



Date DDMMYY

## Personal & Employment Details (Fields in\* represent mandatory fields)

| Please tick (✓) as applicable                                          | Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Co-Applicant / Guarantor/GPA                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are you an existing customer. If yes, please provide Customer ID       | <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Account No.                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| CKYC Number (If any)                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Title (Mr/Mrs/Ms/Dr/Others)/First Name*                                | TITLE FIRSTNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TITLE FIRSTNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Middle Name                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Last Name*                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Maiden Name                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Relation with Applicant                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Constitution*                                                          | Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other<br><input type="checkbox"/> Resident Indian <input type="checkbox"/> Foreign Nationals<br><input type="checkbox"/> Overseas Citizen India <input type="checkbox"/> Non-Resident Indian<br><input type="checkbox"/> Person of Indian Origin                                                                                                                                                           | Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other<br><input type="checkbox"/> Resident Indian <input type="checkbox"/> Foreign Nationals<br><input type="checkbox"/> Overseas Citizen India <input type="checkbox"/> Non-Resident Indian<br><input type="checkbox"/> Person of Indian Origin                                                                                                                                                           |
| Aadhaar Number*                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| PAN Card*                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Passport No.                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Passport Expiry date* (if collected)                                   | DDMMYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DDMMYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Voter ID Card No.                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Driving License No.                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Driving License Expiry Date* (if collected)                            | DDMMYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DDMMYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Date of Birth*                                                         | DDMMYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DDMMYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Gender*                                                                | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                             |
| Nationality*                                                           | <input type="checkbox"/> Indian <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Indian <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Community*                                                             | <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh<br><input type="checkbox"/> Jain <input type="checkbox"/> Parsi <input type="checkbox"/> Others                                                                                                                                                                                                                                                 | <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh<br><input type="checkbox"/> Jain <input type="checkbox"/> Parsi <input type="checkbox"/> Others                                                                                                                                                                                                                                                 |
| Catagory*                                                              | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Minority <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Minority <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                         |
| Education                                                              | <input type="checkbox"/> Matriculate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate<br><input type="checkbox"/> Postgraduate <input type="checkbox"/> Others (Pls specify)                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Matriculate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate<br><input type="checkbox"/> Postgraduate <input type="checkbox"/> Others (Pls specify)                                                                                                                                                                                                                                                                            |
| Institute/University*                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Marital Status and No. of Dependents*                                  | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others No. of Dependents                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others No. of Dependents                                                                                                                                                                                                                                                                                                                                                              |
| Father's Name*                                                         | TITLE FIRSTNAME<br>MIDDLE LASTNAME                                                                                                                                                                                                                                                                                                                                                                                                                                              | TITLE FIRSTNAME<br>MIDDLE LASTNAME                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Mother's Name*                                                         | TITLE FIRSTNAME<br>MIDDLE LASTNAME                                                                                                                                                                                                                                                                                                                                                                                                                                              | TITLE FIRSTNAME<br>MIDDLE LASTNAME                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| E-mail Address*                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Phone Details                                                          | Tel. No.<br>Mobile No.*                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Tel. No.<br>Mobile No.*                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Residence Ownership*                                                   | <input type="checkbox"/> Self Owned <input type="checkbox"/> Self Owned mortgaged <input type="checkbox"/> Rental<br><input type="checkbox"/> Parental <input type="checkbox"/> Co. Provided <input type="checkbox"/> Paying Guest                                                                                                                                                                                                                                              | <input type="checkbox"/> Self Owned <input type="checkbox"/> Self Owned mortgaged <input type="checkbox"/> Rental<br><input type="checkbox"/> Parental <input type="checkbox"/> Co. Provided <input type="checkbox"/> Paying Guest                                                                                                                                                                                                                                              |
| Whether registered under GST (If yes, following details are mandatory) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GST Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exemption Reason (if yes)<br>Exemption Valid till (if yes)<br><input type="checkbox"/> Single <input type="checkbox"/> *Multiple Special Economic Zone<br>Special economic zone code (if Y)<br>Same as Residence /Communication Address<br>Same as Permanent Address <input type="checkbox"/> Others fill the field | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GST Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exemption Reason (if yes)<br>Exemption Valid till (if yes)<br><input type="checkbox"/> Single <input type="checkbox"/> *Multiple Special Economic Zone<br>Special economic zone code (if Y)<br>Same as Residence /Communication Address<br>Same as Permanent Address <input type="checkbox"/> Others fill the field |
| <b>GSTIN DETAILS</b>                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| GST Registration                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| *GST Annexure for multiple GST Registration                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| GSTIN (Default)                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| GSTIN Registration Date                                                | DDMMYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DDMMYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Address registered for GSTIN                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Udyam Registration Certificate                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Residential Communication Address*                                     | Pin*<br>State*<br>Years at present Address<br>Years in the same city                                                                                                                                                                                                                                                                                                                                                                                                            | Pin*<br>State*<br>Years at present Address<br>Years in the same city                                                                                                                                                                                                                                                                                                                                                                                                            |



| Loan Details                   | Loan I               | Loan II              | Loan I               | Loan II              |
|--------------------------------|----------------------|----------------------|----------------------|----------------------|
| Bank                           |                      |                      |                      |                      |
| Type of Loan (HL/PL/AL/OTHERS) |                      |                      |                      |                      |
| Loan Amount                    |                      |                      |                      |                      |
| EMI                            |                      |                      |                      |                      |
| Loan Tenure                    |                      |                      |                      |                      |
| No. of EMI Paid                |                      |                      |                      |                      |
| <b>Credit Card Details</b>     | <b>Credit Card 1</b> | <b>Credit Card 2</b> | <b>Credit Card 3</b> | <b>Credit Card 4</b> |
| Name of the issuing Bank       |                      |                      |                      |                      |
| Credit Card No.                |                      |                      |                      |                      |

#### Details of Applicant(s)/Co-Applicant(s)/Guarantor/GPA (Non Individual)

1. Name

2. Nature ☐ Partnership ☐ HUF ☐ Trust ☐ Society ☐ Private Company ☐ Public Company ☐ LLP ☐ If other:(please Specify)

3. Whether registered under GST ☐ Y ☐ N (If yes, following details are mandatory) GST Exemption ☐ Y ☐ N Exemption Reason(If Yes)

4. \*GSTIN DETAILS Exemption Valid Till (if Yes) D D M M Y Y Y Y

\*GST Registration ☐ Single ☐ Multiple (Please fill GST Annexure for multiple GST Registration) \*Special Economic Zone ☐ Y ☐ N Special Economic Zone Code (if Y)

GSTIN ( Default) GSTIN Registration Date D D M M Y Y Y Y

Address registered for GSTIN ☐ Same as residence /communication address ☐ Same as Permanent address ☐ Others (Use GSTAnnexure)

\*E-mail ID:

\*Mobile No.

#### 5. Names of other partners/trustees/directors/adult members of the HUF:

Name Nationality

Address

Name Nationality

Address

Signature of Applicant

Signature of Co-Applicant

#### Details of Applicant(s)/Co-Applicant(s)/Guarantor/GPA (Non Individual)

6. Principal Office/Regd. Office\*

PIN\* Landmark\* Tel Fax

City\* State\* Country\*

7. Branch or Local Office Address\*

PIN\* Landmark\* Tel Fax

City\* State\* Country\*

#### 8. Authorised Signatories details

(a) Name Designation Tel. Aadhaar

(a) Name Designation Tel. Aadhaar

#### 9. Nature of Business:

☐ Manufacturing ☐ Service Provider ☐ Stock broker ☐ Real estate

☐ Trading (Retail/Wholesale) ☐ Transport ☐ Education ☐ Bullion

10. No of Years in Business

#### 11. Industry Details

Annual Turnovr\*

Corporate Identification No: (CIN)

National Industrial Classification Code (NIC):\* Legal Entity Identifier (LEI) No:

Importer Exporter Code (IEC Code) Country of Incorporation:\*

| Existing Vehicle Details | Applicant 1 |                                                         | Co-Applicant/Guarantor/GPA |                                                         |
|--------------------------|-------------|---------------------------------------------------------|----------------------------|---------------------------------------------------------|
|                          | Vehicle 1   | <input type="checkbox"/> 2W <input type="checkbox"/> 4W | Vehicle 2                  | <input type="checkbox"/> 2W <input type="checkbox"/> 4W |
| Manufacturer / Model     |             |                                                         |                            |                                                         |
| Month of Purchase        |             |                                                         |                            |                                                         |
| Hypothecated to          |             |                                                         |                            |                                                         |

**Applicant Reference Details (To be filled by the applicant) One reference has to be non-relative/non colleague**

| Please tick (✓) as applicable | Reference I | Reference II |
|-------------------------------|-------------|--------------|
| Name of the reference         |             |              |
| Relationship with Applicant   |             |              |
| Postal Address                |             |              |
|                               |             |              |
|                               |             |              |
| Pin                           |             |              |
| City                          |             |              |
| State                         |             |              |
| Country                       |             |              |
| Phone (STD/ISD/Tel Off.)      |             |              |
| Mobile                        |             |              |
| E-Mail ID                     |             |              |

**ADDITIONAL DETAILS REQUIRED FOR NRI APPLICANT**

Country Name:  Country code:

If applicant resident for tax purposes in Jurisdiction outside India: ☐ Yes ☐ No Jurisdiction of residence:

Tax Identification Number or equivalent (If issued by jurisdiction)  Country of Birth:  City/Place of Birth:

If address in jurisdiction where application is resident is same as Current/ Permanent/ Overseas or Correspondence/ Local address details: ☐ Yes ☐ No

Address in Jurisdiction:

City/Town/Village:  State:  Country: ZIP/Post Code:

ISO 3166 Country Code

\*Note - Where the client is non-individual, Aadhaar number issued to person holding an attorney to transact on its behalf is required to be submitted.

**Enrollment under Max Life Group Credit Life Secure Plan** ☐ Yes ☐ No

Please note: Axis Bank has tied-up with Max Life Insurance Company Ltd. for "Max Life Group Credit Life Secure" policy that offers protection to 2W Loan customers of Axis Bank against loan liability in case of an eventuality. Coverage is voluntary for all eligible members of the scheme and by signing this Application you agree to enroll yourself within the Group Policy. Coverage is not active while this application is under process. Insurance cover shall commence only on issuance of Certificate of Insurance by Max Life.

Declaration: I/We authorize Max Life to appropriately adjust the amount of sum insured and/or coverage tenure depending upon the final premium amount remitted to Max Life by the Master Policyholder. I understand that the final coverage terms will be as per COI issued by Max Life. I hereby authorize Max Life Insurance Company Limited ("Max Life") to pay the outstanding loan balance as provided in the Credit Account Statement (to be provided by the Master Policyholder) to Axis Bank Limited ("Master Policyholder"), in respect of the loan availed of by me from the Master Policyholder (the application number of which is mentioned herein), by deducting the same from the claim proceeds payable to [my nominee/beneficiary] under this group policy on the happening of the insured event. "I further give my consent to and authorized Max Life to pay other processed, if any, in favour of Master Policy Holder."

Nominee/Beneficiary Details:

Name of Beneficiary:  Relationship:

Date of Birth:  Gender: ☐ Male ☐ Female ☐ Third Gender ☐ Others

In case beneficiary is minor:

Name of Appointee:  Relationship with Beneficiary

DOB of Appointee:  Gender of Appointee: ☐ Male ☐ Female ☐ Third Gender ☐ Others

**Customer Declaration in respect of relationship with Director/Senior Officer of the Bank/any other bank**

|                                                                                                                                                                                                                                                                                                                                                          |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| I/We am/are director(s) of Axis Bank Limited and also a director(s) / partner(s), manager(s), managing agent (s), employee (s), or guarantor(s) or holder(s) of substantial interest of the borrower or its subsidiary or its holding company.                                                                                                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I/We am/are director(s) of any other bank or the subsidiaries of any of the banks or trustees of mutual funds / venture capital funds set up by the banks and also a director(s) / partner(s), manager(s), managing agent(s), employee(s) or guarantor(s) or holder(s) of substantial interest of the borrower.                                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I/We am/are the relative(s) of the director(s) of Axis Bank Limited or any other Bank, as defined by extant guidelines of RBI from time to time, and also a director(s) / partner(s) or guarantor(s) or major shareholder(s) or in control of the borrower or a major shareholder(s) or in control of the holding or subsidiary company of the borrower. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I/We am/are senior official(s) of the Bank or relative of the senior official of the Bank, as defined by extant guidelines of RBI from time to time, and also a director(s) / partner(s), or guarantor(s) or holder(s) of substantial interest of the borrower.                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If any of the above clause is applicable, then please furnish the details. In case if any of the above stated declarations are breached during the tenor of the facility, the borrower shall inform the bank immediately. In case of non-compliance with the undertaking or giving wrong undertaking in relation to the provisions Connected Lending/Section 20 of the BR Act, at any time during the currency of loan, the Bank reserves the right to recall the loan immediately

In the event that the Applicant / Co-applicant are related to any of Director of Axis Bank/ Director of other bank/ Senior officer(s) of Axis Bank:

I/We declare(s) that the I/we am/are related to the director(s) and / or Senior Officer(s) of Axis Bank or of any other bank as specified hereto:

Signature

| Sr. No. | Name of Director(s)/Senior Officer(s) | Designation | Relationship |
|---------|---------------------------------------|-------------|--------------|
| 1       |                                       |             |              |
| 2       |                                       |             |              |
| 3       |                                       |             |              |

\*Including directors of Scheduled Co-operative Bank, director of subsidiaries/trustees of mutual fund/venture capital fun. If the above declaration is found to be false then the Bank will be entitled to revoke and/or recall the credit facility.

Signature of the Applicant 
 Signature of the Co-Applicant 
 Signature of the Co-Applicant

Having understood the definitions provided below and to the best of my /our knowledge and belief, I / We do hereby solemnly declare and confirm that I / We are not:

- a related person / related party of Axis Bank, or
- a reciprocally related person, or
- a specified employee of Axis Bank, or
- a relative of specified employee of Axis Bank, or
- a firm in which any of the directors or spouse or dependent / minor child of directors of Axis Bank is / are interested as a partner, manager, employee or guarantor, or
- a company (incl. holding company or subsidiary incl. step-down subsidiary) of which any of the directors or spouse or dependent / minor child of directors of Axis Bank is / are a director, managing agent, manager, employee or guarantor or they hold substantial interest, or
- an individual in respect of whom any of directors of Axis Bank / spouse or dependent / minor child thereof is / are a partner or guarantor, or
- an entity in which Axis Bank's promoters and their relatives or shareholders with shareholding of 10% or more in the paid-up equity capital of Axis Bank, have significant influence or control (as defined under Accounting Standards Ind AS 28 and Ind AS 110).

If answer to any of the above is "Yes", please furnish the following details:

| Name of Related Party / Specified Employee or relative of Specified Employee | Nature of classification (Related Party / Specified Employee / Relative of Specified Employee) | Details or Reason of such classification | Relationship details (if relative) |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------|
|                                                                              |                                                                                                |                                          |                                    |

I / We declare that I / We am / are making the aforesaid declaration solemnly and sincerely believing the same to be true and complete, and in case of any change on the above, I / We shall immediately inform Axis Bank of such change. I/we understand any suppression or misstatement of facts may lead to actions incl. recall of the facilities availed or regulatory reporting.

  
Signature of the Applicant / Co-Applicant / Guarantor / Authorized Signatory (Name, Designation)

Definitions as per Reserve Bank of India (Commercial Banks – Credit Risk Management) – Directions, 2025 and as amended from time to time:

'Related Person' shall mean a person, and the relatives of such a person, where the person:

- is either a promoter, or a director, or a KMP of Axis Bank; or
- owns more than 5% of paid-up equity share capital of Axis Bank or can, either singly or jointly, exercise more than 5% of the voting rights of Axis Bank on account of either ownership or voting agreement or through shareholders' agreement or through any other arrangement; or
- can, through an agreement with Axis Bank, nominate a director to its Board; or
- is either singly or jointly, in control of Axis Bank.

'Reciprocally related person (RRP)' means an individual who is either:

- a director (excluding independent director / Nominee director appointed by the Government or RBI or a statutory body) of another (other than Axis Bank) commercial bank, or an All-India Financial Institution (AIFI), or a scheduled cooperative bank, or a subsidiary of a commercial bank (including Axis Bank); or
- a trustee of a mutual fund or an alternate investment fund established by any of these regulated entities (Commercial Bank / AIFI / Scheduled Co-op Bank / Subsidiary of Commercial Bank); or
- a relative of such a director or a trustee.

'Related Party' with respect to Axis Bank shall mean a related person, a reciprocally related person, or any of the following entities in which a related person or a reciprocally related person is:

- a partner, manager, KMP, director or a promoter; or
- a shareholder with more than 10% of paid-up equity share capital; or
- having control, whether singly or jointly with another person; or
- in a position to control > 20% of voting rights on account of ownership or through a voting agreement or through any other arrangement; or
- having the power to nominate a director to its Board; or
- in a position to influence the entity to act on their advice, direction, or instruction.
- a guarantor or a surety; or
- is a trustee or an author or a beneficiary and where the entity is in the form of a private trust.
- related as a subsidiary or a parent company or a holding company or an associate or a joint venture.

Provided that:

- nothing in sub-clause (e) above shall apply in cases where the authority to nominate a director arises exclusively from a lending or financing arrangement.
- nothing in sub-clause (f) above shall apply to the advice, directions or instructions given in a professional capacity.
- Government of India / State Government-owned or controlled entities shall not be treated as related parties to a government-owned bank just by virtue of the fact that the Government has the common ownership or control of such entities.

'Key Managerial Personnel (KMP)' of a bank shall have the same meaning as defined in Section 2(51) of the Companies Act, 2013.

'Specified Employee' with respect to Axis Bank is any employee at Axis Bank with a designation President and above.

'Relative' with regard to a natural person shall have the same meaning as defined in Section 2(77) of the Companies Act, 2013 and rules framed therein.

'Substantial interest' shall have the same meaning as assigned to it in Section 5(ne) of the Banking Regulation Act, 1949.

☐ I hereby give my consent to and agree and authorize Axis Bank Ltd. to fetch my personal details from UIDAI. I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and I voluntarily consent to providing my Aadhaar number / VID number, Biometric information and/or One Time Pin(OTP) data (and/or any similar authentication data) for the purpose of Two Wheeler Loan application. I understand that the biometric and/or OTP and/or any other authentication data I may provide for authentication shall be used only for authenticating my identity through the Aadhaar authentication system for the specific transaction or as per requirement of law and for no other purposes. I confirm that I have been informed about the alternatives to submission of identity information and I have agreed to authenticate myself through Aadhaar based authentication system with full understanding of alternatives to submission of identity information. I understand that Axis Bank shall ensure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication. I authorize Axis Bank to verify and authenticate my Aadhaar during processing my Two Wheeler Loan. I further authorize the Bank to share my Aadhaar related details/information with regulatory / statutory bodies as and when required.

☐ I confirm that the Bank has explained and provided me the above information in my local language before collecting my personal details for the purpose of Aadhaar based authentication. I hereby expressly consent to and authorize the Bank (whether acting by itself or through any of its service providers, and whether in automated manner or otherwise), to collect, store and process my application details, personal data and sensitive information about me, information, papers and data relating to know your customer (KYC), credit information, and any other information about me/pertaining to me or not as may be deemed relevant by the Bank (collectively, "Information") and I hereby also expressly consent to and authorize the Bank to download KYC details from the CKYC registry using my CKYC ID for the purpose of Two Wheeler Loan application.

#### Information on Product and offering

"I expressly consent to the Bank to share and disclose my information, including personal information, to credit information companies, bureaus, regulators or governmental authorities, investigating agencies, judicial, quasi-judicial and statutory authorities, group companies/ subsidiaries of the Bank, service providers, cobrand entity/ partner, card associations, settlement, transfer and processing intermediaries, distributor (for legal and regulatory requirements only), information utilities, other banks and financial institutions, merchant aggregators, payment gateways, other players/ intermediaries or to other persons/institutions/entities, as may be necessary in connection with the contractual, regulatory or legal requirements for processing such information including by way of wholly or partly performing automated or physical operations, including collection, recording, organizing, structuring, storing, adapting, retrieving, using, profiling, aligning, indexing, sharing, disseminating or otherwise making available, as may be deemed fit by the Bank and for the purposes of customer services and operations, collections and recovery, audit, investigation, monitoring and fraud prevention, credit appraisal, legal and regulatory requirements including KYC verification and reporting to regulatory and statutory authorities, processing insurance claims, risk management activities, security, testing, for entering into contract, for developing credit scoring models and business strategies, for monitoring, for evaluating and improving the quality of Bank's products and services, other than marketing/ cross selling."

#### Cross Sell Consent

"I expressly agree to the Bank, its service providers, agents and/or its affiliates for using the information, including personal information, for marketing, promotion, research and analytics, and cross-selling of products and services of the Bank and of the Bank's subsidiaries, affiliates/ group companies from time to time via telephone, SMS and/or email. Further, I hereby acknowledge that the Bank has provided me with an option to withdraw consent to the purpose herein at any time by intimation through letter or email. However, if I withdraw my consent, I accept that the Bank will stop processing my personal data except where such processing is mandatory as per applicable law and that any personal data that has already been processed shall remain unaffected by the withdrawal of such consent"

☐ YES ☐ NO

Applicant Signature

Co-Applicant Signature

Co-Applicant Signature

## Vehicle Details

|                       |                                                                                                                                                           |                                                |                             |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------|
| Name of Manufacturer: | <input type="text"/>                                                                                                                                      | Category:                                      | <input type="text"/>        |
| Asset make            | <input type="text"/>                                                                                                                                      | (For official use as per Bank's approved list) |                             |
| Variant:              | <input type="text"/>                                                                                                                                      | Model                                          | <input type="text"/>        |
| Asset type:           | <input type="checkbox"/> New Asset <input type="checkbox"/> Used Asset <input type="checkbox"/> Refinance Asset <input type="checkbox"/> Balance Transfer | Asset Life                                     | <input type="text"/> Months |
| Name of the Dealer:   | <input type="text"/>                                                                                                                                      | Dealer Code                                    | <input type="text"/>        |

## Vehicle Cost Break up (in ₹)

|                        |                                                                                                                                                        |                              |                      |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------|
| Ex-show-room price     | <input type="text"/>                                                                                                                                   | Octroi / other taxes, if any | <input type="text"/> |
| Registration cost      | <input type="text"/>                                                                                                                                   | Discount                     | <input type="text"/> |
| Motor Insurance        | <input type="text"/>                                                                                                                                   | Total on - road price        | <input type="text"/> |
| Type of loan structure | <input type="checkbox"/> EMI in Arrears <input type="checkbox"/> EMI in advance <input type="checkbox"/> is EMIs in Advance, number of Advance of EMIs | <input type="text"/>         | <input type="text"/> |

## Loan Application Details

|                            |                                                                                                                                                                                                                                   |                      |                                                                                        |                |                      |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------|----------------|----------------------|
| Application Date           | <input type="text"/>                                                                                                                                                                                                              | Load ref. IDL        | <input type="text"/>                                                                   | Application ID | <input type="text"/> |
| Loan Variant / Type        | (Please fill the sub-schemes/variant details)                                                                                                                                                                                     |                      |                                                                                        |                |                      |
| Scheme                     | <input type="checkbox"/> AL_LNAUL_BRE <input type="checkbox"/> AL_PREAPPROVED_BRE <input type="checkbox"/> UC_LNUCL_BRE <input type="checkbox"/> AU_CORP_BRE <input type="checkbox"/> TW_LAA <input type="checkbox"/> Others_____ |                      |                                                                                        |                |                      |
| Location (Name of the ASC) | <input type="text"/>                                                                                                                                                                                                              | Promotional Code     | <input type="text"/>                                                                   |                |                      |
| Loan Amount (₹)            | <input type="text"/>                                                                                                                                                                                                              | Tenure (Months)      | <input type="text"/>                                                                   |                |                      |
| Processing Fee (₹)         | <input type="text"/>                                                                                                                                                                                                              | Repayment Mode*      | <input type="checkbox"/> SI <input type="checkbox"/> NACH <input type="checkbox"/> PDC |                |                      |
| Credit Life Insurance (₹)  | <input type="text"/>                                                                                                                                                                                                              | <input type="text"/> |                                                                                        |                |                      |

## Sourcing Details

|                                                                                                                                                                                                                                                                                                                                                              |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> DSA <input type="checkbox"/> Dealer <input type="checkbox"/> Cross Sell <input type="checkbox"/> Direct <input type="checkbox"/> Digital <input type="checkbox"/> Insta Sanctions <input type="checkbox"/> Bank Bazaar <input type="checkbox"/> Other_____                                                                          |                                       |
| Channel Code <input type="checkbox"/> ATM <input type="checkbox"/> SMS <input type="checkbox"/> Website <input type="checkbox"/> Outbound <input type="checkbox"/> Email <input type="checkbox"/> Mobile App <input type="checkbox"/> Phone Banking <input type="checkbox"/> Net Banking <input type="checkbox"/> CIBIL <input type="checkbox"/> Others_____ |                                       |
| Name of the sourcing Channel <input type="text"/>                                                                                                                                                                                                                                                                                                            |                                       |
| Name of the Axis Bank Relationship Officer <input type="text"/>                                                                                                                                                                                                                                                                                              |                                       |
| DSA Code <input type="text"/>                                                                                                                                                                                                                                                                                                                                | Referrer Name <input type="text"/>    |
| DME Code <input type="text"/>                                                                                                                                                                                                                                                                                                                                | Team Leader Name <input type="text"/> |
| Dealer Sales Executive / Account Officer Name & Code <input type="text"/>                                                                                                                                                                                                                                                                                    |                                       |

Signature of the Sourcing agent

Please specify marketing programme, if any:

Axis Bank Employee ID

(Please enter the employee ID of the Axis Bank branch staff sourcing the case)

Signature of Relationship Officer

## I/ We also confirm that I have been explained the following:

- Axis Bank will convey its decision (within 2 weeks for credit limit up to ₹ 5 lakh and within 3 weeks for credit limit above ₹ 5 lakh and up to ₹ 25 lakh for Micro & Small enterprises borrowers) and (within 30 working days for other borrowers) from the date of receipt of the application provided the application is complete in all respects and is submitted along with all the documents as per 'check list' provided in the application for loan and/or any additional documents as may be required by the bank for proper appraisal of the application. The computation of timelines shall starts from the day on which
- The bank may at its sole discretion sanction or decline the application. The bank shall convey, the reasons, which in its opinion after due consideration, have led to rejection of the application.
- The bank will decide and assign the loan limit and no commitment has been given to me/ us for the same.
- The DSA/ DST has not collected any commission/ brokerage or any other fee by way of cash or cheque other than the cheque no. \_\_\_\_\_ towards \_\_\_\_\_ in favour of Axis Bank Ltd.
- Prepayment options are available. The details of the prepayment charges are given below.
- Prepayment clause \_\_\_\_\_
- Processing fees of ₹ \_\_\_\_\_ will not be refunded in case of rejection/ withdrawal of the case.
- Axis Bank Ltd. reserves the right to retain the photographs and documents submitted with this applications and will not return the same to the applicant
- Axis Bank Ltd. reserves the right to retain the photographs and documents submitted with this applications and will not return the same to the applicant My personal / KYC details may be shared with Central KYC Registry
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address
- I/We further authorise the Bank to share my Aadhaar related details/information with regulatory / statutory bodies as and when required.
- I/We authorize Axis Bank to verify and authenticate my/our Aadhaar number during processing my/our application for legitimate Business purposes.
- I/we authorize Axis Bank to Verify/Authenticate my/our KYC OVDs/Aadhaar number/loan documents during processing my/our loan application through third party agencies via digitally/physically for legitimate business purpose.
- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately.
- I/We hereby authorized Axis Bank to share the details regarding loan application status intimation letters with Dealer/DSA/Channel. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it
- I/We undertake to inform the Bank in case of any update in the information provided or documents submitted by me/us for the grant of facility/Loan by the Bank at the time of establishment of business relationship / account-based relationship and thereafter, as necessary; I/we shall submit to the Bank the update of such information/documents. I/We agree to do the aforementioned within 30 days of the update to any such information/documents for the purpose of updating the records at the Banks' end.

Applicant/Co-Aplicant/  
Guarantor/GPA PhotographPlease sign across  
the photographApplicant/Co-Aplicant/  
Guarantor/GPA SignatureApplicant/Co-Aplicant/  
Guarantor/GPA PhotographPlease sign across  
the photographApplicant/Co-Aplicant/  
Guarantor/GPA Signature

|                          |   |   |   |   |   |                      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                    |
|--------------------------|---|---|---|---|---|----------------------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--------------------|
| Employee Name            |   |   |   |   |   |                      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                    |
| Employee Code            |   |   |   |   |   | Employee Designation |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                    |
| Emp. Organisation & Code |   |   |   |   |   | Employee Branch      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                    |
| Place                    |   |   |   |   |   |                      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                    |
| Date                     | D | D | M | M | Y | Y                    | Y | Y |  |  |  |  |  |  |  |  |  |  |  |  | Employee Signature |
|                          |   |   |   |   |   |                      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                    |

*(Filling of all the fields is mandatory and No. field should be left Blank. User should either provide details or should mention NA to avoid any data fudging in blank spaces)*

# CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application form for Legal Entity / Other than Individuals

## ENTITY Details\*

|                                       |                      |
|---------------------------------------|----------------------|
| Name*                                 | <input type="text"/> |
| Entity Constitution Type              | <input type="text"/> |
| Date of Incorporation / Formation*    | <input type="text"/> |
| Place of Incorporation / Formation*   | <input type="text"/> |
| Country of Incorporation / Formation* | <input type="text"/> |

## Proof of Identity (POI)\*

|                          |                                                                                           |
|--------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Officially valid document(s) in respect of person authorised to transact                  |
| <input type="checkbox"/> | Certificate of Incorporation / Formation                                                  |
| <input type="checkbox"/> | Registration Certificate No.                                                              |
| <input type="checkbox"/> | Memorandum and Articles of Association                                                    |
| <input type="checkbox"/> | Partnership Deed                                                                          |
| <input type="checkbox"/> | Trust Deed                                                                                |
| <input type="checkbox"/> | Resolution of Board/ Managing Committee                                                   |
| <input type="checkbox"/> | Power of attorney granted to its manager, officers or employees to transact on its behalf |
| <input type="checkbox"/> | Activity Proof 1 (for Sole Proprietorship only)                                           |
| <input type="checkbox"/> | Activity Proof 2 (for Sole Proprietorship only)                                           |

## Address\*- Registered office address / Place of Business

|                        |                                                                  |                                                   |
|------------------------|------------------------------------------------------------------|---------------------------------------------------|
| Proof of Address*      | <input type="checkbox"/> Certificate of Incorporation/ Formation | <input type="checkbox"/> Registration Certificate |
|                        | <input type="checkbox"/> Other Document                          |                                                   |
| Line 1*                | <input type="text"/>                                             |                                                   |
| Line 2                 | <input type="text"/>                                             |                                                   |
| Line 3                 | <input type="text"/>                                             |                                                   |
| City / Village / Town* | <input type="text"/>                                             | District* <input type="text"/>                    |
| Pin Code*              | <input type="text"/>                                             | State / U.T* <input type="text"/>                 |
| Country*               | <input type="text"/>                                             |                                                   |

## Address\*- Local address in India (if different from Above)\*

|                        |                      |                                   |
|------------------------|----------------------|-----------------------------------|
| Line 1*                | <input type="text"/> |                                   |
| Line 2                 | <input type="text"/> |                                   |
| Line 3                 | <input type="text"/> |                                   |
| City / Village / Town* | <input type="text"/> | District* <input type="text"/>    |
| Pin Code*              | <input type="text"/> | State / U.T* <input type="text"/> |
| Country*               | <input type="text"/> |                                   |

## Contact Detail (All communications will be sent to Mobile number/ Email-ID provided" may be used)

|            |                      |
|------------|----------------------|
| Tel. (off) | <input type="text"/> |
| Mobile     | <input type="text"/> |
| Email ID   | <input type="text"/> |
| Mobile     | <input type="text"/> |
| Email ID   | <input type="text"/> |

## APPLICATION DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

(Signature/Thumb Impression)

Signature/Thumb Impression of Authorised Person(S)

## Details of Related Person\*

|                                                     |                                                                     |                                                        |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Addition of Related Person | <input type="checkbox"/> Deletion of Related Person                 | <input type="checkbox"/> Update Related Person Details |
| KYC Number of Related Person (if available*)        | <input type="text"/>                                                |                                                        |
| Related Person Type*                                | <input type="checkbox"/> Director                                   | <input type="checkbox"/> Promoter                      |
|                                                     | <input type="checkbox"/> Partner                                    | <input type="checkbox"/> Court Appointment Official    |
|                                                     | <input type="checkbox"/> Beneficial Owner                           | <input type="checkbox"/> Power of Attorney Holder      |
|                                                     | <input type="checkbox"/> Karta                                      | <input type="checkbox"/> Trustee                       |
|                                                     | <input type="checkbox"/> Beneficiary                                | <input type="checkbox"/> Authorised Signatory          |
|                                                     | <input type="checkbox"/> Proprietor                                 | <input type="checkbox"/> Other (Please specify)        |
| DIN (Director Identification Number)                | <input type="text"/> (Mandatory if Related Person Type is Director) |                                                        |

### Personal Details

[illegible]

### Proof of Identity and Address\*

(I) Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

|                                |                                     |                      |                      |
|--------------------------------|-------------------------------------|----------------------|----------------------|
| <input type="checkbox"/>       | Passport Number                     | <input type="text"/> | <div>Photo</div>     |
| <input type="checkbox"/>       | Voter Id card                       | <input type="text"/> |                      |
| <input type="checkbox"/>       | Driving Licence                     | <input type="text"/> |                      |
| <input type="checkbox"/>       | NREGA Job Card                      | <input type="text"/> |                      |
| <input type="checkbox"/>       | National Population Register Letter | <input type="text"/> |                      |
| <input type="checkbox"/>       | Proof of Possession of Aadhaar      | <input type="text"/> |                      |
| (ii) <input type="checkbox"/>  | E-KYC Authentication                | <input type="text"/> |                      |
| (iii) <input type="checkbox"/> | Offline verification of Aadhaar     | <input type="text"/> |                      |
| Line 1*                        | <input type="text"/>                |                      |                      |
| Line 2                         | <input type="text"/>                |                      |                      |
| Line 3                         | <input type="text"/>                |                      |                      |
| City / Village / Town*         | <input type="text"/>                | District*            | <input type="text"/> |
| Pin Code*                      | <input type="text"/>                | State / UT*          | <input type="text"/> |
| Country*                       | <input type="text"/>                |                      |                      |

☐ Same as above mentioned address (In such cases address details as below need not be provided)

### Address

|                        |                      |  |  |  |  |  |  |  |  |  |             |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------|----------------------|--|--|--|--|--|--|--|--|--|-------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Line 1*                | <input type="text"/> |  |  |  |  |  |  |  |  |  |             |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 2                 | <input type="text"/> |  |  |  |  |  |  |  |  |  |             |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 3                 | <input type="text"/> |  |  |  |  |  |  |  |  |  |             |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City / Village / Town* | <input type="text"/> |  |  |  |  |  |  |  |  |  | District*   | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pin Code*              | <input type="text"/> |  |  |  |  |  |  |  |  |  | State / UT* | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country*               | <input type="text"/> |  |  |  |  |  |  |  |  |  |             |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## CONTACT DETAILS (All communication will be sent on provided mobile no. / Email ID)

[illegible]

**APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- I/We have confirmed that I/we have received a copy of the "Code of Bank's Commitment to Customers". I/We have been confirmed the contents of the same and also understand that it is available online at the Bank's website, 'www.axisbank.com'. I/We understand that the proceeds of this facility shall not be used for investments in the capital market.

Date DD - MM - YYYY

Place

Signature/Thumb Impression of Applicant

**ATTESTATION/FOR OFFICE USE ONLY**

**Documents Received** ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from offline verification  
☐ Digital KYC process ☐ Equivalent e-document

**KYC VERIFICATION CARRIED OUT BY**

Date DD - MM - YYYY  
 Emp. Name  
 Emp. Code  
 Emp. Designation  
 Emp. Branch

(Employee Signature)

**INSTITUTION DETAILS**

Name  
 Code

(Institution Stamp)

**Legal Entity Identifier (LEI Declaration)** (Applicable for Non - Individuals only)

Name of borrower: \_\_\_\_\_

- ☐ I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is above Rs. 5 Crore and above. The Legal Entity Identifier (LEI) is applicable to our firm/company and the details of the same are as under:

1) LEI No.:

2) LEI Issuer:

3) LEI Issuance Date: (DDMMYYYY)

4) LEI Expiry Date: (DDMMYYYY)

- ☐ I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is below Rs. 5 Crore. The Legal Entity Identifier (LEI) is not applicable to us.

- ☐ I/we confirm that if total banking exposure of our firm/company goes Rs. 5 Crore and above during the tenure of the loan/credit facility, we endeavour to obtain the LEI and agree to provide the LEI details to Axis Bank at the earliest same.

- ☐ I/We declare that the particulars and information given above are true, correct and up to date in all aspects.

Signature

(Please tick the applicable tax resident declaration (Any one)\*)

### APPLICANT

☐ I am a tax resident of India and not resident of any other country OR ☐ I am a tax resident of the country/ies mentioned in the table below:

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax Number below:

City of Birth\*

Country of Birth\*

Address Type for Tax Purposes\* ☐ Resident ☐ Business ☐ Registered office

| Country# | Tax Identification Number % | Identification Type (TIN or Other, please specify)% | Address for Tax Purpose*                           |                   |                               |
|----------|-----------------------------|-----------------------------------------------------|----------------------------------------------------|-------------------|-------------------------------|
|          |                             |                                                     | Communication Address                              | Permanent Address | Please note the address below |
|          |                             |                                                     |                                                    |                   |                               |
|          |                             |                                                     | Landmark _____                                     |                   |                               |
|          |                             |                                                     | PIN <input type="text"/> State _____ Country _____ |                   |                               |

#To also include USA, where the individual is citizen/green card holder of USA % In case Tax Identification number is not available, kindly provide functional equivalent FATCA-CRS Certification: I have understood the information requirements of this form (read along with the FATCA/CRS instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature \_\_\_\_\_

### CO-APPLICANT

☐ I am a tax resident of India and not resident of any other country OR ☐ I am a tax resident of the country/ies mentioned in the table below:

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax Number below:

City of Birth\*

Country of Birth\*

Address Type for Tax Purposes\* ☐ Resident ☐ Business ☐ Registered office

| Country# | Tax Identification Number % | Identification Type (TIN or Other, please specify)% | Address for Tax Purpose*                           |                   |                               |
|----------|-----------------------------|-----------------------------------------------------|----------------------------------------------------|-------------------|-------------------------------|
|          |                             |                                                     | Communication Address                              | Permanent Address | Please note the address below |
|          |                             |                                                     |                                                    |                   |                               |
|          |                             |                                                     | Landmark _____                                     |                   |                               |
|          |                             |                                                     | PIN <input type="text"/> State _____ Country _____ |                   |                               |

#To also include USA, where the individual is citizen/green card holder of USA % In case Tax Identification number is not available, kindly provide functional equivalent FATCA-CRS Certification: I have understood the information requirements of this form (read along with the FATCA/CRS instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature \_\_\_\_\_

### Politically Exposed Person (PEP) Declaration

Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

☐ I declare that I am not a Politically Exposed Person (PEP) nor I am related to any Politically Exposed Person (PEP)

#### For Individuals

☐ I declare that I am not a Politically Exposed Person (PEP) nor I am related to any Politically Exposed Person (PEP)

#### For non- Individuals

☐ I/We declare that there is no Politically Exposed Person (PEP) either as a Director/Partner/Trustee/Office Bearer/Promoter/Authorised Signatory/Beneficial owner in my/our organisation, and neither of them are related to any Politically Exposed Person (PEP)

| Two Wheeler Loan Document Submitted (Pls. tick (i) boxes where appropriate and write N.A. if not applicable )          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |  |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|
| GENERAL                                                                                                                | Application Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Proforma Invoice                    |  |
| Document Required                                                                                                      | INDIVIDUAL BORROWER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |  |
|                                                                                                                        | Salaried                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Self - Employed                     |  |
| Application form with photograph duly signed by all applicant <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |  |
| Identity & Address Proof                                                                                               | <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Voters ID <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> PAN Card (only as ID proof) Other (Pls. specify) _____<br>Any Other document (please specify) <input type="checkbox"/> Address Proof _____ <input type="checkbox"/> ID Proof _____                                                                                                                                                                                                                                                  |                                     |  |
| Office / Business Proof                                                                                                | NA <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Shop & Establishment Act Certificate<br><input type="checkbox"/> SSI or MSME Registration Certificate <input type="checkbox"/> Sales Tax or VAT Certificate<br><input type="checkbox"/> Current A/c Statement <input type="checkbox"/> Regd. Lease with utility bill Others _____                                                                                                                                                                                                                  |                                     |  |
| Income Proof                                                                                                           | <input type="checkbox"/> Latest Salary Slip & Latest Form 16 <input type="checkbox"/> Latest ITR Others (Pls. specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |  |
| Bank Statement                                                                                                         | <input type="checkbox"/> Latest 3 months Bank Statement <input type="checkbox"/> Latest 3 months Bank Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |  |
| Age Proof                                                                                                              | <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> PAN Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Others (Pls. specify) _____                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |  |
| Sign Verification Proof                                                                                                | <input type="checkbox"/> Passport <input type="checkbox"/> PAN Card <input type="checkbox"/> Mankers Cerification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |  |
| Employment / Business Continuity Proof                                                                                 | <input type="checkbox"/> Copy of appointment Letter <input type="checkbox"/> Date of joining mentioned on salary slip or Form 16 <input type="checkbox"/> Shop & Establishment Act Certificate <input type="checkbox"/> SSI or MSME Registration<br><input type="checkbox"/> ITR or Form 16 of completed 1 year <input type="checkbox"/> Work Experience Certificate <input type="checkbox"/> Certificate <input type="checkbox"/> Sales Tax or VAT Certificate <input type="checkbox"/> Current A/c Statement<br><input type="checkbox"/> Relieving Letter <input type="checkbox"/> Others (Pls. specify) _____ |                                     |  |
| Documents required                                                                                                     | Non Individual Borrower                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |  |
|                                                                                                                        | Partnership Firm / Trust / Society                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Private Limited / Limited Companies |  |
| Application form with photograph duly signed by all applicant <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |  |
| Identity & Address Proof                                                                                               | <input type="checkbox"/> Copy of Partnership Deed <input type="checkbox"/> Trust Deed <input type="checkbox"/> Society Deed <input type="checkbox"/> Copy of Latest MOA/AOA <input type="checkbox"/> Certificate pf Incorporation<br>Others (Pls. specify) _____ Others (Pls. specify) _____                                                                                                                                                                                                                                                                                                                     |                                     |  |
| Address Proof                                                                                                          | <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Shop & Establishment Act Certificate <input type="checkbox"/> SSI or MSME Certificate Sales Tax or VAT Certificate<br><input type="checkbox"/> Current A/c Statement <input type="checkbox"/> Registered Lease with utility bill Others (Pls. specify) _____                                                                                                                                                                                                    |                                     |  |
| Income Proof                                                                                                           | <input type="checkbox"/> Audited Balance Sheet <input type="checkbox"/> P&L Account & ITR for latest 2 years <input type="checkbox"/> Others (Pls. specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |  |
| Bank Statement                                                                                                         | <input type="checkbox"/> Latest Three Months Bank Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |  |
| Employment / Business Continuity Proof                                                                                 | <input type="checkbox"/> Shop & Establishment Act Certificate <input type="checkbox"/> SSI or MSME Registration Certificate <input type="checkbox"/> Sales Tax or VAT Certificate<br><input type="checkbox"/> Current A/c Statement <input type="checkbox"/> Others (Pls. specify) _____                                                                                                                                                                                                                                                                                                                         |                                     |  |
| Additional Document                                                                                                    | <input type="checkbox"/> PAN Cards <input type="checkbox"/> Authority letter by all partners & Board <input type="checkbox"/> List of Directors & Shareholding Pattern <input type="checkbox"/> PAN Cards <input type="checkbox"/> Board Resolution<br><input type="checkbox"/> Resolution for Trust / Society <input type="checkbox"/> Certificate of Commencement of Business for Ltd.                                                                                                                                                                                                                         |                                     |  |

\*Axis Bank Limited may request for additional documents other than requested above in connection with the Two Wheeler Loan application

### Details of Charges

- Stamp Duty- At actuals
- Cheque bouncing charges -Rs. 500 per instance + GST
- Penal Charges - ^Financial Default\*:  
8% p.a. on the overdue amount (subject to aggregate penal charges not exceeding ₹1,00,000 (INR One lakh) per instance) Subject to minimum of Rs.300 (NO GST)
- Material Terms & Condition - 1) Non-payment of interest/ installment on due date  
2) Financial Default also includes all types of payment or financial defaults/ irregularities with respect to the Loan Account
- Cheque swapping charges- ₹ 500 per instance + GST
- Loan cancellation / Re-booking charges - ₹ 550 per instance + GST
- Registration Certificate Collection Charges: Rs. 600 per instance + GST
- Duplicate Statement Issuance Charges 250/- per instance + GST
- Processing Fees - Up to 2.5% of the Loan Amount + GST
- Duplicate No dues Certificates / NOC - ₹ 250 per instance + GST
- Foreclosure Charges : - 5% of the Principal Outstanding.  
No Lock-in period for foreclosing the loan.
- Part Payment charges: 5% on the amount being prepaid.  
No Lock-in period for making part payment of the loan.
- Duplicate Repayment Schedule Charges - ₹ 250 per instance + GST
- Documentation Charges - ₹ 750 per instance + GST
- Issuance of Credit Report: Rs. 50 per instance + GST

\*All of the above charges are subject to change as per the Bank's discretion from time to time.

\*Goods and Services tax (GST) will be charged extra as per the applicable rates, on all the charges and fees (wherever GST is applicable)

### Repayment Mode Details

**For SI Cases:** 03 undated EMI cheques & 01 undated cheque for entire loan amount to be provided

**For NACH Cases:** 01 EMI Cheque for 1st EMI banking, 03 undated EMI cheques , 01 undated cheque for entire loan amount & 01 cancelled cheque along with 2 NACH Mandate to be provided.

**Note:**

- 3 Undated Security cheques equivalent to EMI amount. Amount to be filled in words & figures.
- 1 undated cheque with full loan amount "Not exceeding Amount «Sanction Loan Amount» to be written on cheque.
- Cheques to be drawn in favor of Axis Bank Ltd Loan A/c «Customer Name»
- On backside of all cheques customer's Loan account number to be mentioned
- All cheques to be A/c Payee only.

### Acknowledgment for Receipt of Application Form

Date

To \_\_\_\_\_

Axis Bank will convey its decision (within 2 weeks for credit limit up to ₹ 5 lakh and within 3 weeks for credit limit above ₹ 5 lakh and up to ₹ 25 lakh for Micro & Small enterprises borrowers) and (within 30 working days for other borrowers) from the date of receipt of the application provided the application is complete in all respects and is submitted along with all the documents as per 'check list' provided in the application for loan and/or any additional documents as may be required by the bank for proper appraisal of the application. The computation of timelines

**For Status / Inquiry please contact us on**

**18604195555/18605005555 (Local charges applicable) OR visit [www.axisbank.com/support](http://www.axisbank.com/support)**

Serial No.

For Axis Bank Ltd.,  
Authorised Official