#### **ELECTRONIC DEBIT MANDATE FORM FOR**



relax. IT'S AXIS.



Application No.

# ARN-48012 (SUSHIL BAJAJ)

# EUIN- E-053085

# Please submit this form along with the SIP application form

Electronic Debit facility for SIP is currently available for

Account holders of all banks participating in local clearing at Agra, Ahmedabad, Allahabad, Amritsar, Anand, Asansol, Aurangabad, Bangalore, Bardhaman, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneshwar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Dargeeling, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Goa, Gorakhpur, Gulbarga, Guwahati, Gwalior, Haldia, Hubli, Hyderabad, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Patna, Pondicherry, Pune, Raichur, Raipur, Rajkot, Ranchi, Salem, Shimla, Shimoga, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Trivandrum, Tumkur, Udaipur, Udipi, Varanasi, Vijaywada, Vizag.

Account holders of the following banks

Axis Bank, Bank of Baroda, Bank of India, HDFC Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, Punjab National Bank, Union Bank of India and State Bank of India

#### Authorization to pay SIP instalments through Electronic Debit Arrangement

I/We hereby, authorise Axis Mutual Fund and it's authorised service provider to debit my/our bank account by Electronic Debit for the collection of SIP instalments

UNIT HOLDER INFORMATION				
Folio No. Name of first applicant PAN E-mail		Mobile		
Preferred messaging medium SMS Yes	No E-mail - Yes	No		
SIP DETAILS				
Axis Equity Fund Axis Tax Saver Fu	nd Axis Income Saver	Axis Triple Advantage	Fund Axis Midcap Fund	d
tion Growth Dividend Payout Dividend Re-investment				u .
vidend Frequency* *Applicable only for Axis Income Saver Quarterly Half Yearly Annual				
	te (should be a minimum of 3 years from	n the start date) D D M M	Y Y No. of Installments	
Monthly SIP amount ₹ (in figure	IS ₹	(in wo		
BANK DETAILS (Please attach a copy of the cheque	of below mentioned bank account wit	h this application form.)		
Account holder's name				
Name of bank				
Branch		Account No.		
Account type Current Saving	gs NRO NRE	Others	(specify)	
9 digit MICR code (Please enter the 9 digit number that a Please specifically mention the MICR code of y I/ We hereby declare that the particulars given above are con transaction is delayed or not effected at all for reasons of incon changes in my bank account.	our bank branch in case you h rect and express my willingness to pay	the instalments referred above three	ough participation in Electronic Debit ar	
Bank Account Holder (1)	Bank Account H	folder (2)	Bank Account Holder (3)	
Place			Date D D	
FOR BANK USE ONLY				
We, hereby, certify that the particulars furnished has been submitted to us.	l above are correct as per our r	ecords, and we, hereby, dec	lare that a copy of this form, du	ly completed,
Branch			Date D D	
Signature of the authorised official f	HOLDER		Bank stamp	
This is to inform you that I/ we have registered for below mentioned bank account with your bank. hereby authorised the bank to debit verification of	I/ We authorise the representation	tive carrying this ECS manda		

# SYSTEMATIC TRANSFER PLAN (STP)



Application No.

Date						
Distr	ibutor Code / ARN No.	Sub-distributor Code / AR	N No. / Sol ID	Serial Nu	mber, Date and Time St	amp
ARN-480	12 (SUSHIL BAJAJ)					
EUIN-	E-053085					
	mission shall be paid directly ared by the distributor.	y by the investor to the AMFI registere	ed distributor based	on the investors' ass	essment of various factor	s including the
EXISTING F	OLIO NUMBER					
PAN (mandatory)						
SYSTEMATI	C TRANSFER PLAN (STP) (To	be submitted at least 7 days before the 1st due date	for transfer).			
From Scher	ne <sup>#</sup>			Plan		
Option (√)	Growth OR	Dividend	Dividend Free	quency		
Plan	Institutional	Retail				
To Scheme				Plan		
Option (√)	Growth <b>OR</b> Di	vidend Reinvestment OR Di	ividend Payout	Dividend Frequen	ICV	
Plan		etail			,	
Fidii		stall				
Transfer Ins	talment ₹ Minimum ₹ 1,000	No. of Instalments Minimum 6	I ransfer Freque	ency (Please choose either N	Veekly or Fortnightly or Monthly ( $\checkmark$ )	
Total Trans	sfer ₹		Weekly (Every	Wednesday)		
Transfer Pe	eriod From D D M M	Y Y TO D D M M Y Y	Fortnightly (	Every Alternate Wednesday)		
	(First Instalment)	(Last Instalment)	Monthly	1st 7th	10th 15th	25th
<sup>#</sup> Plaase refer to th	e Scheme Information Documents of res	anctive schemes for STP availability	Monthly	1st 7th		25th
		convoluciones for off availability.				
to abide by through legi or Direction Governmen or gifts, dire "Know You funds inves action with The ARN ho Schemes of For NRIs on banking cha	the terms, conditions, rul- timate sources only and do s of the provisions of the I t of India from time to time. ectly or indirectly in making "Customer" process is not ted in the Scheme(s), in fa such funds that may be req Ider has disclosed to me/us various Mutual Funds from y: I / We confirm that I am / nnels or from funds in my /	nts of the Scheme Information Docu es and regulations governing the Sc es not involve and is not designed fo ncome Tax Act, Anti Money Launde I / We have understood the details o g this investment. I / We confirm the completed by me / us to the satisfac vour of the applicant, at the applica- uired by the Law. es all the commissions (in the form of amongst which the Scheme is being we are Non Residents of Indian natio our Non-Resident External / Non-Res me / us are true and correct.	cheme(s). I/ We he or the purpose of the ering Laws, Anti Co of the Scheme(s) & I at the funds investe tion of the Mutual F able NAV prevailing trail commission or precommended to n onality / origin and th	reby declare that the contravention of a prruption Laws or a / we have not received in the Scheme(s) fund, I / we hereby a g on the date of succ any other mode), pa ne/us.	he amount invested in the my Act, Rules, Regulation my other applicable laws ved nor have been induce l, legally belong to me / i uthorise the Mutual Func h redemption and under ayable to him for the diffe	ne Scheme(s) is as, Notifications enacted by the ed by any rebate us. In the event d, to redeem the take such other erent competing

Secor		

### SYSTEMATIC WITHDRAWAL PLAN (SWP)



#### Application No.

Date D M M Y Y				
Distributor Code / ARN No.	Sub-distributor Code / ARN No. / Sol ID Serial Number, Date and Time Stamp			
ARN- 48012 (SUSHIL BAJAJ)				
EUIN E-053085				
Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.				
INVESTOR'S INFORMATION				
Mr / Ms / M/s / Dr / Minor				
Existing Folio Number				
PAN	Enclosed PAN Proof KYC Acknowledgment letter			
E-mail ID				
<b>SWP DETAILS</b> <sup>#</sup> (To be submitted atleast 15 days before 1 <sup>st</sup> due date. Please ( $\checkmark$ ) the appropriate option)				
SWP From Scheme Axis Equity Fund Axis Tax Saver Fund Axis Income Saver Axis Triple Advantage Fund Axis Midcap Fund				
Option Growth Dividend Payout Dividend Re-investment				
Withdrawal Amount ₹ Minimum ₹	E 1000 in words			
Withdrawal Frequency       Monthly (minimum 6)       Quarterly (minimum 4)       Withdrawal Period       From       To       To				
SWP Date*       1 <sup>st</sup> 5 <sup>th</sup> 10 <sup>th</sup> 15 <sup>th</sup> 25 <sup>th</sup> *In the event that such a day is a holiday, the withdrawal would be affected on the next business day.				

## **DECLARATION AND SIGNATURES**

I/We have read and understood the contents of the SID/SAI of the above referred Scheme(s) of Axis Mutual Fund. I/We hereby apply for systematic withdrawal of Units in the Scheme indicated as above and agree to abide by the terms and conditions applicable there to. I/We hereby declare that I am / We are authorized to make this withdrawal in the above mentioned Scheme and that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by the Government of India from time to time. I/We hereby authorize Axis Mutual Fund, its investment Manager and agents to disclose details of my investment to my / our Investment Advisor and / or banks.

	Firet / Sola Applicant / Guardian	Second Applicant	Third Applicant	POA Holder
	First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder

#### <sup>#</sup>INSTRUCTION & INFORMATION

- 1. Please refer the Key Information Memorandum and Scheme information documents and Statement of additional information of the respective Schemes(s) for Applicable NAV, Risk Factors, Load Structure and other information on the Scheme(s).
- 2. Contingent Deferred Sales Charge (CDSC)/Exit Load if any is applicable to SWP.
- 3. The AMC reserves the right to accept SWP applications of different amounts, dates and frequency.
- 4. You can choose to discontinue any of these facilities by giving 15 days prior notice in writing to our Registrar Karvy and it will terminate automatically if all the Units are liquidated, or withdrawn from the account or the holdings fall below the SWP amount.
- 5. The bank account as mentioned in the above folio would be considered for such credits, incase you wish to change the bank account fill in a Common Transaction Slip available at www.axismf.com.
- 6. Incorrect, incomplete, ambagious forms will not be accepted and will be returned to the investor within 30 days of their receipt.