AXIS BANK Prepaid Card Application Form

Date D D M M Y Y Y Y Card No. *To be filled if card pack ref. no. is not available Enter last 4 digits

Insta ☐ Non-Insta ☐ Card Pack Ref. No.*

Prepaid Instrument Type: KMRL ☐ Smart Pay ☐ Freecharge ☐ Meal ☐

Corp. ID Prepaid RM Emp. Code Product Code

Company Y N Company Name

Existing Customer* Y N If yes, Customer ID

If not existing customer, I confirm if found otherwise, Bank reserves the right to consolidate the customer IDs as it may decide, without any prior notice to me.

Photo

Personal Details: Please fill the form in BLOCK LETTERS only. Fields marked (*) are MANDATORY.

Name* (Same as ID proof) Prefix First Name Middle Name Last Name

Date of Birth* D D M M Y Y Y Y Gender* M F T Nationality* Indian Married* Y N

Mobile No.* E-mail Address

Maiden Name* (Mandatory for married females) Prefix First Name Middle Name Last Name

Spouse Name* Prefix First Name Middle Name Last Name

Father Name* Prefix First Name Middle Name Last Name

Mother Name* Prefix First Name Middle Name Last Name

Mother's Maiden Name* (Max. 16 Characters)

Differently Abled Status* Y N (If Yes, please fill up additional details) UDID Number

Type of Impairment _____ Percentage of Impairment _____ %

Address Details: For all payroll accounts of defence personnel, the communication address should be only of the Unit. Civilian address should not be mentioned

Communication / Residence Address*

Landmark* City*

Pincode* State* Country*

Residence Type Owned ☐ Rented / Leased ☐ Ancestral / Parental ☐ Company provided ☐ Preferred language of communication*

Permanent Address* ☐ Same as communication address ☐ Please note the address below

Landmark* City*

Pincode* State* Country*

Residence Type Owned ☐ Rented / Leased ☐ Ancestral / Parental ☐ Company provided ☐

Know Your Customer*

Account Opening through e-KYC Y N Transaction ID CKYC No.

If No, please provide KYC document (Attach photocopies of the following documents and produce the original copies of these documents for verification)

Aadhaar Card Number Mention last four digits PAN No.* Or ☐ Form 60 / 61 / 97 ***If PAN is not available, please fill up additional declaration Form 60 / 61 / 97

*Identity Proof Document Type	*ID No.	Issuing Authority	Place of Issue
*Address Proof Document Type	*ID No.	Issuing Authority	Place of Issue

Passport Issue Date D D M M Y Y Y Y Passport Expiry Date D D M M Y Y Y Y Required if Passport provided as Identity / Address Proof

Driving License Issue Date D D M M Y Y Y Y Driving License Expiry Date D D M M Y Y Y Y Required if Driving License provided as Identity / Address Proof

Other Document for DOB Updation

☐ Birth Certificate issued by Municipal Corporation or Zilla Parishad or Gram Panchayat or Private Nursing Home or Church ☐ School Leaving Certificate ☐ Job Card by NREGA

☐ Marksheet issued by Educational Institution / Colleges / Examination Boards / University ☐ Transfer Certificate issued by School / College / University ☐ Voter ID

☐ Passing Certificate issued by School / College / Examination Boards / University ☐ Letter from National Popular Register ☐ Baptism Certificate issued by Church

Form 60/61/97

If applied for PAN and it is not yet generated enter Date of Application D D M M Y Y Y Y and Acknowledgement Number

If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per Section 159 of Income tax Act 2025) for the financial year in which the above transaction is held.

a	Agricultural Income (₹)	
b	Other than Agricultural Income (₹)	

I, _____ do hereby declare that, what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my / our estimated total income (including income of spouse, minor child etc. as per Section 159 of Income tax Act 2025) computed in accordance with the provisions of the Income Tax Act, 2025 for the financial year, in which the above transaction is held, will be less than maximum amount, not chargeable to tax.

Verified today, the ..... day of .....20_ _

Customer Profile (Mandatory)*

Occupation* ☐ Salaried ☐ Self-Employed ☐ Unemployed ☐ Retired Constitution Code* (To be filled by branch)
☐ Housewife ☐ Student ☐ Politician Occupation Code* (To be filled by branch)

Education* ☐ Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ Professional (CA, CS, CMA, Others)

Status* ☐ Blind ☐ Physically Challenged ☐ Pardanashin ☐ Normal

Source of Fund* ☐ Salary ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Others (please specify)

Net Worth (₹ Lakhs)* **Monthly Income (₹)***

Salaried* Y N Business / Self-Employed* Y N If Yes, Line of Activity _____

Job Role* **Designation*** **Employer Name*** _____

***If Occupation is Salaried:**

☐ Pvt. Ltd. ☐ Public Ltd. ☐ Proprietorship
☐ Partnership Firm ☐ Public Sector ☐ Government
☐ Multinational ☐ Others ☐ Trust / Association / Society / Club

a) No. of years in Employment* 0 0

Annual Income* (₹)

(Only Numeric & Absolute Value to be filled)

***If Occupation is Self Employed: a) Nature of Business**

☐ Information Technology ☐ Professional Service Provider ☐ Agriculture
☐ Bullion / Gold Jewellery ☐ Stock Broker ☐ Real Estate
☐ Trader ☐ Money Lender ☐ Others

b) No. of years in Business* 0 0

Annual Income* (₹)

(Only Numeric & Absolute Value to be filled)

Nomination (DA 1 Form)* (Only one individual nominee permitted and to be signed also in case of no nomination)

☐ I wish to nominate ☐ I do not wish to nominate***

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits

I / We (Name) _____ (Address) _____

Nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account may be returned by Axis Bank Ltd.

Name Address: Same as Primary Applicant

☐ If different from Primary Applicant

Relationship with Depositor, if any Age Years If Nominee is Minor, Date of Birth D D M M Y Y Y Y

As Nominee is Minor I / we appoint (name) Relationship with Minor

Address ☐ Same as Primary Applicant ☐ If different

To receive the amount of deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee

Signature of Witness*** _____ Signature of Primary Applicant** _____

Name _____ Name _____

Address _____ Address _____

Date _____ Place _____

*Strike out if nominee is not minor

**Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor

***In case of thumb impression, nomination to be filled in as an annexure

****I have understood the benefits of nomination and still do not wish to nominate

Beneficiary Details for Fund Transfer

Beneficiary Name	Beneficiary Account No.	IFSC Code

Pre-designated Bank Account Details Incase of Account Closure

Bank Account No. Bank IFSC Code Bank Name

FATCA- CRS Declaration Please tick the applicable tax resident declaration (Any one)*

☐ 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 ID Number below:

Country of Birth* City of Birth* Address type for Tax Purpose* ☐ Residential ☐ Business ☐ Registered Office

Country*	Tax Indication Number %	Indication Type (TIN or Other, please specify) %	Address for Tax Purpose*
			☐ Communication Address ☐ Permanant Address ☐ Please Note the Address
			Landmark
			Pin State Country

*To also include USA, where the individual is a citizen / Green Card holder of USA % In case Tax Identification Number is not available, kindly provide functional equivalents.

☐ 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.

☐ The Central Board of Direct Taxes has notified on 7th August, 2015 Rules 114F to 114H, as part of the Income Tax Rules, 1962, which require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders, In relevant cases, information will have to be reported to tax authorities / appointed agencies / withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days. If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or Green Card holder, please include United States in the foreign country information held along with your US Tax Identification Number, it is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Applicant Comprehensive Declaration for Prepaid Payment Instrument

Under Comprehensive Declaration for Prepaid Payment Instrument have read and understood the account rules of the Bank and agree to abide by the same. I have read and understood the Terms and Conditions relating to various services associated with the Prepaid Payment Instrument. I have specifically requested the above-mentioned Card, from Axis Bank Ltd. I accept and agree to be bound by the said Terms and Conditions, including those limiting/ excluding the Bank's facility. I understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me. I agree that the Bank may debit my account service charges issuance / annual / loading charges, as applicable from time to time. I agree that there may be issuance / annual / loading charges levied on my Prepaid Payment Instrument as per the arrangement agreed between the Bank and the company and I accept the same. I confirm that I am resident of India, I confirm that I am the sole account holder or have the required mandate to operate all the respective accounts linked to these services and that I have completed 18 years of age. I also understand that I shall be entitled to use Online and Telebanking facilities by having a Prepaid Payment Instrument with Axis Bank, I am fully aware that balance in my Prepaid Payment Instrument account cannot exceed the limit as prescribed by RBI for Prepaid Instruments, I accept full responsibility for my Prepaid Payment Instrument and agree not to make any claims against Axis Bank.

☐ I have read and understood the rules governing the issuance and usage of the Prepaid Card by Axis Bank Ltd. and agree to abide by them. I have also read and understood the Terms and Conditions related to the services associated with the Prepaid Card. I specifically requested the issuance of the above-mentioned Prepaid Card from Axis Bank Ltd. I accept and agree to be bound by the said Terms and Conditions, including those that limit or exclude the Bank's liability. I understand that the Bank may, at its sole discretion, discontinue any of the services, either fully or partially, without prior notice. I agree that the Bank may deduct applicable service charges, issuance fees, annual fees, and loading charges from my Prepaid Card balance, as per the prevailing schedule of charges. I confirm that I am a resident of India and that I am the sole holder or authorized user of the Prepaid Card. I confirm that I am 18 years of age or older. I understand that I am entitled to use online and telebanking facilities associated with the Prepaid Card. I am fully aware that the balance on my Prepaid Card cannot exceed the limits prescribed by the Reserve Bank of India (RBI) for Prepaid Payment Instruments. I accept full responsibility for the use of my Prepaid Card and agree not to make any claims against Axis Bank in this regard.

☐ I hereby agree to Axis Bank / its subsidiaries / affiliates / agents contacting me for product updates, marketing promotions, special offers, or other relevant information from time to time.

☐ I request that my first name be considered as my short name.

☐ I acknowledge and agree that if there is no financial transaction on the Prepaid Card for a continuous period of one (1) year and subject to the validity of the card, the card may be marked inactive by the Bank.

☐ I hereby give my consent to Axis Bank Ltd. to fetch my personal details from UIDAI. I voluntarily consent to authenticate myself using Aadhaar-based authentication and provide my Aadhaar Number / Virtual ID (VID), biometric information and / or One-Time Password (OTP) for the purpose of processing my Prepaid Card application. I understand that the Aadhaar or any other authentication data provided will be used solely for identity verification through the Aadhaar authentication system for this specific transaction or as required by law. I confirm that I have been informed about the alternatives to Aadhaar-based authentication and have chosen this method voluntarily. I also authorize Axis Bank to share my Aadhaar-related details with regulatory / statutory authorities as required. In case of any changes to the documents submitted, I will inform the Bank within 30 days, in compliance with regulatory guidelines.

☐ During authentication / offline verification, the nature, purpose and alternative methods of Aadhaar submission were communicated to me in my local language.

Central KYC Registry Declaration

- I 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. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am / We are aware that I / we may be held liable for it
- I hereby consent to receiving information from Central KYC Registry through SMS / E-mail on the above registered number / E-mail address. My personal / KYC details maybe shared with Central KYC Registry
- 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 my application
- All information provided by me of any nature (including personal & sensitive information) can be shared with agencies / service providers who have an agreement with Axis Bank for onboarding and servicing (like courier, card printing vendor, etc.) on need-to know basis.

☐ I hereby give my consent to Axis Bank to access, retrieve, verify and use my details available on the CERSAI platform for the purpose of KYC verification. In case of any discrepancy or unavailability of information on the CERSAI platform, I authorize Axis Bank to carry out the KYC process through the standard procedure, based on the documents and information submitted by me

☐ I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I undertake to inform Axis Bank of any changes to the information provided, immediately. I consent to receiving information from the Central KYC Registry via SMS / E-mail on my registered mobile number / E-mail address. I understand that my personal / KYC details may be shared with the Central KYC Registry. I expressly authorize Axis Bank (either directly or through its service providers) to collect, store and process my application details, personal data and sensitive information, including KYC documents, credit information and any other relevant data (Information). I also authorize Axis Bank to download my KYC details from the CKYC Registry using my CKYC ID for processing my application. I consent to Axis Bank sharing this Information with service providers, consultants, credit bureaus, financial institutions, regulators, statutory authorities and other relevant entities for purposes including credit appraisal, fraud detection, anti-money laundering compliance, marketing and service improvement. I declare that I am not a Politically Exposed Person (PEP) and am not related to any PEP. I undertake to inform Axis Bank if I or any of my close relatives become a PEP in the future. In such a case, I understand that enhanced due diligence and senior management approval will be required to continue the relationship. For more information on how Axis Bank processes personal data, please refer to the Customer Privacy Notice available at www.axis.bank.in

Date* _____ Place _____

Signature of Primary Applicant

*These facilities are provided without the need of complying with any registration formalities **Kindly approach the bank in case any of these facilities is / are to be discontinued

Corporate Details

Introduction by Corporate (for cards issued through corporates) we hereby confirm that the particulars provided in this form by our Distributor / Agent / Employee are correct and we request Axis Bank to issue the Prepaid Card for our Distributor / Agent / Employee.

Company Seal and Signature of Designated Signatory

For Office Use Only

Account to be opened at _____ Branch Code _____

Ledger No. _____ A/c Label _____ LC Code _____

Documents Received ☐ Self-Certified ☐ True Copies ☐ Notary

In Person Verification Carried Out By

☐ I hereby declare that I have personally captured the live photograph and original document image of the customer,_____ as part of the KYC process.

☐ I confirm that the images have been taken in the customer's presence and accurately represent their identity.

Employee Name _____ Date D D M M Y Y Y Y

Employee Code _____

Employee Signature

Employee Branch _____

Declaration by the Branch

I hereby declare that this application form is received from the customer and is complete in all respects. I also confirm that all relevant documents have been obtained and verified as per the product extant guidelines. The Application form may be processed and Prepaid Instrument be issued.

Employee Name _____ Employee Designation _____

S.S. Code _____ Employee Signature _____