

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



Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN ARN-108058	ARN			E 147299	

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.

I/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 broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer 18 and any one)

I confirm that I am a first time investor across Mutual Funds. 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/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

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) [Redacted] OR Folio No. (For Existing Unit holders) [Redacted]

Sole / 1st Unitholder [Redacted] First Name [Redacted] Middle Name [Redacted] Last Name [Redacted]

Email ID [Redacted] For receiving statements over email instead of post

PAN [Redacted]

Enclose 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')

Date [DD][MM][YY]

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 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 Unit Holder	X 3rd Unit Holder
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3 AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS

The Manager

Name of Bank [Redacted] Branch [Redacted] City [Redacted]

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. [Redacted]	Scheme	
B) Account Number [Redacted]	Plan*	
A/c holder's name as in bank records [Redacted]	Option	
C) Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit	SIP Auto Debit Date	(29th, 30th & 31st not available) (DD)
D) 9-Digit MICR Number of the Bank & Branch [Redacted]	Frequency (ref 12 (h))	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	SIP Installment Amount	Please refer to KIM for min. installment amount
	SIP Auto Debit Period (ref 12 (h))	From [MM][YY] To [MM][YY]
	<input type="checkbox"/> 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.	

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 Bank Account Holder
Signature(s)	[Redacted]	[Redacted]	[Redacted]
Date	XX Sole/1st Bank Account Holder / POA	XX 2nd Bank Account Holder	XX 3rd Bank Account Holder
	[DD][MM][YY] (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.

Recorded on [DD][MM][YY]	Stamp of Bank Branch Manager
Recorded by	Signature
Credit A/c No.	Name

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 [DD][MM][YY]

Stamp of Bank Branch Manager

Recorded by

Signature

Credit A/c No.

Name

Stamp & Signature

