

Barcode

The Branch Head
Axis Bank Ltd.

Branch | Sol ID:

Date:

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

Personal Details

Customer Name*: (as per ID proof): Prefix First Name Middle Name Last Name

Father's Name*: Prefix First Name Middle Name Last Name

Or

Mother's Name*: Prefix First Name Middle Name Last Name

Or

Spouse's Name*: (if married): Prefix First Name Middle Name Last Name

Gender*: ☐ Male ☐ Female ☐ Others Date of Birth/Incorporation Date*: D D M M Y Y Y Y

Email ID*:

Mobile Number*: Landline Number:

Aadhaar Number: X X X X X X X X X X Passport Number:

Preferred Language of Communication*:

If PAN is available, kindly fill below mentioned details mandatorily. If PAN is not available, please fill Form 60

PAN: DOB as per PAN: D D M M Y Y Y Y

Name as per PAN: Prefix First Name Middle Name Last Name

Nationality*:

Form 60

Date of Birth D D M M Y Y Y Y

Form for declaration to be filled by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B of Income Tax Act, 1961.

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 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held

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

Verification

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 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 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____

Date D D M M Y Y Y Y Place



Customer's Signature 1/3

Communication Address*

Flat No./ Bldg. Name:

Road Name:

Landmark:

City: Pin code:

State: Country:

Residence Type: ☐ Owned ☐ Rented / Leased ☐ Ancestral / Parental ☐ Company Provided

Permanent Address* (Kindly select only one appropriate option)

☐ I wish to change my Permanent Address ☐ Same as Communication Address

Flat No./ Bldg. Name:

Road Name:

Landmark:

City: Pin code:

State: Country:

Residence Type: ☐ Owned ☐ Rented / Leased ☐ Ancestral / Parental ☐ Company Provided

Purpose of NAH CIF Creation*☐ Issuance of DD/PO against cash deposit☐ Issuance of ETC- Fastag

Wallet ID*:

(mandatory for ETC-Fastag)

☐ GST☐ NEFT/ RTGS transactions**Customer Profile Details**Education*: ☐ Non-Matric ☐ Undergraduate ☐ Grad./Post Grad Gen ☐ Grad./Post Grad ProfessionalOccupation Code*: Occupation*: ☐ Salaried ☐ Self Employed ☐ Retired ☐ Student ☐ Housewife ☐ Unemployed ☐ Politician ☐ Others _____

If Occupation is Salaried

☐ Pvt Ltd ☐ Public Ltd ☐ Proprietorship ☐ Partnership firm ☐ Public Sector ☐ Government ☐ Multinational ☐ Trust / Association / Society / ClubEmployer's Name : Designation: No. of years in Employment:

If Occupation is Self Employed

Nature of Business ☐ IT ☐ Professional Service provider ☐ Agriculture ☐ Bullion / Gold Jewellery ☐ Stock Broker ☐ Real Estate ☐ Trader☐ Money Lender ☐ Others _____ No. of years in business:
(Please specify)Annual Income: (Only Absolute numeric value to be filled)Does the customer have any link with any politically exposed person*: ☐ YES ☐ NOSource of Funds*: ☐ Salary ☐ Business Income ☐ Investment Income ☐ Agriculture ☐ Others _____
(Please specify)**DECLARATION OF INCOME SOURCES FOR SPECIFIED OCCUPATIONS LIKE HOUSEWIFE/STUDENT/UNEMPLOYED/OTHERS*:**

If customer's annual income is above 5 Lakhs, then please select appropriate reason for higher income (Please tick mark occupation and reason):

Select Appropriate Reason*	Reason for Higher Income
<input type="checkbox"/>	Interest Income through FD / RDs maintained with Banks / Financial Institutions
<input type="checkbox"/>	Rental income through own / inherited property
<input type="checkbox"/>	Income through Mutual Fund / Shares / PF / Pension / Other investments
<input type="checkbox"/>	Agricultural income
<input type="checkbox"/>	Freelancing assignments such as Teaching at home / blogging / artwork / consulting etc.
<input type="checkbox"/>	Income earned through declared occupation itself but higher than 5 lakhs p.a. Specify reason _____

Know Your Customer***Identity Proof** *Identity Proof Document Type *ID No. *Issuing Authority Place of Issue Issue Date Expiry Date**Address Proof** *Address Proof Document Type *ID No. *Issuing Authority Place of Issue Issue Date Expiry Date**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☐ 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 purpose and the associated Tax ID Number below:

City of Birth*: Country of Birth*: Address Type For Tax Purpose : ☐ Residential ☐ Business ☐ Registered OfficeAddress For Tax Purpose: ☐ Communication Address ☐ Permanent Address

Sr. No.	Country of Tax Residence	Tax Identification Number (TIN)	Identification Type (TIN or Other, please specify)
1			
2			
3			

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.
Customer's Signature 2/3

Customer 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 / We am / are aware that i/ we may be held liable for it.
- I hereby submit my recent photograph and self-attested photocopy of the required documents.

Date of Declaration: | D | D | M | M | Y | Y | Y | Y | Place: | | | | | | | | | | | | | | | | | |

AFFIX RECENT
COLORED
PHOTO GRAPH

Customer Signature
Across Photo and Branch
stamp and Signature to
be affixed mandatorily

Customer's Signature 3/3

Branch Declaration*

- I hereby certify that this NCIF form is complete in all respects and relevant documents have been obtained as per the KYC guidelines of the Bank and RBI (as amended from time to time) and performed due diligence to verify the genuineness of the customer.
- I certify that the customer has personally met and signed in my presence. Kindly process the request.

Signature of BH/OH*:

Designation*: ☐ BH ☐ OH

S.S. Number*: _____ Date of Declaration: |D|D|M|M|Y|Y|Y|Y| Place: |_|_|_|_|_|_|_|_|_|_|_|_|