One Time Mandate - NACH

(Investor must read Key Scheme Features and Instructions before completing this form.)

AXIS MUTUAL FUND

UMRN | | | | | | | | | Bank use | | | | | | | Date | | | | | | | | |

Tick (✓)

CREATE	✓
MODIFY	X
CANCEL	X

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 | Scheme Name | 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										
To										
Or	☐ Until Cancelled

1. _____
Signature Primary Account holder
Name as in bank records

2. _____
Signature of Account holder
Name as in bank records

3. _____
Signature of Account holder
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.