ONE TIME MANDATE (OTM) FORM

AXIS MUTUAL FUND
The RESPONSIBLE Mutual Fund

Name of Applicant

PAN No. Mobile No.

Email ID

Bank Name

Account No.

I / We declare that the particulars furnished here are correct. I / We authorize Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/ or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time.

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.

I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.

Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

I/ We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Axis Mutual Fund using this facility.

I/ We request you to make provisions for me/ us and/ or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/ or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from Axis Mutual Fund.

I give my consent to Axis Asset Management Company Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

Signature of First Account Holder	Signature of Second Account Holder	Third Holder

Dated D D M M Y Y Y Y Place

AXIS MUTUAL FUND
The RESPONSIBLE Mutual Fund

UMRN Bank use Date D D M M Y Y Y Y

Tick (✓)
CREATE ☑
MODIFY ☒
CANCEL ☒

Sponsor Bank Code Bank use Utility Code Bank use

I/We hereby authorize **Axis Mutual Fund** to debit (tick✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☑ As & when presented DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

Reference 1 Folio No. Phone No.

Reference 2 All Schemes of Axis Mutual Fund Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ☐ Until Cancelled

Signature Primary Account holder | Signature of Account holder | Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

MANDATORY FIELDS : • Instrument Date • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank records

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Investor Name

PAN No.

Stamp & Signature