

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN 18053	ARN			E 040403	

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 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 inappropriateness, 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.

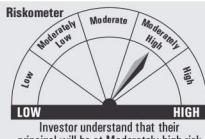
- I confirm that I am a first time investor across Mutual Funds.
- I confirm that I am an existing investor in Mutual Funds.

AXIS CHILDREN'S GIFT FUND (An Open Ended Balanced Scheme) :

This product is suitable for investors who are seeking*

- Capital appreciation & generating income over medium to 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.



Form 1 - Application Form Axis Children's Gift Fund

AXIS MUTUAL FUND

Application No.

Unit holder details

Existing minor investor with folio
(Refer 8)



(Submit proof for date of birth and skip to section 1, 2, 4 & 5)

Name

Gender Male female Date of Birth Proof Birth Certificate Aadhar Card

Born in India Other Nationality PAN No* *Not mandatory

Passport Other

Specify

1. Details of My Gift

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



Scheme

Plan

Sub-plan
(Refer KIM)

Option

Axis Children's Gift Fund Regular Direct No lock-in Compulsory lock-in Growth Dividend re-investment* Dividend payout

*Not available for Compulsory Lock-in

Payment By

Own A/c
(Minor)



Parent /
guardian

Fill section 2A & Form 3

Grand
parents

Fill section 2B & Form 3

Donor
(Investor)



Fill section 2B & Form 3

LUMPSUM (Refer 7)

Mode Cheque DD Axis Bank Debit Mandate (Fill section 6)

Amount (₹) words

Cheque / DD no. Dated DD MM M Y Y Y Y

Drawn on bank / branch name

Bank A/c no.

Bank / Branch

Bank A/c no.

Account type Savings NRO NRE Current FCNR Others Specify

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

SIP installment amount (₹) words

SIP frequency (Tick one) Monthly Yearly

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

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

from M M Y Y to* M M Y Y

(For SIP start date ref 13) *Fill only if no. of installments have been specified, else leave blank.

Details of first SIP installment

Mode Cheque / DD Axis Bank Debit Mandate (Please fill section 6.)

Cheque / DD no. Dated DD MM M Y Y Y

Drawn on Bank:

Branch:

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

Country of birth

Nationality

Correspondence address

City

State

Pin Code

Overseas address (NRIs/PIOs)

Country

Email (Refer 16)

Mobile

Tel.

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 ₹

Politically exposed person (PEP)? Yes Not Applicable (Ref 10-7)

<1L 1-5L 5-10L 10-25L >25L OR *Not older than one year as on D D M M Y Y Y Y

Related to a PEP

Any other information

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)

Name

Gender Male Female

PAN card

Country of birth

Nationality

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

City

State

Pin Code

Overseas address

Country

Email (Refer 16)

Mobile

Tel.

Status Resident individual Proprietor HUF NRI PIO FII's* 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

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

<1L 1-5L 5-10L

y n

OR Net-worth* in ₹

10-25L >25L >25L-1C

10-25L >25L >25L-1C

y n

*Not older than one year (Ref 10)

as on D D M M Y Y Y Y

as on D D M M Y Y Y Y

y n

Any other information

INDIVIDUALS

NON INDIVIDUALS

Is the entity involved in any of the following:
Foreign exchange/ Money changer y n
Gaming/ Gambling/ Lottery (Casinos, betting syndicates) y n
Money lending/ Pawnring y n

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. Details of Alternate Child

(Refer 6)

Relationship with unit holder

Brother

Sister

Any Other

Specify

Name _____

Date of birth D D M M Y Y Proof Birth Certificate Aadhar Card Passport Other Specify Born in India Other Nationality

Name of guardian _____

Address _____

City _____ State _____ Pin code _____

5. Declaration and Signature

(Refer 4)

Enclosed

- FATCA & CRS annexure 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 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.

X

Parent / Guardian

Donor

6. DEBIT MANDATE

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

I/ We Name of the account holder(s) Date D D M M Y Y

authorise you to debit my/our account no.

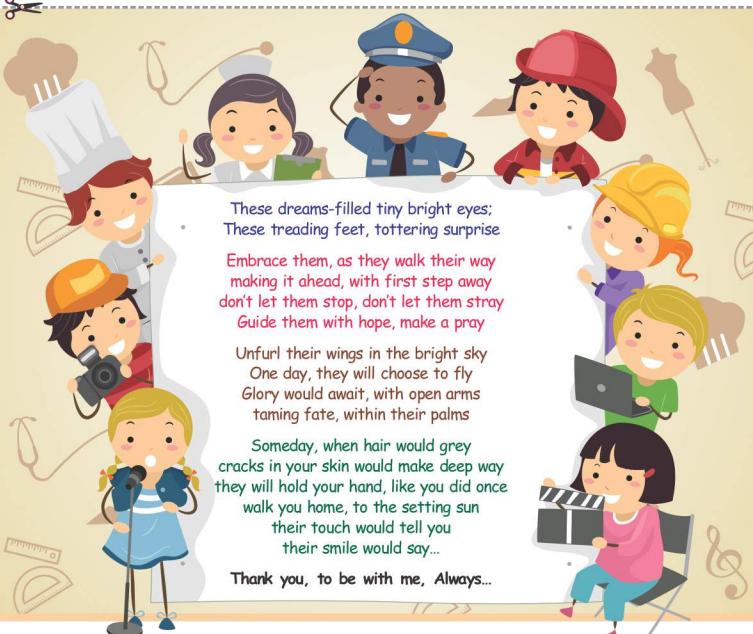
Account type: Savings NRO NRE FCNR Current Others Specify to pay for the purchase of **Axis Children's Gift Fund**

Amount (₹) (words)

Signature as per Bank Account

Signature as per Bank Account

Signature as per Bank Account



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
their smile would say...

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

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