

SIP AUTO DEBIT FACILITY : REGISTRATION CUM MANDATE FORM

INVESTORS SUBSCRIBING TO THE SCHEME THROUGH SIP AUTO DEBIT FACILITY TO COMPLETE THIS FORM COMPULSORILY ALONGWITH COMMON APPLICATION FORM

Application should be submitted atleast 30 days (for Monthly SIPs) and 15 days (for Daily SIPs) before the 1st Debit Clearing date. For terms & conditions refer overleaf

Application No: _____

1. DISTRIBUTOR INFORMATION

FOR OFFICE USE ONLY

Name & Agent Code	Sub-Agent Name & Code	Bank/Branch Name & Serial No.	Registrar Serial No.	Date/Time of Receipt
NJ India Invest / ARN-0155	55537			

Please any one only **SIP Registration - by Existing Investor** (Please do not fill the Application Form) **SIP Registration - by New Investor** (Complete the Application Form compulsorily alongwith this form.) **Micro SIP** (Refer Point No. 14)

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. INVESTOR DETAILS (Please refer Point No. 14 to 16 for Micro SIP)

Folio No. / Application No. / Zero Balance Folio No.	_____		(For Existing Investor / Zero Balance Folio Holders please mention Folio Number / For New Applicants please mention the Application Form Number) (*Mandatory for all investors) (Please <input checked="" type="checkbox"/> the enclosures) (*mandatory for investments equal to or greater than Rs. 50,000/-)	
Name of 1st Applicant /	_____			
Documents Enclosed	<input type="checkbox"/> Micro SIP	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC*	<input type="checkbox"/> PAN*
Name of 2nd Applicant /	_____			
Documents Enclosed	<input type="checkbox"/> Micro SIP	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC*	<input type="checkbox"/> PAN*
Name of 3rd Applicant /	_____			
Documents Enclosed	<input type="checkbox"/> Micro SIP	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC*	<input type="checkbox"/> PAN*
Name of Father/ Guardian in case of Minor	_____			
Documents Enclosed	<input type="checkbox"/> Micro SIP	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC*	<input type="checkbox"/> PAN*

3. SIP DETAILS (First SIP cheque and subsequent via Auto Debit Facility in select cities only)

Scheme Name	_____	Plan	_____	Option	_____
Sub Option	_____		Dividend Frequency	_____	_____
Please refer the scheme specific SID and SAI to know the Plan, Option & Sub-Options related information.					
Frequency (please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Monthly	SIP Date :	<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) <input type="checkbox"/> Daily*	
Instalment Amount (In figures)	_____		Enrolment Period From**	D D M M Y Y Y Y	To D D M M Y Y Y Y
Drawn on Bank/Branch Name	_____				

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

4. PARTICULARS OF BANK ACCOUNT (Refer instruction under B overleaf)

Name of 1st Account Holder	_____				
Name of 1st Joint Holder	_____				
Name of 2nd Joint Holder	_____				
Name of Bank & Branch	_____				
City	_____	Pin	_____	_____	_____
Account No.	_____				
9 digit MICR Code (Mandatory)	_____	(This is 9 digit number next to the cheque number)			
IFSC Code	_____	Please provide a copy of cancelled cheque leaf from an Auto Debit eligible bank (Mandatory)			

Account Type (Please <input checked="" type="checkbox"/>)	
Savings <input type="checkbox"/>	NRO <input type="checkbox"/>
Current <input type="checkbox"/>	NRE / FCNR <input type="checkbox"/>

DECLARATION & SIGNATURE: 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.

SIGNATURE (S) (as in Bank records)	Sole/1 st applicant/Guardian/Authorised Signatory/POA	2 nd applicant/Guardian/Authorised Signatory/POA	3 rd applicant/Guardian/Authorised Signatory/POA
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5. 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	D D M M Y Y
Bank	_____	Branch	_____
Sub : Mandate verification for A/c. No. This is to inform you that I/We have registered for making payment towards my investments in Bharti AXA Mutual Fund by debit to my/our a above account directly or through ECS (Debit Clearing). 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. Thanking you, Yours sincerely			

SIGNATURE (S) (as in Bank records)	Sole/1 st applicant/Guardian/Authorised Signatory/POA	2 nd applicant/Guardian/Authorised Signatory/POA	3 rd applicant/Guardian/Authorised Signatory/POA
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ACKNOWLEDGEMENT SLIP

To be filled in by the Investor

(To be filled in by the First applicant/Authorized Signatory) :		Folio No. / Application No.	_____
Received from Name & address :			
an application for Purchase of Units alongwith Cheque <input type="checkbox"/> SIP/ Micro SIP <input type="checkbox"/> For Rs. _____		Acknowledgement Stamp	