recorded on DDMMYY										Ban	k Bra	nch	Mana	ager																								
Recorded by Signat									ture																													
Credit A/c No. Nam								ame																														