AXIS MUTUAL FUND

Request for Change in Mutual Fund Distributor (MFD)

To,
Axis Mutual Fund

I, we hereby give my/our consent to update/change the distributor /broker code in respect of my/our investments in following folio number/s and schemes of Axis Mutual fund mentioned below:

Broker code change to be made (Please Tick ✓) ☐ Folio Level ☐ Transaction Level

Folio No	Scheme Name
	Axis
	Axis
	Axis
	Axis
	Axis

Old ARN Code	Old ARN Name	New ARN Code	New ARN Name	New Sub ARN Code	New EUIN Code

All fields are mandatory, except New Sub-ARN Code, which may be filled in, only if applicable.

Declaration by Investor

I/We are having investments with Axis Mutual Fund vide folio/s mentioned above, want to change the MFD ARN code in my folio/s as per the details provided. I confirm that I am not misguided or lured to change the ARN code and submitting this request with full knowledge and understanding the changes, voluntarily. I also understand and agree that the change request once processed, can't be revoked and a fresh request needs to be raised for reversal of such changes.

Declaration & Signatures (To be signed as per the Existing Mode of Holding)

Investor Details	1st holder	2nd Holder	3rd Holder
Name			
Signature			

Date D D M M Y Y Y Y Place

Declaration by MFD (new ARN /EUIN holder)

I hereby affirm that the aforementioned request for the change of ARN in the specified folio's/scheme's has been initiated with the explicit and informed consent of the investor.

The investor has been fully apprised of the nature and implications of this change request. Further more, no force, coercion, or inducement of any kind was employed to influence the investor's decision.

New ARN (Mandatory)

ARN Name: (Mandatory)

Sub-Distributor's ARN (If applicable)

Sub-Distributors' Name:

EUIN No.:E (Mandatory)

EUIN Name

Date D D M M Y Y Y Y

Signature of ARN/ EUIN Holder: (Mandatory)

Place

(Name, Designation, Employee code of new distributor (if non individual)

AXIS MUTUAL FUND

REQUEST FOR CHANGE IN BROKER CODE
[Acknowledgement copy (To be filled by investor)]

Folio number

Date D D M M Y Y Y Y

Received from Mr./Ms./Mrs.

Stamp & Signature

INSTRUCTIONS

1. ARN to Direct or vice-versa is not applicable
2. In case of corrections / overwriting on key fields (as may be determined at the sole discretion of the AMC), the AMC reserves the right to reject the request, in case the investor(s) has/have not countersigned in every place where such corrections/overwriting has/have been made.
3. If the Broker code change is at folio level and, where no schemes are specified, the broker code / update will be processed for all schemes in the given folio.