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

Credit A/c No.



Distributor ARN Sub-Distributor						tor ARN Sol ID / In							ternal Sub-Broker					Employee Code						EUIN					S	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 service rendered by the distributor.																																						
"//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 borker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."							ove	First / Sole Applican						t / Second Applicant						Third Applicant					ant	t Power of Attorney Holder							ar					
_	N CHARGES FO								JTOF	RS O	NLY	(Refe	er 18 a	and a	iny on																							
	that I am a firs tion amount is ₹ 10,00								ction C	harge	s, the s	ame ar	e dedu	uctible	as app	-							-			the Dist					ssued	again	st the	balan	ce amo	unt in	veste	ed.
Tick whicheve	r is applicable :	New	i SIP i	registra	tion b	by ne	w inv	/estor			New	I SIP	regis	strat	ion by	y exi	sting	inve	estor			Cha	nge	in Ba	ank	detail	s by	inve	stor	r								
1 APPLI	CANT'S PERS	SONAL	DET	AILS	(MA	ND	ATO	RY)																														
Application Form No. (For New Applicants)													OR Folio No. (For Existing Unit I						nit h	holders)																		
Sole / 1st Unit	holder					Fi	irst N	ame										1	Vlide	lle Na	me				Τ		Ť				Ť	Last	: Nar	ne				_
Email ID											For re	eceivi	ing st	tate	ments	s ove	r em	ail in	istea	ad of j	post		-							_						_		
PAN	1st Applicant 2nd Applicant																	Τ				3rd	Apr	licar	nt													
Enclose	Attested PAN card KYC Letter											card										Attested PAN card								KYC Letter								
2 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint') Date D																																						
2 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint') Date D M M Y Y 1/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															Y n an																							
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 a 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.																																						
Y Sala/ 1et Unit Halder / DOA											2 n	ad III	leis Halder						x	Y 944					2rd	l Unit Holder												
3 AUTO The Manage		UKISA	IIUN	IRAF	SANI	KA	UUU	UNI	HU	LDF	:KS																											
Name of Bank											Bra	nch													C	ity												
I / We authoriz	e Axis Mutual Fu	nd, actin	g thro	ough its	servi	ice pi	rovide	ers, to	o debi	it my	acc	ount	throu	ugh B	ECS (Debi	t) cle	aring	י ג / D	irect	debi	t (Sta	andiı	ng In:	 stru	uction)	as	per t	he d	letai	ils g ⁱ	iven	here	:				
						P.									chem		.,		, - 			- (
A) Folio No. / Application No.													Plan*																							_		
B) Account Number													Option																									
														S	SIP Auto Debit Date								(29th, 30th /						& 31st not available) (DD)									
A/c holder	c holder's name as in bank records													Fi	reque	ncy (ref	12 (h))						Μ	onthly				🗌 Yearly								
														S	SIP Installment Amount								Please refer to KI						M for min. installment amount									
C) Account Type (Please ✓) □ Savings □ Current □ Cash Credit															SIP Auto Debit Period (ref 12 (h)) [#]										Fro	m	VI I	/ Y	()	ſ	To	M	VI	Y				
D) 9-Digit MI	t 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																							
Investors applying under Direct Plan must m [] For Long Term Equity minimum SIP instalmen													ment 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	Ra	nk /	Acco	unt	Holr	lor							
11010107																											Dui	nk Account Holder										
Signature(s)																																						
	XX So	XX Sole/1st Bank Account Holder / POA											XX 2nd Bank Account Holder											XX 3rd E					Ba	Sank 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)							-uno			confirm that we have taken the above ECS / Auto Debit instructions on our re-																												
Recorded on D M M Y Y													Brancl								- 00					1	2001											
Recorded by									Sig	natu	re																											
											-																											

Name