FORM 2	- SIP AUTO DEBIT FORM (SIP n	D						
Distributor ARN Sub-Distributor ARN Sol ID / Interr			Sub-Broker Employee Code		EUIN	Serial No., Date & Time Stamp		
ARN AR	N-108058 ARN	E 147299						
	ion shall be paid directly by the investor to the AMFI registered dis		or's assessment of	rarious factors including the s	ervice rendered by the dist	ributor.		
			ole Applicant / uardian	The second Applicant in third Applicant in Fower of Attorney hol				
-	N CHARGES FOR APPLICATIONS THROUGH DISTRIB that I am a first time investor across Mutual Funds.	UTORS ONLY (Refer 18 :		rm that I am an existin	n investor in Mutual	Funds.		
	tion amount is ₹ 10,000 or more and your Distributor has opted to receive Transa	ction Charges, the same are deduc			•			
Tick whichever	r is applicable : 🗌 New SIP registration by new investo	New SIP regis	stration by existin	g investor 🗌 Chan	ge in Bank details by in	vestor		
1 APPLIC	CANT'S PERSONAL DETAILS (MANDATORY)							
Application For	rm No. (For New Applicants)		OR	Folio No. (For Existing Uni	t holders)			
Sole / 1st Unit	holder First Name			Middle Name		Last Name		
Email ID		For receiving s	tatements over er	nail instead of post				
PAN								
Enclose	Attested PAN card KYC Letter	Attes	ted PAN card	KYC Letter		Attested PAN card 🗌 KYC Letter		
2 DECLA	RATION AND SIGNATURE (To be signed by AL	L UNIT HOLDERS if	mode of holdin	a is 'ioint')		Date D D M M Y Y		
l / We declare tl Electronic Debi	hat the particulars furnished here are correct. I / We author it arrangement. If the transaction is delayed or not effected bout any changes in my bank account.	ise Axis Mutual Fund acti	ing through its ser	vice providers to debit my		ards payment of SIP instalments through an		
Х	Sole/ 1st Unit Holder / POA X	2n	nd Unit Holder		Х	3rd Unit Holder		
3 AUTO	DEBIT AUTHORISATION BY BANK ACCOUN	T HOLDERS						
The Manage								
Name of Bank		Branch			City			
	e Axis Mutual Fund, acting through its service providers, to		ah ECS (Debit) cl	earing / Direct debit (Stan	ding Instruction) as per	the details given here:		
	Application No.	,	Scheme	3,				
A) 1010 NO. /			Plan*					
B) Account N	lumber		Option					
			SIP Auto Debit	Date	(29th, 30	(29th, 30th & 31st not available) (DD)		
A/c holder	's name as in bank records		Frequency (ref		Monthly			
C) Account Ty	ype (Please √)		SIP Installmen		Please refer to KIM for min. installment amount			
Saving			SIP Auto Debit (ref 12 (h))	Period	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.						Form.		
	nat the particulars furnished above are correct. If the transact orm Axis Mutual Fund about any changes in my bank account.	ion is delayed or not effec	ted at all for reaso	ns of incomplete or incorrec	t information, I / we wou	ld not hold the user institution responsible. I		
We will also inform Axis without 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 Accou	nt Holder	3	rd Bank Account Holder		
Signature(s)								
Data	XX Sole/1st Bank Account Holder / POA	XX				X 3rd Bank Account Holder		
Date	D D M Y Y (To be signed by all holders if mode c	u operation of Bank Account	t is " Joint ")					
ATTESTED BY THE BANKER (Mandatory, if your First SIP Installment is through a Demand Draft / Pay Order) / We certify that the signature of account holder(s) and the bank account details are correct as pu					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 Ba	Stamp of Bank Branch Manager					
Recorded by		Signature						
Credit A/c No.	Credit A/c No. Name							

Declaration for Ultimate Beneficial Ownership [UBO] (Mandatory for Non-individual Applicant/Investor)



PAN

Security ISIN

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

Part I: Applicant/Investor details:

Investor Name

Part II: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]

(I) I/ We hereby declare that _____ Our company is a Listed Company listed on recognized stock exchange in India ______ Our company is a subsidiary of the Listed Company ______ Our company is controlled by a Listed Company (ii) Details of Listed Company ^_____ ("The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.)

Stock Exchange on which listed

Part III: Non-individuals other than Listed Company / its subsidiary company

(I) Category [\checkmark applicable category]:

Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust Trust created by a Will Others [please specify]

(ii) Details of Ultimate Beneficiary Owners: (In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Name of UBO & Address (Mandatory)	PAN or any other valid ID proof for those where PAN is not applicable / Tax identification number (or functional equivalent) for each country identified in relation to each investor# [Mandatory]	Country of tax residency/ permanent residency	Country of citizenship	UBO Code [Mandatory] [Refer instruction 3]	KYC (Yes/No) [Please attach KYC acknowledgement copy] [Refer instruction 2]

#Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

Part IV: Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund/Shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Date: D D M M Y Y Y Y	Place:	1