

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	RIA CODE [^]	Serial No., Date & Time Stamp
ARN 115979	ARN			E 172792		

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

[^]I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser:

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Parent / Guardian

Donor

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer 17) In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

☐ I confirm that I am a first time investor across Mutual Funds.

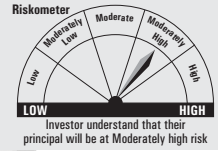
☐ I confirm that I am an existing investor in Mutual Funds.

AXIS CHILDREN'S GIFT FUND (An open ended fund, for investment for children, having a lock-in of 5 years or till the child attains age of majority (whichever is earlier) :

This product is suitable for investors who are seeking*

- Capital appreciation & generating income over long term
- Investment in debt and money market instruments as well as equity and equity related instruments

*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.



Application No.

Unit holder details

Existing minor investor with folio (Refer 8)

(Submit proof for date of birth and skip to section 1, 2, 5 & 6)

Name

Gender ☐ Male ☐ female

Date of Birth

Proof ☐ Birth Certificate ☐ Aadhar Card

Born in ☐ India ☐ Other

Nationality

PAN No*

☐ Passport ☐ Other

Specify

(Refer 5)

*Not mandatory

1. Details of My Gift

Investment Details (Investors applying under Direct Plan must tick "Direct" against scheme name, refer 1, 2, 5 & 7)



Scheme

☒ Axis Children's Gift Fund

Plan

☐ Regular ☐ Direct

Sub-plan

(Refer KIM)
☐ Compulsory lock-in

Option

☐ Growth ☐ Dividend payout

Payment By

☐ Own A/c
(Minor)



☐ Parent /
guardian
Fill section 2A



☐ Grand
parents
Fill section 2B



☐ Donor
(Investor)
Fill section 2B



☐ LUMP SUM (Refer 7)

Mode ☐ Cheque ☐ DD ☐ Axis Bank Debit Mandate (Fill section 4)

Amount (₹)

words

Cheque / DD no.

Dated

Drawn on bank / branch name

Bank A/c no.

Account type ☐ Savings ☐ NRO ☐ NRE ☐ Current ☐ FCNR ☐ Others

Specify

Bank / Branch

☐ SIP (For SIP through Electronic Auto Debit submit SIP Registration Mandate (Form 2)) (Refer 13)

SIP installment amount (₹) words

SIP frequency (Tick one)

☐ Monthly ☐ Yearly

Preferred debit date (Any date except 29th, 30th and 31st)

SIP period* (Ref 13) ☐ Till you instruct Axis Mutual Fund to Discontinue OR No. of installments

from

to*

Details of first SIP installment

Mode ☐ Cheque / DD ☐ Axis Bank Debit Mandate (Please fill section 4.)

Cheque / DD no.

Dated

Drawn on Bank:

Branch:

*Fill only if no. of installments have been specified, else leave blank.

2. Guardian / Legal Guardian

(Mandatory. Refer 5)



2A Details of guardian

☐ Father

☐ Mother

☐ Legal Guardian

IMPORTANT: If Father's details are filled here and payment is made from mother's bank a/c then mother will be a donor & vice versa. Donor Details should be filled in section 2B.

Name

Gender

☐ Male

☐ Female

Proof of relation

PAN card

KIN (Refer 10A)

☐ CKYC Form

☐ Supplementary CKYC Form

Aadhaar No. (Ref. 20)

Country of birth

Nationality

Correspondence address

City

State

Pin Code

Overseas address (NRIs/PIOs)

Country

*Email (Refer 16)

Mobile

Tel.

*Email id belongs to Self ☐ / Family Member ☐ (Refer Instruction No. 21)

☐ I / We hereby prefer to 'OPT-IN' to receive physical copies of scheme Annual Report or Abridged summary.

Status ☐ Resident individual ☐ NRI ☐ PIO ☐ Other

Specify

☐ Power of attorney (PoA)

(In case of PoA appointed by Guardian please fill PoA & FATCA/CRS form available at website www.axismf.com)

Occupation ☐ Pvt. sector service ☐ Public sector ☐ Gov. service ☐ Housewife ☐ Defence ☐ Professional

☐ Retired

☐ Business

☐ Agriculture

☐ Student ☐ Forex dealer ☐ Other

Specify

Gross Annual Income in ₹ (Refer 10)

Net-worth* in ₹

☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ >25L OR

*Not older than one year

as on

D D M M Y Y Y Y

Politically exposed person (PEP)?

☐ Yes ☐ Not Applicable (Ref 10-7)

☐ Related to a PEP

Any other information

Are you FATCA Compliant (Please tick any one) ☐ Yes ☐ No (if no, please fill below details)

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA ☐ Residential or business ☐ Residential ☐ Business ☐ Registered office

Permissible documents are ☐ Passport ☐ Election ID card ☐ PAN card ☐ Govt. ID card ☐ Driving license ☐ UIDAI card

☐ NREGA job card ☐ Others

specify

Date of birth

D D M M Y Y Y Y

Place of birth

Country of birth

Nationality

Are you a tax resident of any country other than India? ☐ Yes ☐ No

(If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country [#]	Tax identification number [*]	Identification type (TIN or Other, please specify)

[#]To also include USA, where the individual is a citizen / green card holder of the USA ^{*}In case Tax Identification Number is not available, kindly provide its functional equivalent \$

2B Details of donor

(Details of investor who is investing on behalf of minor child. Mandatory in all cases other than those whose investments are made by guardian, refer 5)

Gender

☐ Male

☐ Female

Name

PAN card

KIN

(Refer 10A)

☐ CKYC Form

☐ Supplementary CKYC Form

Aadhaar No. (Ref. 20)

Country of birth

Nationality

Correspondence/ Overseas address (For FIIs/NRIs/PIOs)

City

State

Pin Code

Overseas address

Country

Email (Refer 16)

Mobile

Tel.

Status

☐ Resident individual

☐ Proprietor

☐ HUF

☐ NRI

☐ PIO

☐ FIIs*

☐ Partnership firm*

☐ Society*

☐ Trust*

☐ Company*

☐ Non-profit organization (NPO)* (Ref 19)

☐ Other*

Specify

*Fill FATCA / CRS and UBO form for non-individual investor available at www.axismf.com

Occupation

☐ Pvt. sector service

☐ Public sector

☐ Gov. service

☐ Housewife

☐ Defence

☐ Professional

☐ Retired

☐ Business

☐ Agriculture

☐ Student ☐ Forex dealer ☐ Other

Specify

Gross annual income

OR

Net-worth* in ₹

*Not older than one year (Ref 10)

Any other information

☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ >25L

as on

D D M M Y Y Y Y

☐ Politically exposed person (PEP) ☐ Related to a PEP

☐ Not Applicable

NON INDIVIDUALS

☐ <1L ☐ 1-5L ☐ 5-10L

☐ 10-25L ☐ >25L ☐ >25L-1C

☐ >1C

as on

D D M M Y Y Y Y

Is the entity involved in any of the following:

Foreign exchange/ Money changer

☐ Y ☐ N

Gaming/ Gambling/ Lottery

☐ Y ☐ N

(Casinos, betting syndicates)

Money lending/ Pawning

☐ Y ☐ N

Are you FATCA Compliant (Please tick any one) ☐ Yes ☐ No (if no, please fill below details)

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA ☐ Residential or business ☐ Residential ☐ Business ☐ Registered office

Permissible documents are ☐ Passport ☐ Election ID card ☐ PAN card ☐ Govt. ID card ☐ Driving license ☐ UIDAI card

☐ NREGA job card ☐ Others specify

Date of birth

Place of birth

Country of birth

Nationality

Are you a tax resident of any country other than India? ☐ Yes ☐ No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country [#]	Tax identification number [%]	Identification type (TIN or Other, please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

[#]To also include USA, where the individual is a citizen / green card holder of the USA

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent \$

3. Bank A/c Details

For Pay-out (Mandatory. Refer 9 and avail of Multiple Bank Registration Facility.)



Relationship with minor child

☐ Own A/c



☐ Guardian
(As per section 2A)



☐ Legal guardian
(As per section 2A)



Bank name

Bank A/c no.

Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others Specify

Branch name

City

Pin

IFSC code (11 digit)*

MICR code (9 digit)*

*Mentioned on your cheque leaf

4. DEBIT MANDATE

(For Axis Bank A/c only. To be processed in CMS software under client code "AXISMF")

Application No.

I/ We Name of the account holder(s)

Date

authorise you to debit my/our account no.

Account type: ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Current ☐ Others Specify to pay for the purchase of Axis Children's Gift Fund

Amount (₹) (words)

Signature as per Bank Account

Signature as per Bank Account

Signature as per Bank Account

Application No.

ACKNOWLEDGMENT SLIP

Received subject to realisation, verification and conditions, an application for purchase of Axis Children's Gift Fund as mentioned in the application form.

Name

Amount

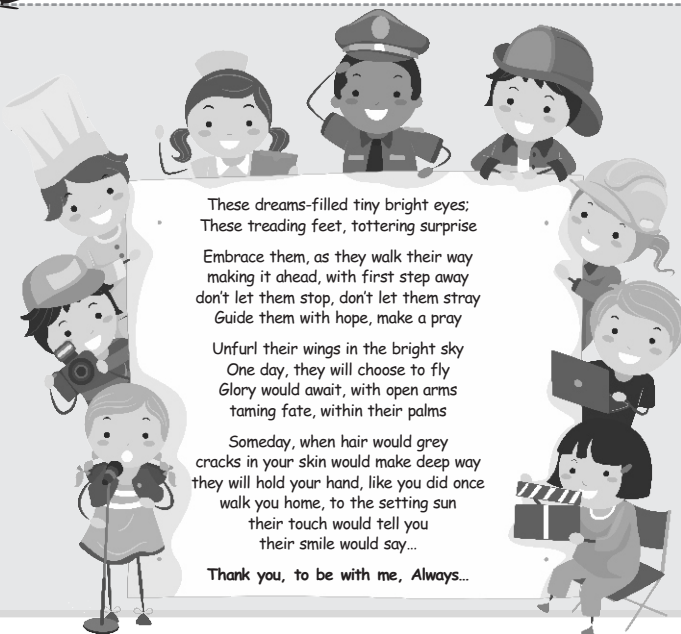
Cheque no.

Date

Stamp & Signature

AXIS MUTUAL FUND

The RESPONSIBLE Mutual Fund



These dreams-filled tiny bright eyes;
These treasuring feet, tottering surprise

Embrace them, as they walk their way
making it ahead, with first step away
don't let them stop, don't let them stray
Guide them with hope, make a pray

Unfurl their wings in the bright sky
One day, they will choose to fly
Glory would await, with open arms
taming fate, within their palms

Someday, when hair would grey
cracks in your skin would make deep way
they will hold your hand, like you did once
walk you home, to the setting sun
their touch would tell you
their smile would say...

Thank you, to be with me, Always...

5. Details of Alternate Child

(Refer 6)

Relationship with unit holder

☐ Brother



☐ Sister



☐ Any Other



Specify

Name

Date of birth

Proof

☐ Birth Certificate

☐ Aadhar Card

☐ Passport

☐ Other

Specify

Born in

☐ India

☐ Other

Nationality

Name of guardian

Address

City

State

Pin code

6. Declaration and Signature

(Refer 4)

Enclosed

☐ SIP Registration Mandate

(In case of SIP investment)



Having read and understood the content of the SID and KIM of the scheme and SAI of Axis Mutual Fund, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, rules and regulations governing the scheme. I/we hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/we confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/us. I/we confirm that I/we do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro investment only.) with your fund house. For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External / Non Resident Ordinary / FCNR account. I/We confirm that details provided by me/us are true and correct. Third party payment: 1. Donor - I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift and I/We have read and understood the Third Party Payment rules and agree to comply and be bound by the same. I/We shall be solely liable/responsible for any claim, loss and/or damage of whatsoever nature that the Fund/ AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing the transaction in favour of the Beneficial Investor (Beneficiary Child) as detailed in the Application Form. 2. Parent/ Legal Guardian: I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme(s) on behalf of the minor.

CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

AADHAAR DECLARATION

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/ our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

Parent / Guardian

Donor

GIVE YOUR CHILDREN
THE GIFT OF A GOOD FUTURE.

AXIS CHILDREN'S
GIFT FUND

An open ended fund for investment for children, having a lock-in of 5 years or till the child attains age of majority (whichever is earlier)

INVEST IN THEIR FUTURE.



The RESPONSIBLE Mutual Fund

AXIS MUTUAL FUND

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker/Sol ID	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp
ARN	ARN			E		

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

^I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser:

☐ "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Parent / Guardian

Donor

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer 17)

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

☐ I confirm that I am a first time investor across Mutual Funds. ☐ I confirm that I am an existing investor in Mutual Funds.



Form 2 - SIP Registration Mandate



Details of Minor Child (Beneficiary details) (ref 5)

Folio no. (For existing minor unit holders)

Application No.

Name

PAN

KIN (Ref. 10A)

Aadhaar No. (Ref. 20)

Scheme	Plan	Sub-plan	Option
<input checked="" type="checkbox"/> Axis Children's Gift Fund	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Compulsory lock-in	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Pay-out

SIP frequency (tick ✓ any one) ☐ Monthly* ☐ Yearly (Default Frequency Monthly) SIP date (DD) (Any date except 29th, 30th and 31st)

Enrollment Period from (MMYY) to OR ☒ Until Cancelled (If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).)

SIP Amount (₹)

☐ Top-Up Facility* - Optional (ref 13 A) Top-Up Frequency ☐ Half-Yearly ☐ Yearly ☐ Dynamic

Top-Up Amount (₹)

*Only available for monthly SIP

Declaration and signature

I / We declare that the particulars furnished here are correct. I / We authorise Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement / NACH (National Automated Clearing House). 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 Axis Mutual Fund about any changes in my bank account.

This is to inform you that I/We have registered for making payment towards my investments in AXISMF by debit to my / our account directly or through ECS (Debit Clearing) / NACH (National Automated Clearing House). 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. I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Axis Mutual Fund using this facility.

Date

X	Parent / Guardian
X	Donor

UMRN

Date



Tick (✓)

CREATE ☒

MODIFY ☐

CANCEL ☐

Sponsor Bank Code Utility Code

I/We hereby authorize **Axis Mutual Fund** to debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank IFSC

an amount of Rupees ₹

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☒ As & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Reference 1 Phone No.

Reference 2 Email ID

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

PERIOD		1.	2.	3.
From	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Signature Primary Account holder	Signature of Account holder	Signature of Account holder
To	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Name as in bank records	Name as in bank records	Name as in bank records
Or	<input type="checkbox"/> Until Cancelled			

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.

MANDATORY FIELDS: • Instrument Date • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount in words & figures (maximum amount) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank record

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. Investor Name

Scheme Name Plan Option

SIP Period From to Amount ₹

Stamp & Signature