

| Distributor ARN | Sub-Distributor ARN | Sol ID / Internal Sub-Broker | Employee Code | EUIN    | Serial No., Date & Time Stamp |
|-----------------|---------------------|------------------------------|---------------|---------|-------------------------------|
| ARN-3852        |                     |                              |               | E029058 |                               |

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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Parent / Guardian

Donor

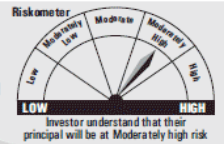
**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Refer 17) In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor.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

NFO: November 18, 2015 to December 02, 2015

Scheme re-opens for continuous sale & re-purchase on or before December 14, 2015

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\*              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, 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

LUMP SUM (Refer 7) Mode  Cheque  DD  Axis Bank Debit Mandate (Fill section 6)

Amount (₹) \_\_\_\_\_ words \_\_\_\_\_

Cheque / DD no. \_\_\_\_\_ Dated           Drawn on bank / branch name

Bank A/c no. \_\_\_\_\_ Bank / Branch

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)

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

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

Mode  Cheque / DD  Axis Bank Debit Mandate (Please fill section 6.) Cheque / DD no. \_\_\_\_\_ Dated

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](http://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)  <1L  1-5L  5-10L  10-25L  >25L OR Net-worth\* in ₹  as on  Politically exposed person (PEP)?  Yes  Not Applicable (Ref 10-d)  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 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](http://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 ₹  <1L  1-5L  5-10L  10-25L  >25L **INDIVIDUALS** as on   Politically exposed person (PEP)  Related to a PEP  Not Applicable

Any other information




**NON INDIVIDUALS**  <1L  1-5L  5-10L  10-25L  >25L  >25L-1C as on   <1C as on

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/ Pawning  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

Name

Date of birth

Proof

Birth Certificate

Aadhar Card

Passport

Other

Born in

India

Other

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.

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

Date

authorise you to debit my/our account no.

Account type:  Savings  NRO  NRE  FCNR  Current  Others

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

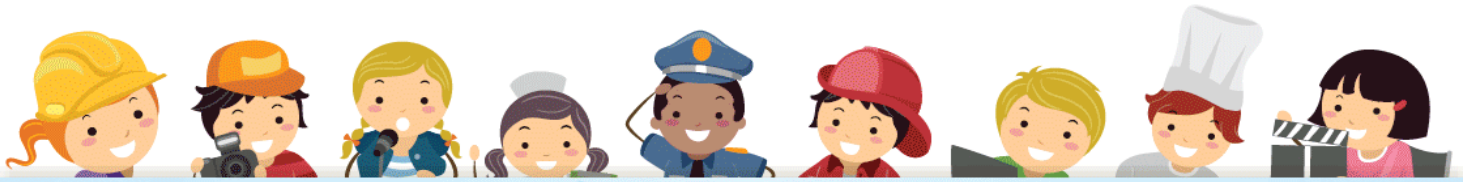
 **AXIS MUTUAL FUND**

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...



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

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



### Section A

Application No. \_\_\_\_\_

**GUARDIAN** (As mentioned on Form 1 section 2A) Folio no. \_\_\_\_\_  
(For Existing Minor Unit holders)

Name \_\_\_\_\_

Gender  Male  Female PAN \_\_\_\_\_ Occupation  Service  Business  Others

Father's name \_\_\_\_\_

**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 <sup>2</sup> | Identification type (TIN or Other, please specify) |
|----------|--|--|
|          |  |  |
|          |  |  |

<sup>1</sup>To also include USA, where the individual is a citizen / green card holder of the USA <sup>2</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### Section B

**DONOR** (As mentioned on Form 1 section 2B)

Name \_\_\_\_\_

Gender  Male  Female PAN \_\_\_\_\_ Occupation  Service  Business  Others

Father's name \_\_\_\_\_

**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 <sup>2</sup> | Identification type (TIN or Other, please specify) |
|----------|--|--|
|          |  |  |
|          |  |  |

<sup>1</sup>To also include USA, where the individual is a citizen / green card holder of the USA <sup>2</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### 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.

### SIGNATURES

|                   |       |
|-------------------|-------|
| Parent / Guardian | Donor |
|-------------------|-------|

Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 Place \_\_\_\_\_