

| Distributor ARN | Sub-Distributor ARN | Internal Sub-Broker/Sol ID | Employee Code | EUIN | RIA CODE^ | Serial No., Date & Time Stamp |
|-----------------|---------------------|----------------------------|---------------|---------|-----------|-------------------------------|
| ARN-4464 | ARN | | | E302737 | | |

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

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.



COMMON TRANSACTION SLIP

(for existing investors in Axis Children's Gift Fund)

AXIS MUTUAL FUND

Folio No.

Date

Name

Scheme Plan ☐ Regular ☐ Direct Sub-plan ☐ No lock-in ☐ Compulsory lock-in

Option ☐ Growth ☐ Dividend re-investment (*Not available for Compulsory Lock-in) ☐ Dividend payout

I/We would like to apply for ☐ ADDITIONAL PURCHASE (fill section-A) ☐ REDEMPTION (fill section-B) ☐ SWITCH (fill section-C)

Payment by ☐ GUARDIAN ☐ NEW DONOR* (New Donor will be allowed only when no donor is registered in existing folio and when it is supported with the additional purchase. i.e. Per folio only one donor will be allowed.)
☐ REGISTER DONOR (INVESTOR)

A ADDITIONAL PURCHASE (If the request is submitted by new donor please fill in details overleaf)

Bank Options ☐ Cheque / DD ☐ RTGS / NEFT ☐ Transfer Instrument No.

Bank Name Branch

₹ (in figures) ₹ (in words)

B REDEMPTION

☐ All units OR ☐ No. of Units OR ₹ (in figures)

₹ (in words)

Please Note: if the balance in your folio is less than the redemption amount, all units or entire balance shall be redeemed.

C SWITCH (From scheme as mentioned above)

☐ All units OR ☐ No. of Units OR ₹ (in figures)

₹ (in words)

To

Plan Option

D DETAILS OF ALTERNATE CHILD

☐ Addition of Alternate Child ☐ Change of Alternate Child

Relationship with unit holder ☐ Brother ☐ Sister ☐ Any Other

Name

Date of birth Proof ☐ Birth Certificate* ☐ Aadhar Card ☐ Passport ☐ Other Specify Born in ☐ India ☐ Other Specify

Name of guardian

Address

City State Pin code

ACKNOWLEDGMENT SLIP (To be filled by the investor)

AXIS MUTUAL FUND

Folio No.

Date

Name Plan Option

RECEIVED A REQUEST FOR

☐ Additional Purchase

Cheque No. Amount in ₹ Bank Name

☐ Redemption

No. of Units OR Amount

☐ Switch

To Scheme No. of Units OR Amount

Stamp & Signature

E NEW DONOR'S DETAILS (New donor should be KYC / FATCA / CRS / UBO compliant. Fill FATCA / CRS and UBO form for non-individual investor available at www.axismf.com)

| | | | | | | | | | | | | | | | | | |
|--|---|---------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------------------|-----------------------------------|---------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| New donor's name (Name should as in KYC/PAN record) | | | | | | | | | | | | | | | | | |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | PAN card | | | | | Occupation | <input type="checkbox"/> Service | <input type="checkbox"/> Business | <input type="checkbox"/> Others | Specify | | | | | |
| 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 | <input type="checkbox"/> Residential or business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered office | | | | | | | | | | | | | | | | |
| Permissible documents are | <input type="checkbox"/> Passport <input type="checkbox"/> Election ID card <input type="checkbox"/> PAN card <input type="checkbox"/> Govt. ID card <input type="checkbox"/> Driving license <input type="checkbox"/> UIDAI card | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> NREGA job card <input type="checkbox"/> Others <input type="text"/> | | | | | | | | | | | | | | | | |
| Date | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Country of birth | | | | | | | | | Nationality | | | | | | | | |

New Donor FATCA / CRS Details (*Fill FATCA / CRS and UBO form for non-individual investor available at www.axismf.com)

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 \$

| | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--------|--|--|--|--|----------|--|--|--|--|
| Correspondence/ Overseas address (For FIIs/NRIs/PIOs) | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | State | | | | | Pin Code | | | | |
| Overseas address | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | State | | | | | Pin Code | | | | |
| Email | | | | | | | | | Mobile | | | | | Tel | | | | |
| Status | <input type="checkbox"/> Resident individual <input type="checkbox"/> Proprietor <input type="checkbox"/> HUF <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> FIIs <input type="checkbox"/> Partnership firm <input type="checkbox"/> Society <input type="checkbox"/> Trust | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Company <input type="checkbox"/> Non-profit organization (NPO) <input type="checkbox"/> Others <input type="text"/> | | | | | | | | | | | | | | | | | |
| Occupation | <input type="checkbox"/> Pvt. sector service <input type="checkbox"/> Public sector <input type="checkbox"/> Gov. service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Professional <input type="checkbox"/> Retired | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Forex dealer <input type="checkbox"/> Others <input type="text"/> | | | | | | | | | | | | | | | | | |

| | | | | | |
|--|---|---|-----------------|---|--|
| Gross annual income OR Net-worth* in ₹ | INDIVIDUALS | <input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L | NON INDIVIDUALS | <input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L | Is the entity involved in any of the following: |
| | | <input type="checkbox"/> >25L <input type="checkbox"/> >25L-1C | | Foreign exchange/ Money changer <input type="checkbox"/> Y <input type="checkbox"/> N | |
| *Not older than one year (Ref 10) | as on | <input type="text"/> | as on | <input type="text"/> | Gaming/ Gambling/ Lottery (Casinos, betting syndicates) <input type="checkbox"/> Y <input type="checkbox"/> N |
| Any other information | <input type="checkbox"/> Politically exposed person (PEP) <input type="checkbox"/> Related to a PEP | | | | Money lending/ Pawning <input type="checkbox"/> Y <input type="checkbox"/> N |
| | <input type="checkbox"/> Not Applicable | | | | |

F DECLARATION AND SIGNATURE (Guardian signature is mandatory)*

Having read and understood the content of the SID and KIM of the scheme and SAT 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: I 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.

FATCA 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.

Guardian*

Donor

New Donor

INSTRUCTIONS FOR COMMON TRANSACTION SLIP

- Parent (Guardian) / Legal Guardian
 - Parent / Legal Guardian should be KYC verified, address provided in KYC will override the address mentioned in this form.
 - Documents evidencing the relationship with the minor shall be produced by the guardian.
 - In case of Court appointed guardian supporting documentary evidence (notarized court order) should be provided.
 - The folio(s) as held by a minor Unit holder shall be frozen for operation by the natural parent/legal guardian on the day the minor attains majority and no transactions thereafter shall be permitted till requisite documents evidencing change of status from 'minor' Unit holder are received.
 - Redemption, Switch and Purchase transaction should be mandatorily signed by parents/guardian even if additional purchase is received from Existing or New donor.
- Donor

Such person who make initial investment amount to gift the Units of the Scheme to the Unitholder (beneficiary child).

 - Donor should be KYC verified, address provided in KYC will override the address mentioned in this form
 - In case the donor is an NRI / PIO / OCI, an overseas address must be provided. A local address, if available, may also be mentioned in the application form.
 - There cannot be two Donors in the same folio.
 - Donor can be non individual.
 - Donor details will be updated only when it is supported with Additional Purchase.
 - In case of Additional purchase by existing donor, signature is mandatory.
- Alternate Child
 - The investor (including parent / legal guardian of the minor Unitholder) are given the facility to nominate an alternate child less than 18 years of age.
 - Where an alternate child is named, the investor, at the time of such naming shall sign such forms or any other documents as may be required by the AMC.
- In the event of death of the minor Unitholder (before attaining majority) during the tenor of the Scheme and where no alternate child has been named, the value of Units (at the redemption price) at the credit of the deceased minor Unitholder will be paid by the Fund to the Natural parents / legal guardian appointed by the competent court.
 - In the event of simultaneous death of the minor Unitholder and the alternate child, the legal guardian of the Unitholder appointed by the competent court or where no such guardian has been appointed, either parent of the minor Unitholder, or where neither parent is alive, any other guardian of the minor Unitholder, alone shall have the right to claim the value of Units (at the Redemption Price) at the credit of the deceased minor Unitholder, which shall be a full and valid discharge of the AMC / Fund from all further liabilities in respect of the sum so paid. e. Any nomination of an alternate child wherein the parent / legal guardian of the alternate child has not been named shall be an invalid nomination
 - Date of Birth of the Alternate Child along with photocopy of supporting documents should be provided with the applications form. (DOB proof includes documents like Birth Certificate, School Leaving certificate/ Mark sheet issued by Higher Secondary Board of respective states, ICSE, CBSE etc., Passport, or any other suitable proof evidencing the date of birth of the Alternate Child).
 - By providing this facility the Trustee is not in any way attempting to grant any rights other than those granted to the minor unitholder. The alternate child shall receive the Units only as an agent and trustee for the legal heirs or legatees as the case may be.
- Foreign Account Tax Compliance (fatca)

Details under FATCA/Foreign Tax Laws: Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in information provided, please ensure you advise us promptly, i.e., within 30 days. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. If you are classified as a passive Non-Financial Foreign Entity (NFFE) for FATCA purposes, please include in the section relating to Ultimate beneficial Owner (UBO), details of any specified US persons having controlling interest in the foreign country information field along with your US Tax Identification Number for FATCA purposes. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. From 1st November 2015 the Fund reserves the right to reject applications/restrict further investments or seek additional information from investors who have not provided the requisite information in the prescribed form available at our website www.axismf.com