



ONE TIME MANDATE (OTM) FORM



UMRN

Date

- Tick (✓)
- CREATE
- MODIFY
- CANCEL

Sponsor Bank Code

Utility Code

We hereby authorize

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

In Words

₹

In Figures

FREQUENCY

-
- Mthly
-
- Qtly
-
- H-Yrly
-
- Yrly
-
- As & when presented

DEBIT TYPE

-
- Fixed Amount
-
- Maximum Amount

Reference 1

PAN No.

Phone No.

Reference 2

All Schemes of Axis Mutual Fund

Email ID

I agree for the debit of mandate processing charges by the bank when I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From

To

Or

Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. _____
Name as in bank records

2. _____
Name as in bank records

3. _____
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.