

# Systematic Investment Plan (SIP) Auto Debit Facility/MICRO SIP



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE MANDATORY (MARKED\*) FIELDS

Please read the instructions carefully, before filling up the application form.

Application No: \_\_\_\_\_

## 1 DISTRIBUTOR INFORMATION FOR OFFICE USE ONLY

Name & Agent Code	Sub-Agent Name & Code/ Bank Branch Code	EUIN	MO Code	CO Code	Registrar Serial No.	Date/Time of Receipt
ARN-0155	16336					
<input type="checkbox"/> I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charge d any advisory fees on this transaction.						
First Account Holder's Signature		Second Account Holder's Signature		Third Account Holder's Signature		

Up front commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including service rendered by the distributor.

## 2 REGISTRATION CUM MANDATE FORM FOR ECS (DEBIT CLEARING / AUTO DEBIT)

First Investment in SIP vide a cheque and subsequent investments via Auto Debit, available in select cities only.

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. (Refer Instruction No.10)		Folio No.	
Scheme Name			
Plan		Option	
Sub Option		Dividend Frequency	

## 4 SIP DETAILS

Each SIP Amount (✓)		SIP Frequency (✓)	<input type="checkbox"/> Daily* <input type="checkbox"/> Monthly
SIP Auto Debit Dates	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	(Default date is 7th)	

Regular SIP SIP Period \*\*: Start M M Y Y Y Y End M M Y Y Y Y (Note: Please allow minimum one month for auto debit to register and start). Default period will be considered 3 years if end date is not mentioned.

I/We hereby authorize BOI AXA Mutual Fund to debit my/ our following bank account by ECS (Debit Clearing)/ auto debit to account for collection of SIP payments.

\*Daily SIP facility is currently available only with following banks: Bank of India, HDFC Bank, IDBI Bank, Kotak Mahindra Bank, IndusInd Bank, Bank of Baroda for all locations. For Mumbai, Delhi, Kolkatta, Chennai Daily SIP shall be accepted in all Banks. \*\*Minimum SIP term should be for 6 months for Monthly SIP and 1 month for Daily SIP.

## 5 BANK ACCOUNT DETAILS - Mandatory

Name of First Account Holder			
Name of Second/Joint Account Holder			
Name of Third/Joint Account Holder			
Bank Name			
Account Number		A/C Type (Please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
Branch Address			
City	State	PIN Code	
MICR Code	(Please enter the 9 digit number that appears after your cheque number)		
IFSC Code (RTGS/NEFT)	(Mandatory for Credit via NEFT/ RTGS). (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your Bank)		

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.

First Account Holder's Signature	Second Account Holder's Signature	Third Account Holder's Signature
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## 6 BANKER'S ATTESTATION

Certified that the signature of account holder and the Details of Bank account are correct as per our records	Signature of authorised Official from Bank (Bank stamp and date)
Signature verification request (To be retained by the Customers Bank)	

The Branch Manager	Date	DD MM YY
Bank	Branch	
<p>Sub : Mandate verification for A/c. No.</p> <p>This is to inform you that I/We have registered for making payment towards my investments in BOI AXA Mutual Fund by debit to my/our above account directly or through ECS (Debit Clearing). I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.</p> <p>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.</p> <p>Thanking you, Yours sincerely</p>		
SIGNATURE (S) (as in Bank records)	Sole/1 <sup>st</sup> applicant/Guardian/Authorised Signatory/POA	2 <sup>nd</sup> applicant/Guardian/Authorised Signatory/POA
		3 <sup>rd</sup> applicant/Guardian/Authorised Signatory/POA



ARN-49710

## ACKNOWLEDGEMENT SLIP

To be filled in by the Investor

Folio No. /  
Application No.

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(To be filled in by the First applicant/Authorized Signatory) :

Received from Name & address : , , ,

an application for Purchase of Units alongwith Cheque

SIP/ Micro SIP

For ₹

Acknowledgement Stamp