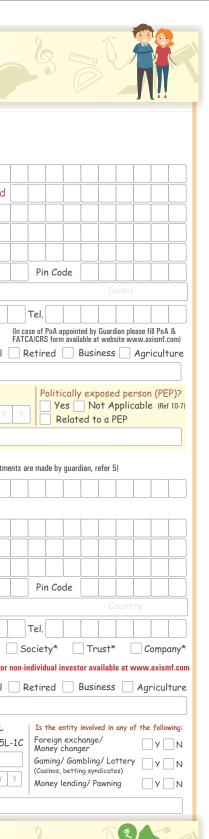
Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN -115979	ARN			E 172792	
<u>.</u>	directly by the investor to the AMFI IN box has been intentionally left blank raction or advice by the employee/relations er or notwithstanding the advice of in-appro anager/sales person of the distributor/sub b	registered distributor based on the investory by me/us as this hip manager/sales pratepess, if any, roker."	or's assessment of various factors includ Parent / Guardian	ing the service rendered	by the distributor. Donor
TRANSACTION CHARGES FOR subscription amount is ₹ 10,000	APPLICATIONS THROUGH DISTR or more and your Distributor has opt from the purchase/ subscription amou mount invested. e investor across Mutual Funds.	IBUTORS ONLY (Refer 17) In case the ed to receive Transaction Charges, the int and payable to the Distributor. Units	AXIS CHILDREN'S GIFT FUND (An Opt This product is suitable for investors will Capital appreciation & generating inc Investment in debt and money mark equity related instruments *Investors should consult their financial advisers if in dou	ho are seeking* come over medium to long et instruments as well a	term s equity and
	& Ax	Form 1 - App is Childre	lication Form n's Gift Fu	nd	AXIS MUTUAL FUND
				Applicati	on No.
Unit holder de	etails	Existing minor in (Submit proof for date of birth a	(Refer 8)		
Gender Male	female	Date of Birth	MMVVVV	oof Birth C	Certificate Aadhar Card
Born in India	Other Nationality	PAN No*	*Not mandatory	asspor	
	of My Gif Details (Investors applying t	inder Direct Plan must tick "Direct" again:	st scheme name, refer 1, 2, 5 & 7)	10	
Scheme	Plan	Sub-p	olan	0	ption
☑ Axis Children's Gi	ft Fund Regular	Direct No lock-in Co		h Dividend re *Not available for C	-investment* Dividend payout ompulsory Lock-in
Payment By	Own A/c (Minor)	Parent / guardian Fill section 2A & Form	Grand parents Fill section 2B	& Form 3	Donor (Investor) Fill section 2B & Form 3
LUMPSUM (Ref	er 7)		Mode Cheq	ue DD Ax	is Bank Debit Mandate (Fill section
Amount (₹)		words			
Cheque / DD no.		Dated D D M	MYYYYY	Drawn on b	oank / branch name
Bank A/c no. Account type Savin	gs NRO NRE 0	Current FCNR Others	Specify		
	Electronic Auto Debit submit SIP Au				
SIP installment amour		words			
SIP frequency (Tick one)		'early	Preferred debit d	ate (Anv date excent 29	9th, 30th and 31st)
		ual Fund to Discontinue OR No		from M M	Y Y to* M M Y Y
Details of first SIP in	•			(For SIP start date r	
Mode Cheque / DD	Axis Bank Debit Mar	ndate (Please fill section 6.)	neque / DD no.		Dated D D M M Y
Drawn on Bank:			Branch:		

2. Guardian / Legal Guardian

(Mandatory. Refer 5)

ARN-115979



IMPORTANT: If Father's details are filled be a donor & vice versa. Donor Details shou	here and paymen	t is made from	m mother's b	ank a/c th		ter will		ا ما	yai 0	uui ui	wi1 /														
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Overseas address (NRIs/PIOs)																									
Email (Refer 16)							Mol	bile			T	γ_				T	_	Γel.		$\overline{}$		$\overline{}$	$\overline{}$	$\overline{}$	\overline{T}
Status Resident individual NRI PIO Other Specify Power of attorney (PoA) (In case of PoA appointed by Guardian please fill PoA & FATCAJCRS form available at website www.axismf.com)												A &													
Occupation Pvt. sector s		Public s	ector [Gov.	. serv	vice	Н	ousei	wife		Defei	nce	Pr	rofes	ssion	_	_	a/URS etire			able at Busin			v.axısm gricu	
	Forex dec	aler _	Other										Sp	necify											
Gross Annual Income in ₹ (Refe	er 10)		Net	-worth	n* in :	₹												Po	olitic	cally	exp	osed	pers	on (P	EP)?
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Any other information						1 1													J Re	ziate	ed to	a PE	:P		
2B Details of doi	nor (Details	of investor	who is inves	sting on l	behalf	of minor	child. I	Manda	atory ir	n all ca	ses oth	er thar	those	e who	se inve	stmer	its ar	e mad	le by (guardi	ian, re	fer 5)			
Name																									
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(Ref 10) Z Any other information	Not Ap	plicable							NON									70101	ley le		g/ ru	wiing			
Any other information																									
3. Bank A/c Details																									
For Pay-out (Mandatory. Refer 9 and avail of Multiple Bank Registration Facility.)																									
Relationship with minor cl	hild 🗆 (Own A/c	R			(As pe			Î						ıl gua r sectio										
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4. Details of Alternate Child

ARN-115979



			112132	
Relationship with unit holder	□ Brother ∯ □ Si	ster 🌓 🗌 Any Other	Specify	
Name				
Date of birth D D M M Y	Proof Birth Certificate	🗌 Aadhar Card 🔲 Passport	Other Specify Born in	India Other Nationality
Name of guardian				
Address				
City	Sta	te l	Pin cod	de
The state of the s		Fnclosed (FATCA & CRS annexure	

5. Declaration and Signature (Refer 4)

Thank you, to be with me, Always..

for individual accounts (Mandatory)

SIP Auto Debit Form (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, details, 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 t 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

\	Parent / Guardian	Donor
	6. 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 D D M M Y Y
	authorise you to debit my/our account no.	
	Account type: \square Savings \square NRO \square NRE \square FCNR \square Current \square Others \square	Specify to pay for the purchase of Axis Children's Gift Fund
	Amount (₹) (words)	
•	Signature as per Bank Account Signature as p	er Bank Account Signature as per Bank Account
	These dreams-filled tiny bright eyes; These treading 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	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
	their smile would say	AXIS MUTUAL FUND

ΔRN - 1	ributor ARN	Su	b-Distribu	itor ARN		Sol ID	/ Inter	ial Sub-	Broker		Emplo	yee Co	de		EUI	N	Seri	al No., I	Date &	Time S	Stamp
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ARN-115979

Form 3 - FATCA & CRS Annexure for Individual Accounts (Ref 18)

(Including Sole Proprietor. Form for non-individual account is available on www.axismf.com. Please consult your professional tax advisor for further guidance on your tax residency, if required)

AXIS MUTUAL FUND

Section A		Application No.
GUARDIAN (As mentioned on Form 1 section 2A)		Folio no.
		For Existing Minor Unit holders)
Name		
Gender Male Female PAN	0	ccupation Service Business Others
Father's name		
		any change please approach KRA & notify the changes
Type of address given at KRA Residential or b	usiness Residential Business	Registered office
Permissible documents are Passport E	lection ID card PAN card Govt	. ID card Driving license UIDAI card
☐ NREGA job car	d Others	specify
Date of birth D D M M Y Y Y Y	Place of birth	
Country of birth	National	tv
	(Tf	please indicate all countries in which you are resident for tax purposes and
Are you a tax resident of any country other		prizated 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 o	and holder of the USA Thicage Tay Ident	fication Number is not available, kindly provide its functional equivalent \$
•	ard holder of the USA In case 1dx 1dent	ncation Number is not available, kindly provide its functional equivalent \$
Section B		
DONOR (As mentioned on Form 1 section 2B)		
Name		
		ccupation Service Business Others
		ccupation Service Business Others
Father's name		
		any change please approach KRA & notify the changes
Type of address given at KRA Residential or b		Registered office
	Election ID card PAN card Govt	
NREGA job car	d Others	specify
Date of birth D D M M Y Y Y Y	Place of birth	
Country of birth	National	ty
	(Tf year	please indicate all countries in which you are resident for tax purposes and
Are you a tax resident of any country other		please indicate an commes in which you are resident for tax purposes and ociated Tax ID Numbers below.)
Country#	Tax identification numbe	r * Identification type (TIN or Other, please specify)
"To also include USA, where the individual is a citizen / green of	ard holder of the USA *In case Tax Ident	fication Number is not available, kindly provide its functional equivalent \$
CERTIFICATION		
I/We have understood the information requirements of t		Instructions) and hereby confirm that the information provided by me/us
•	irm that I/We have read and understood th	e FATCA & CRS Terms and Conditions below and hereby accept the same.
SIGNATURES	Υ	
Parent / Guardian		Donor
Date D D M M Y Y Y Y Place		