

SIP Registration Mandate - AUTO DEBIT/ NACH FACILITY/ MICRO SIP/ SIP TOP UP



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE ALL FIELDS

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

Application No: _____

1 DISTRIBUTOR INFORMATION							FOR OFFICE USE ONLY	
Distributor ARN	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt	
ARN - 30156								
<input type="checkbox"/> 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.								
Sole/1 st applicant/Guardian/Authorised Signatory/POA		2 nd applicant/Authorised Signatory		3 rd applicant/Authorised Signatory				
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.								

2 REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / NACH FACILITY

New SIP Registration*
 SIP Cancellation
 Change in Bank Account*

(*Please provide a cancelled cheque)

3 APPLICANT INFORMATION AND SCHEME DETAILS

Sole / First Investor Name																			
PAN No.																			Folio No.
Scheme Name																			
Plan																			Option
Sub Option																			Dividend Frequency

4 SIP DETAILS

Each SIP Amount (✓) _____ SIP Frequency (✓) Monthly

SIP Auto Debit Dates 1st 7th 10th 15th 20th 25th (Default date is 7th)

Regular SIP SIP Period **: Start M M Y Y Y Y Y End M M Y Y Y Y Y Till further Notice (Note: Please allow minimum one month for auto debit to register and start. If end date is not specified, the fund will continue SIP till it receives termination notice from the investor.)

SIP TOP UP (Optional) (Tick to avail this facility) TOP UP Amount: ₹ _____ TOP UP Frequency: Half Yearly Yearly
 TOP UP amount has to be in multiples of ₹ 500 only (Refer Point No. 16).

I/We hereby, authorize BOI AXA Mutual Fund to debit my/our following bank account by Auto Debit / NACH Facility for collection of SIP payments.
 **Minimum SIP term should be for 6 months for Monthly SIP.

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. 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 AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/ We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/ us. **Applicable to NRI only:** I/We confirm that I am/we are Non-Resident Indian/Person of Indian Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We undertake that all additional purchases made under this Folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We hereby agree to avail the TOP UP facility for SIP and authorize my bank to execute the NACH/ Standing Instruction/Direct Debit for a further increase in installment from my designated account. We are not Citizens / Residents of USA / Canada.

First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory	Second Applicant/ Authorised Signatory	Third Applicant
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DEBIT MANDATE FORM NACH / DIRECT DEBIT

UMRN **F O R O F F I C E U S E O N L Y** Date **D D M M Y Y Y Y**

Tick (✓)
 CREATE
 MODIFY
 CANCEL

Sponsor Bank Code _____ Utility Code _____ For Office use only

I/We hereby authorize **BOI AXA 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 _____ Amount in words _____ ₹ _____

FREQUENCY Mthly Qly H -Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 _____ Phone No. _____

Reference 2 _____ Email ID _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account 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 has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instruction 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 of the bank where I have authorized the debit.

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. _____ Investor Name _____

Scheme Name _____ (Scheme Name)

Plan _____ Option _____

SIP Period From **D D M M Y Y** to **D D M M Y Y** Till further Notice

Stamp & Signature