

APPLICATION FORM FOR CHANGE IN BANK ACCOUNT & CONTACT DETAILS

| To, Axis Asset Management Company Limited / We wish to change the bank details in my / our folio as mentioned below. | Date: D D M M Y Y Y Y |
|---|----------------------------------|
| UNIT HOLDER INFORMATION | |
| Folio Number PAN Number | |
| Sole / First Unit Holder | |
| Scheme | |
| Plan Option | |
| 2. APPLICABILITY OF THE CHANGE IN BANK DETAILS (Please tick any one) | |
| All Schemes Specific Scheme (Please mentioned the scheme name below) | |
| Scheme Names 2 | 3 |
| 3. OLD BANK DETAILS | |
| Bank Name | |
| Bank A/c No. | |
| Vc Type Current Savings NRO NRE FCNR Ot | thers Specify |
| ranch Address | |
| City | Pin |
| FSC Code (11 digit)* MICR Code (9 digit)* | *Mentioned on you cheque leaf |
| 4. NEW BANK DETAILS Bank Name Bank A/c No. Savings NRO NRE FCNR Ot | thers Specify |
| Branch Address | <u> </u> |
| City | Pin |
| FSC Code (11 digit)* MICR Code (9 digit)* | *Mentioned on you cheque leaf |
| 5. DOCUMENTS TO BE SUBMITED BY INVESTOR | |
| A cancelled original cheque leaf/Self attested copy of cancelled cheque* Photocopy of bank passbook or bank account statement (Having entries not older than 3 months) Letter from the bank A cancelled original Photocopy of bank (Having entries no (Having entries no Letter from the bank) | |
| ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE INVESTOR) | ·····> |
| Received, subject to verification request for: Change of bank mandate Change / Updation of contact details | |
| -rom | ISC Stamp & Signature |
| Folio Number | |

| 6. NEW CONTACT DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|------|-------|-------|---------|------|-------|------|----|-------------------|-----|-------|-------|------|--------|--------|-----|------|------|-------|-------|--------|-------|-------|------|
| STD Code | | | | | Te | el (O | ffic | :e) | | | | | | | | | | | | | T | el (R | esi) | | | | | | | | | | | Ī | |
| Fax No. | | | | | | | | | | | | | | | Мо | bile | + | 9 | | 1 | | | | | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Spouse | e | Depe | nder | nt Ch | ildre | en [| | ере | | | | | _ | | | | | | en (Self) Guar | | _ | PM | | s a de | efault | i. | | | | | | | | |
| 7. UNI | | | | | | | | | | | | | | | | | •111• | | | | | | 10. | (D | | | / D | _ | ,. | | | | . ,, | | |
| I/We hereby declare that particulars given above are correct and express my willingness to receive credit of Dividend / Redemption proceeds in the new band details mentioned above. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold Axis Asse Management Company Ltd., its registrars and other service providers responsible. I/we will also inform Axis Asset Management Company Ltd. about an changes in my/our bank account. | | | | | | | | | | | | | | | s Asset | | | | | | | | | | | | | | | | | | | | |
| JONATON | SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint') | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Unit Holder | | | | | | | | | Third | | | | | | | | | | | rd Unit Holder | | | | | | | | | | | | | | | |
| ``` | | | | | | | | | | | ***** | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | 11 | NST | ΓRU | JCT | 101 | IS | | | | | | | | | | | | | | | | |
| • Separate | e form | s nee | ds to | be f | lled | for | sep | oara | te fo | olios | of t | he i | nves | tor. | | | | | | | | | | | | | | | | | | | | | |
| Unit hold cancelled printed of | d chec | ue of | the | new | banl | k ac | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In case if maintair the bran | ns/mai | ntain | ed an | acc | ount | t wit | th tl | he b | ank | | | | | | | | | | | | | | | | | | | | | | | | | cod | e of |
| • In case o | | | | | , | | | | | | | | | | | | | | | | 000 | k or | a sta | item | ent | of l | oan | k ac | coun | ıt wi | th cı | urrer | nt en | ries | not |
| The above | ve doc | umer | ts sh | all b | e in | Ori | gina | al. If | сор | ies a | re f | urni | ished | d, th | ne sa | ame | mus | t be | su | bmit | ted | at t | he IS | Cs v | vhei | re tl | ney | will | be v | erifi | ed v | vith t | he o | rigir | ıal |

- - documents to the satisfaction of the Fund. The original documents will be returned across the counter to the Unit Holder after due verification. In case the original of any document is not provided for verification, then the copies should be attested by the bank manager with his/her full signature, name employee code, bank seal and contact number.
 - In the event of a request for change in bank account information being invalid/incomplete/ not satisfactory in respect of signature mismatch/document insufficient/not meeting any requirement more specifically as indicated in clauses, the request will be liable for rejection.