

Savings/Current Account Opening Section

Mode of Operation*

- ☐ Self
 ☐ Either/ survivor
 ☐ Former/ survivor
 ☐ Anyone/ survivor
☐ Jointly by all
 ☐ Minor A/C operated by Guardian
 ☐ Others _____

Joint Applicant Details

Please mention no. of Joint Applicants

1st Joint Applicant:	PREFIX	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
2nd Joint Applicant:	PREFIX	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
3rd Joint Applicant:	PREFIX	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T

Initial Payment Details

Total Deposit Amount ₹ (in words) _____

Mode of Payment: a) ☐ Cash b) ☐ Cheque ☐ Transfer from own Axis Bank Account A/C No.

☐ Transfer from own other Bank Account (as per mode of operation)

To open ac count with cash, customer must deposit the cash in ac count opening branch only

☐ Cheque No. Dated

Cheque should be crossed A/C payee and drawn payable to "Axis Bank Ltd. A/c <Applicant Name>"

Drawn on _____ Bank _____ Branch

Office use only: Initial Deposit Tran ID Value Date

For Salary/ Defence Account

For Salary Accounts - Employee Code Label Code

Please tick any of the following Tick for a Salary Reimbursement Account with Salary Account ☐

- ☐ Letter from Employer verifying identity and permanent address OR
☐ Introduction by a designated Company Official and KYC documents as above

Nomination (DA1 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 anyone ☐ I wish to nominate later, since I do not have details of the nominee now ☐ I will later add a joint holder
☐ I do not wish to nominate**** Print Nominee Name Yes ☐ No ☐ Personal reason (Others) _____
 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

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 _____ Signature of the Joint Applicant(s) _____

**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.
 *Strike out if nominee is not a 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.

Access Your Account* - Primary Applicant Only (Not Applicable for HUF) (Nominee will be same as account nominee, insurance cover applicable only for debit card)

Debit Card (Only for Non Insta) ☐ ☐ If yes, fill in details below Add-on debit card facility only for SBGOV scheme ☐ ☐

Name on Card: Company Name

Creator Limit is 18

Your Debit card will be a chip card activated with facility of using it at Domestic ATM and POS merchant outlets within India only.

(Application for Salary/SBEZ4 A/Cs or business cards Only)

Activation/Deactivation of International on Debit Card can be done through - Internet Banking/Mobile App/Axis Bank Call Centre. NRO Customer will only be issued Domestic Chip Card.

Upgrade Cards*: ☐ Online Rewards* ☐ Value+* ☐ Delight* ☐ Business Platinum^^ ☐ Business Supreme^^

*Upgrade Cards are not applicable for priority, Burgundy and Burgundy Private schemes

**Issued to Current Account only *Additional Charges apply

* The usage category selected will be applicable for issuing cards to Joint holders, if applicable. For all charge related information please refer schedule of charges and visit www.axis.bank.in • An ATM card will be issued for Minors below 12 years of age in the name of the Guardian (Separate Application to be filled). If the Minor is above 12 years of age and operating the account in his/her own capacity, the Minor qualifies for a Debit Card (Separate Minor DCAF to be filled)

Speed banking facilities activated ☐ Mobile Banking ☐ Internet Banking ☐ Value Added Alerts (SMS & E mail) ☐ Phone Banking

Account Statement Options ☐ E-Statement standard option if email provided (Physical statements will not be sent) ☐ Passbook/Physical Statement (Physical statements will be provided to premium segments only)

Cheque book facility ☐ ☐ For Terms and Conditions and product specific offerings please refer to www.axis.bank.in

(i) Customers applying for Online Rewards Debit Card need to register their mobile and email ID with the Bank to be eligible to receive the welcome voucher (subject to terms and conditions). The personal information of Customer shall not be disclosed to any third party except as described herein. Third party disclosures may include sharing such information with non-affiliated companies that perform support services including insurance for your card or facilitate your transaction with Axis Bank, including those that provide professional, legal or accounting advice to Axis bank. Non-affiliated companies that assist Axis Bank in providing services to customer are required to maintain the confidentiality of such information to the extent they receive it and to use personal information of Customer only in the course of providing such services. Axis bank may at any time discontinue/alter/modify the offered channel facilities at its sole discretion.

Information On Other Products & Offerings*

I hereby agree to Axis Bank/Subsidiaries/Affiliates/Agents contacting me for various other product updates, marketing promotions, special offers Third Party Products or any such information from time to time.

I do hereby give my consent to receive such information through Email ☐ ☐ SMS ☐ ☐ Phone Call ☐ ☐

*This will override the DNC waiver and customer shall continue to receive the communication.

Signature For
Savings/Current Account Opening Section

Additional Declarations (Tick as Applicable)

☐ Form 60

Form for declaration to be filed 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

Date of Birth If applied for PAN and it is not yet generated enter date of application 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 _____, Place _____

☐ FATCA- CRS DECLARATION Please tick the applicable tax resident declaration (Anyone)*

☐ 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:

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

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

To also include USA, where the individual is a citizen/ green card holder of USA % incase 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 information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Customer Profile (Mandatory*)

#Please mention occupation codes as applicable for Non Individuals in case of HUF

Occupation Salaried ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Housewife ☐ Student ☐ Politician ☐Source of Funds Salary ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Others, please specify _____Education Non Matric ☐ Undergraduate ☐ Grad./Post Grad Gen ☐ Grad./Post Grad Professional ☐

If Occupation is Salaried

☐ Pvt Ltd ☐ Public Ltd ☐ Proprietorship ☐ IT ☐ Professional Service Provider ☐ Agriculture ☐ Bullion /Gold Jewellery ☐ Real Estate☐ Partnership firm ☐ Public Sector ☐ Government ☐ Trader ☐ Money Lender ☐ Stock Broker☐ Multinational ☐ Trust/ Association/ Society/ Clubb. No of years in Business/ Employment If Occu. is Salaried, Employer's Name Is the Customer having link with any Politically Exposed Persons ☐ Y ☐ N If Occ. is Salaried, Designation Occupation Code # ☐ HUF Declaration & Mandate

We, the undersigned, for ourselves and _____ as Manager/Karta and Ejaman of the family, also guardian of

* _____ request you to take notice that we are members of Hindu Undivided Family/firm.

☐ The joint family/firm is carrying business under the name and style of M/s. _____, which is our joint family trade☐ The Hindu Undivided Family is engaged in _____ activity/occupation not in the nature of the business or trade.

We, the undersigned, hereby authorize (Karta/Manager) _____ to operate upon the Bank account severally, jointly and all transactions entered into and obligations incurred or to be hereafter incurred by them will be binding on all of us. Any acts done/to be done to comply with Bank's rules which are in force or as amended from time to time in the matter of maintaining and conduct of such accounts will be binding on us.

Please treat this as a mandate from us to:

Collect/ Credit Cheques/ remittances/ Warrants/ Refund orders/ ECS/ RTGS/ NEFT/ instruments issued in favour of _____, being the karta in the account in the HUF A/c No _____ of _____ HUF

We hereby undertake to indemnify the Bank in case of any loss/ claims/damages/penalty/charges etc suffered by the bank, on account of our aforesaid instruction/mandate.

Place: _____ Date: _____ Name: _____ Signature: _____

Place: _____ Date: _____ Name: _____ Signature: _____

Place: _____ Date: _____ Name: _____ Signature: _____

Place: _____ Date: _____ Name: _____ Signature: _____

*Here state the name of the children of each of the family members stating their parentage and state also the name of guardians by whom they are represented.

☐ Minor DeclarationType of Guardian: ☐ Father ☐ Mother ☐ Court Appointed ☐ Testamentary GuardianFull Name of Guardian Mr. ☐ Ms. ☐

I hereby declare that the date of birth of the minor who is my _____ is ____/____/____ and I am his/her natural and lawful guardian/ guardian appointed by court order, dated ____/____/____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.

☐ Senior Citizen Card (Applicable for Senior Privilege Segment)Details of Applicant: Blood Group Allergic to Drugs ☐ Y ☐ NIllness: Diabetes ☐ Heart Disease ☐ Hypertension ☐ Neurological Disease ☐ Any other (specify) Details of Emergency Contact Person: Mr. ☐ Ms. ☐ Relationship with Card Holder: Mobile No.

I hereby declare that I am 57 years and above and all the information given is true to the best of my knowledge. I agree to abide by all the rules and regulations as determined by Axis Bank from time to time for issuance of Senior Privilege Identity Card. I also agree to abide by the rules and regulations of the usage of this card and that Axis Bank shall not be held liable for under any circumstances in relation to the Senior Privilege Identity Card

Signature For
Additional Declarations (Tick As applicable)

Rules & Regulations

I understand that the account should be operated by me only after it has been activated. I further undertake that any violation of this will constitute as a default on my part & the Bank reserves the right to close the said account without assigning any reason whatsoever. In case of rejection for whatsoever reason, I am aware that the Welcome Kit & Letter shall be construed as withdrawn and I undertake to return the same to the Bank forthwith.

☐ I/we hereby agree to update my latest demographic details which are mentioned on the AOF i.e. Mobile number, Email ID, Address along with the new signature in the existing CIF Id for all banking relationship.

FATCA-CRS Terms and Conditions

Add "I hereby authorise Axis Bank to download the data from Central KYC Registry by using my CKYC number for the purpose of opening of the account." I/We will ensure that any update/ change in any information or documents provided by me/us in future is intimated/informed to the Bank promptly, i.e. within 30 days from the date of change. "I/We further agree and undertake that, the Bank is hereby authorized to share or disclose my/our demographic / contact details information with any other Banks / Financial Institution/other appropriate authorities for the purposes of any specific requirement raised by them." Customers who have applied for Liberty Savings account along with Flipkart Credit Card will be eligible for joining fee waiver on Flipkart Credit card if the Liberty Savings account is opened 20 days prior or post the Flipkart credit card account is opened. The joining fee waiver will be processed on the Flipkart credit card in 45 days from the credit card account opening date and will reflect in the upcoming credit card statement for all eligible cards. Wherever mobile numbers of joint account holders are provided, they will receive One Time Password (OTP) and transaction alerts on these numbers for transactions initiated by them on ATM, Internet Banking and Mobile Banking (as applicable).

I/we declare that we do enjoy credit facilities with any Bank ☒ ☐

I do hereby solemnly declare that the information provided above is up to date and correct and I hereby submit my recent photograph and self-attested photocopy of the KYC documents.

For Office Use only

I hereby certify that this account opening 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.

The Account may please be set up in Finacle. In case of signature mismatch, I certify that the customer has been personally met and has signed in my presence. Kindly process the request.

For Axis Bank Limited

Branch Head / Authorized Signatory

Name of official: _____

Designation: _____

S.S. Number: _____



Customer onboarding Section for Joint Applicant / Guardian / Karta

Name* PREFIX FIRST LAST MIDDLE

Existing Customer* ☐ ☐ If Yes, Customer ID * ☐ Individual or ☐ HUF Currency Code (for Current A/Cs)*

Relationship with Primary Applicant (if any)

If 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

Following fields for new customers, any KYC Modifications or Re-KYC Only (for existing customers, address, contact details given below will be updated in all accounts held with the bank)

DOB/DOI*# Gender* Minor** ☐ ☐ Married* ☐ ☐ Nationality **INDIAN** ^ T stands for 'third gender'

If minor/ senior citizen, please provide proof of DOB **If minor please fill Minor Declaration Section ***If PAN is not available, please fill up Additional declaration Form 60

PAN*** or FORM 60 Father's Name*

Mother's maiden Name*

In case of minor account, guardian's father name to be mentioned
DOB stands for Date of Birth, DOI stands for Date of Incorporation. DOI is for HUF applications only.

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

☐ Same as primary holder☐ Please note the address below

Communication Residence Address*

Landmark* City*

Pin code* State* Country*

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

Mobile No* Email Address

Tel. No. (R) Tel. No. (O)

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

Landmark* City*

Pin code* State* Country*

Residence Type* Owned ☐ Rented/Leased ☐ Ancestral/Parental ☐ Company Provided ☐ Preferred Language of Communication*

The property that is situated in the communication address registered with the Bank shall only considered for coverage under the Fire & Burglary Insurance on Business Supreme Debit Card. For updating the communication address, the customer needs to apply for the same with the Bank with relevant address proof. The Insurance shall be subject to the terms and conditions as prescribed by the insurance company from time to time.

E.G. RKADAM@GMAIL.COM

Please ensure to furnish correct email ID. You will be sent monthly account statements at the email ID mentioned above

Customer Information (Mandatory*)

Applicable for Current Account Only

Status Blind ☐ Physically Challenged ☐ Pardanashin ☐ Normal ☐ Illiterate ☐ Specially Aabled ☐

Annual Income* (Only Numeric & absolute value to be filled) Constitution Code

Know Your Customer*

Account opening through e-KYC ☐ ☐ Transaction ID For office Use only If Aadhar has been provided as OVD proof, kindly provide only last 4 digits of Aadhar.

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

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

Declaration & Signature

I do hereby solemnly declare that the information provided above is up to date and correct and I hereby submit my recent photograph and self-attested photocopy of the KYC documents.

Signature of Joint Applicant

Signature of all other holders

EMP No. Date:

Signature of Bank Official in whose presence signed

PHOTO

35 mm x 35 mm

Information On Other Products & Offerings*

I hereby agree to Axis Bank/Subsidiaries/Affiliates/Agents contacting me for various other product updates, marketing promotions, special offers Third Party Products or any such information from time to time.

I do hereby give my consent to receive such information through Email ☐ ☐ SMS ☐ ☐ Phone Call ☐ ☐

*This will override the DNC waiver and customer shall continue to receive the communication.

Signature For
Customer onboarding section for
Joint Applicant / Guardian / Karta

If yes, fill in details below

[illegible][illegible]

Activation/Deactivation of International on Debit Card can be done through - Internet Banking/Mobile App/Axis Bank Call Centre. NRO Customer will only be issued Domestic Chip Card.

Business Supreme^^

^^Issued to Current Account only *Additional Charges apply

* The usage category selected will be applicable for issuing cards to Joint holders, if applicable. For all charge related information please refer schedule of charges and visit www.axis.bank.in • An ATM card will be issued for Minors below 12 years of age in the name of the Guardian [Separate Application to be filled]. If the Minor is above 12 years of age and operating the account in his/her own capacity, the Minor qualifies for a Debit Card [Separate Minor DCAF to be filled]

Date of Birth DD MM YY YY

D	D	M	M	Y	Y	Y	Y
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and acknowledgement number

a	Agricultural income (₹)
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b	Other than Agricultural income (₹)
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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 _____, Place _____

☐ 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:

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

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

To also include USA, where the individual is a citizen/ green card holder of USA % incase Tax Identification Number is not available, kindly provide functional equivalent⁵ 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 information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

#Please mention occupation codes as applicable for Non Individuals in case of HUF

Occupation Salaried ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Housewife ☐ Student ☐ Politician ☐

Source of Funds Salary ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Others, please specify ☐

Education Non Matric ☐ Undergraduate ☐ Grad./Post Grad Gen ☐ Grad./Post Grad Professional ☐

If Occupation is Salaried

☐ Pvt Ltd ☐ Public Ltd ☐ Proprietorship
☐ Partnership firm ☐ Public Sector ☐ Government
☐ Multinational ☐ Trust/ Association/ Society/ Club

If Occupation is Self Employed a. Nature of Business

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

b. No. of years in Business / Employment:

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If Occu. is Salaried, Employer's Name

Is the Customer having link with any Politically Exposed Persons ☒ Y ☐ N If Occ. is Salaried, Designation

	Occupation Code #			
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Type of Guardian: ☐ Father ☐ Mother ☐ Court Appointed ☐ Testamentary Guardian

Full Name of Guardian Mr. ☐ Ms. ☐

I hereby declare that the date of birth of the minor who is my _____ is ____/____/____ and I am his/her natural and lawful guardian/ guardian appointed by court order, dated ____/____/____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.

Details of Applicant: Blood Group

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 Allergic to Drugs

Y	N
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Illness: Diabetes ☐ Heart Disease ☐ Hypertension ☐ Neurological Disease ☐ Any other (specify)

Details of Emergency Contact Person: Mr. Ms.

Relationship with Card Holder:	<input type="text"/>
Mobile No.	<input type="text"/>

I hereby declare that I am 57 years and above and all the information given is true to the best of my knowledge. I agree to abide by all the rules and regulations as determined by Axis Bank from time to time for issuance of Senior Privilege Identity Card. I also agree to abide by the rules and regulations of the usage of this card and that Axis Bank shall no way be held liable for under any circumstances in relation to the Senior Privilege Identity Card

(f) Customers applying for Online Rewards Debit Card need to register their mobile and email ID with the Bank to be eligible to receive the welcome voucher (subject to terms and conditions). The personal information of Customer shall not be disclosed to any third party except as described herein. Third party disclosures may include sharing such information with non-affiliated companies that perform support services including insurance for your card or facilitate your transaction with Axis Bank, including those that provide professional, legal or accounting advice to Axis bank. Non-affiliated companies that assist Axis Bank in providing services to customer are required to maintain the confidentiality of such information to the extent they receive it and to use personal information of Customer only in the course of providing such services. Axis bank may at any time discontinue/alter/modify the offered channel facilities at its sole discretion.

Form Type



KY001

Primary Applicant

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)				
Maiden Name (if any*)				
Father's Name*				
Mother's Name*				
Spouse Name*				
Passport Expiry Date	DD MM YYYY	Required if Passport provided as Identity/Address Proof CKYC Number		
Driving license Expiry Date	DD MM YYYY	Required if Driving License provided as Identity/Address Proof		
Occupation Type*	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student			

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.
- My personal / KYC details may be shared with Central KYC Registry
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date DD MM YYYY Place: _____

Signature of
primary Applicant

1st Joint Applicant

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)				
Maiden Name (if any*)				
Father's Name*				
Mother's Name*				
Spouse Name*				
Passport Expiry Date	DD MM YYYY	Required if Passport provided as Identity/Address Proof CKYC Number		
Driving license Expiry Date	DD MM YYYY	Required if Driving License provided as Identity/Address Proof		
Occupation Type*	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student			

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.
- My personal / KYC details may be shared with Central KYC Registry
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date DD MM YYYY Place: _____

Signature of
1st Joint Applicant

2nd Joint Applicant

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)				
Maiden Name (if any*)				
Father's Name*				
Mother's Name*				
Spouse Name*				
Passport Expiry Date	DD MM YYYY	Required if Passport provided as Identity/Address Proof CKYC Number		
Driving license Expiry Date	DD MM YYYY	Required if Driving License provided as Identity/Address Proof		
Occupation Type*	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student			

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.
- My personal / KYC details may be shared with Central KYC Registry
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date DD MM YYYY Place: _____

Signature of
2nd Joint Applicant

3rd Joint Applicant

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)				
Maiden Name (if any*)				
Father's Name*				
Mother's Name*				
Spouse Name*				
Passport Expiry Date	DD	MM	YYYY	Required if Passport provided as Identity/Address Proof
Driving license Expiry Date	DD	MM	YYYY	Required if Driving License provided as Identity/Address Proof
Occupation Type*	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student			

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.
- My personal / KYC details may be shared with Central KYC Registry
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date DD MM YYYY Place: _____

Signature of
3rd Joint Applicant

Customer Acknowledgement

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 ☐ Video based KYC

KYC Verification Carried Out By

Identity Verification ☐ Done Date DD MM YYYY

Emp. Name : _____

Emp. Code : _____

Emp. Designation : _____

Emp. Branch : _____

Employee Signature



GI001

Public Provident Fund Account

**FORM A -Under the PPF Scheme 1968
for Saving A/C Customers**

Form Type



PPS01

Customer Onboarding Section - Primary Applicant

Name*	PREFX	
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[illegible]

*Same as Primary Applicant in Savings A/C Section

PPF Account opening Section

Initial Payment Details

Initial Amount ₹

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 (in words) _____

Will be debited from insta Savings A/C once activated

Standing Instruction for PPF Contribution

Frequency (Tick one): ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

End Date

Amount ₹

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 (in words) _____

Carried Forward: ☐ Y ☐ N If "Y", confirm No. of Times

This signifies the number of re-attempts made by Axis Bank in case of failure of SI transaction

[illegible]

Signature _____
Applicant Signature

Please provide existing Axis Bank Saving A/C no. or the new insta Saving A/C no. along with which this PPF A/C has to be opened

Nomination (Form E)

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

I, _____ hereby nominate the person (s) mentioned below to whom to the exclusion of all other persons in the event of my death,

the amount standing to my credit in the Public provident Account No. _____ at the time of my death would be payable.

Sr. No.	Name(s) of the nominee(s)	Full Address (es)	Date of Birth (DD/MM/YYYY) of nominee in case of Minor	Proportionate Amount for each Nominee

As the nominee (s) specified above is/are minor, I appoint the following as guardian (s):

Sr. No.	Name of the Minor Nominee	Name of the Guardian	Guardian's Address

to receive the sum due number the said account in the event of my death during the minority of the nominee(s).

Signature of witness _____ Name and address : _____

Signature of witness _____ Name and address : _____

Dated

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

Declaration

I agree to abide by the provisions of the Public Provident Fund Scheme, 1968 and amendments issued thereto from time to time.

i. I hereby declare that I am not maintaining any other Public Provident Fund Account

ii. I hereby declare that I am not maintaining any other Public Provident Fund Account, except an account on behalf of a minor.

iii. I hereby declare that the details of other Public Provident Fund accounts opened earlier by me are as under

Sr. No.	Description	Name and address of the Bank/Post office and account no.

iv. I also declare that I shall adhere to the ceiling on deposits as provided for by Central Government from time to time which is ₹1, 50,000/- in a financial year at present in each of the following types of Public Provident Fund Account, Individual Self Account and Account(s) on behalf of minor(s) of whom I am the guardian. In case, at any time the said declaration is found untrue/false, no interest* shall be payable to me/ the subscriber on the amount of deposit found in excess of the prescribed limit.

*interest is calculated on the lowest balance between the close of the fifth day and the last day of every month

Rules & Regulations (Customer Copy)

I (In this context, "I", "my" and "me" refers to all holders of the account) have read and understood the below T&C and understand that any changes to the T&C will be available on the website www.axis.bank.in only. Account opening/service provision: All services, including opening of the account are subject to verification of information/documents provided by me. In the event this account is not opened, if I/we have initially funded the account in cash for ₹ 20,000 or more, it will be refunded to me in the form of a DD/Cheque or PO only. Services: All services will be provided by Axis Bank on a best effort basis. The complete list of services available to me will be available on www.axisbank.com 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 Fees & Charges: Fees and Charges will be applicable on my account and for other services availed by me, as described in the Most Important Document / schedule of charges and on the website www.axis.bank.in GST and other statutory imposts as applicable from time to time will be levied on all fees. Interest Payment: Axis Bank pays interest quarterly on daily balance basis in your Savings Account as per the rate applicable for the scheme code Change in Fees & Charges, Services, and Interest Rate: Any change/discontinuation of Fees & Charges, Services will be intimated to me at least 30 days in advance through letter/SMS/website/ email or other means. Recovery: If no funds are available in the account to pay fees/charges, I authorize Axis Bank to set off any available credit, including amounts flowing into the account from collection proceeds or any deposits. Inoperative Account: No transactions induced by me in the account for a period of 2 years or more is treated as an Inoperative account. Account Freeze: I authorize the bank to freeze my account in the following circumstances, with intimation to me except where specified otherwise a. When a minor, who is the holder of the account, attains majority b. If it is suspected by the bank that transactions in my account are not initiated by me (the Bank will not assume any liability for the transactions already executed) c. If it is suspected that my account is being misused as a money mule or as a channel for unauthorized money pooling or a conduit for any illegal activity. (I will not receive a notice in this case) d) If request for account opening has been submitted along with Form 49A and /or Aadhaar enrolment number the requisite PAN & Aadhaar number is to be submitted to the Bank within the specified period depending on the type of account opened Account Closure: I authorize the bank to close my account, with prior intimation to me, in case of a. balance in the account remains zero for 3 months or more b. high occurrences of dishonoured payments from my account Account Conversion (applicable for Salary Savings account holder): If salary is not credited for a period of 3 months into my Salary Account, the account will be automatically converted to a normal savings account without any notice or intimation (with all applicable charges & fees) and full KYC will apply, failing which there will be a credit freeze placed on the account. Transactions: Any instructions to Axis Bank regarding the account, both of a financial/non-financial nature (eg: Issuance of Cheque book/card, financial transactions, updation of personal details etc.) will be provided by me through the authorized channels only, which will be specified by the bank, based on regulatory guidelines prevailing at that time. Axis Bank is not expected to act on instructions that do not come in through the authorized channels, but reserves the right to act upon its discretion to provide such facilities under extraordinary circumstances. Channel facilities: All channel facilities provided by Axis Bank including Debit Cards, ATM Cards, ATMs, Internet Banking etc. are subject to specific guidelines that are provided on www.axis.bank.in and as per the T&Cs handed over to me. I/We agree and undertake that I/We shall never part with any sensitive information of my/our account especially through internet/email/phone medium and Axis Bank is not liable for fraud arising from such disclosures. I also undertake to inform the bank immediately in case of loss of cheque leaf(s), Credit/Debit Card(s) linked to my account. Debit Card: The usage of the Debit card will be in accordance with the Exchange Control Regulation and in the event of any failure, the card holder will be liable for action under the Foreign Exchange Management Act 1999 and the amendments thereof stipulated by the Reserve Bank of India. Disclaimer for Axis Bank Internet Banking: "I/We acknowledge that the issue, usage of Axis Bank Internet Banking facility is governed by terms & conditions in force from time to time as set forth on the www.axis.bank.in and agree to abide by the same. I/We am/are aware that Axis Bank Ltd does not seek any information relating to login ID/Password in any form including through e-mails from its customers. I/W e further agree and confirm that Axis Bank shall not be liable for any losses arising from my/our sharing/disclosing of login ID, password, cards, card numbers or PIN (Personal Identification Number) to anyone, nor shall make claims on the bank for any unauthorized use. I/We shall take all precautions to protect my/our account details so as to avoid any unauthorized use. Personal Information: a. Any updation of my details including personal information, change of address etc. will be provided by me to the bank, along with documents of proof within 2 weeks. I agree to indemnify Axis Bank for any fraud, loss or damage, due to my providing wrong information or not updating the information that may occur to me and to Axis Bank and based on which the bank may act as true and correct. b. All information provided by me of any nature (including personal & sensitive information) will be used in the provision of services or facilities, facilitation of transactions, providing information and updates, research and analytics, credit scoring, verification, participating in telecommunication or electronic clearing network as may be required by law/customary practice by the bank c. 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 related to account opening and servicing (like courier, Cheque book/Debit card printing vendor etc.) on need-to-know basis. d. The bank may disclose information about customer's account, if required or permitted by law, rule or regulations, or at the request of any public or regulatory authority or if such disclosure is required for the purpose of preventing frauds, or in public interest, without specific consent of the account holder/s. e. Wherever mobile numbers of joint account holders are provided, they will receive One Time Password (OTP) and transaction alerts on these numbers for transactions initiated by them on ATM, Internet Banking and Mobile Banking (as applicable). Aadhaar : I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and consent to providing my Aadhaar number, Biometric Information and/or One Time Pin (OTP) data (and/or any similar authentication mechanism) for Aadhaar based authentication for the purposes of availing of the Banking Services from Axis Bank. I understand that the Biometric Information and/or OTP and/or any other authentication mechanism I may provide for authentication shall be used only for authenticating my identity through the Aadhaar Authentication system for obtaining eKYC from UIDAI for that specific transaction and for no other purposes. I understand that Axis Bank shall ensure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication. I also hereby authorize the bank to use my linked Aadhaar enabled bank account for receiving government payments across schemes that I am eligible using the Aadhaar based authentication. I/We authorize Axis Bank to verify and authenticate my/our Aadhaar number during processing my/our application for legitimate business purposes. I/We further authorize the Bank to share my Aadhaar related details/information with regulatory / statutory bodies as and when required. I undertake to submit the Aadhaar number to the Bank as when the same is allotted to me for updation in my account. I am well aware that submission of Aadhaar is mandatory and understand the Bank would cease operations in my account if I fail to submit the Aadhaar Number within six months from the date of account opening. I agree to indemnify and keep indemnified the Bank at all times from and against all costs, charges, damages, penalties suffered and/or incurred by for any act done or omitted to be done on account of the above declaration. Additional Information: All relevant policies including Code of Commitments to Customers and Grievance redressal policy are available at the branches. Each depositor in a bank is insured upto a maximum of ₹ 5,00,000 (Rupees Five Lakh) for both principal and interest amount held by him in the same right and same capacity as on the date of liquidation/cancellation of bank's licence or the date on which the scheme of amalgamation/merger/reconstruction comes into force I am aware that the products and services of the bank shall be provided subject to the applicable rules and regulations. I have received a copy of the Rules & Regulations and an acknowledgment from the bank for the Application and Nomination Form submitted. Limited Liability of a Customer - a. I/We shall be liable for the entire loss occurring due to unauthorised transactions in cases where the loss is due to my/our negligence such as where I/we have shared the payment credentials, until I/we report the unauthorised transaction to the bank. Any loss occurring after the reporting of the unauthorised transaction shall be borne by the bank. b. In cases where the responsibility for the unauthorised electronic banking transaction lies neither with the bank nor with me/us, and lies elsewhere in the system and when there is a delay (of four to seven working days after receiving the communication from the bank) on the part of the customer in notifying the bank of such a transaction, the per transaction liability for me/us shall be limited to the transaction value or the amount mentioned as Maximum Liability of a Customer defined under respective guideline, whichever is lower.

I / we am / are interested to know more about Card / Wallet Assistance Plan and hereby provide my consent to Axis Bank and / or its representative or their agents or any third party in relation Card / Wallet Assistance Plan to contact me for the same. I / we understand that the Card / Wallet Assistance Plan are offers from third parties and that the particulars contained in this form may be shared with any other third party pursuant to Axis Bank arrangement as may be required or as Axis Bank deems fit. I / we acknowledge that this consent is solely for the purpose of receiving a call to understand the product features, and no activation of the product will take place. This consent shall be deemed as specific waiver on any DNC registration that I / we may have done, for contacting me / us pertaining to the information on Insurance Card / Wallet Assistance Plan - Yes _____ / No _____

"I/we hereby authorize the Bank to retain my single Customer id and link all my active relationships to the retained Customer id as per RBI guidelines and suspend other Customer ids held by me."

"I/we hereby agree to update my latest demographic details which are mentioned on the AOF i.e. Mobile number, Email ID, Address along with the new signature in the existing CIF id for all banking relationship."

"In case of nil average balance for 2 consecutive months, your existing Savings A/c shall be auto migrated to Basic Savings A/c. Visit- <https://www.axis.bank.in/retail/accounts/savings-account/basic-savings-account>"

FATCA-CRS Terms and Conditions

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 Rules 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 field 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.

"I / We give my / our consent to receiving a welcome call from Axis Bank from the number 022-61202800 within 15 days of my / our account getting opened"

Acknowledgement (to be filled by Branch)

Application form acknowledgement

I have received Application no. _____ from _____

for opening an account with Axis Bank Branch _____

Name of Bank Official _____

Mobile no. _____

Signature _____

Nomination acknowledgement

I. We acknowledge receipt of nomination made by you in favour of:

Name of nominee _____ Age: _____ year with respect to your application
no. _____

II. No nominee for the account since nomination facility not availed by the account holder.

Signature of Bank Official _____

According to RBI' nomination guidelines, it is necessary to register a nominee on accounts opened under a single name. Appointing a nominee is beneficial for the following reasons:

1. If the account holder dies, the bank will easily pass on the funds in the account to the nominee
2. Hassle-free formalities for the nominee while claiming benefits

Terms & Condition for Usage of Channel Facilities

Debit Card: The usage of the Debit card will be in accordance with the Exchange Control Regulation and in the event of any failure, the card holder will be liable for action under the Foreign Exchange Management Act 1999 and the amendments there of stipulated by the Reserve Bank of India. The usage of the Debit card will be governed by the Terms & Conditions specified from time to time as decided by the Bank. The cardholder needs to accept full responsibility for the Debit card and agree not to make any claim against Axis Bank, in respect thereto.

"Please visit www.axis.bank.in to know about your debit card variant and charges. "The property that is situated in the communication address registered with the Bank shall only considered for coverage under the Fire & Burglary insurance. For updating the communication address the customer needs to apply for the same with the Bank with relevant address proof. The insurance shall be subject to the terms and conditions as prescribed by the insurance company from time to time. "Debit Card is provided only for accounts where Mode of Operation is Self/ Either or Survivor/ Anyone or Survivor. For mode of operation - "All Jointly" debit cards will not be issued. PAN is mandatory for international transactions. The nominee of the account will be considered for nomination of debit cards also. The debit card by default will have the contactless option, however, basis your preference, the same can be enabled / disabled through various channels like Mobile App, Internet Banking, Call Centre or Axis Bank Branches. The contactless option is not applicable to Rupay Debit cards. Your card comes activated with facility of using at domestic contact based ATMs and POS merchant outlets within India only. The card not present (domestic and international) and card present (international) transactions on your card can be enabled/disabled through various channels like Mobile App, Internet Banking, Call Centre or Axis Bank Branches. The usage options opted will have default limits set at the bin level and can be changed. The default limits will be a discretion of the bank or regulatory guidelines and are subject to change. The limits for Online, POS, and Contactless will be a cumulative limit and not an individual limit.

ATM Card: The usage of the ATM Card called the TRUST 24 Card issued to special categories of customers will be in accordance with the rules and regulations concerning the TRUST 24 CARD. The Bank reserves the right to suspend the services of TRUST 24 Card unilaterally without any prior notice or assigning any reason.

Axis Bank Internet Banking: The account holder on usage of the Axis Bank Internet banking facility will be bound by the terms and conditions in force from time to time as set forth on the website www.axis.bank.in. It is the duty of the account holder to protect and keep the User Id and password protected, safe and secured. The account holder shall be fully responsible for any of the linked accounts getting debited based on the instructions given through the Axis Bank Internet Banking Used ID and password. The Bank will not be held responsible. The fees, duties or other charges associated with these services will be as applicable. All the linked accounts (including any new account that ne be opened) will be covered under the Funds Transfer facility as per rules in force from time to time.

Mobile Banking: The account holders are responsible for the correctness of the Mobile Number provided for registration in the form. Transactional Alerts and One-Time Passwords will be sent on this registered mobile number. In the event of customer availing additional transactional facility through different channels viz. Mobile/SMS/ USSD etc., the account holder shall be fully responsible for the account being debited on instruction from the registered mobile Number/s directly or indirectly. The fees, duties or other charges associated with these services will be as applicable. In case of mistake on part of the account holder or that of the mobile service provider in respect of these services, the Bank will not be responsible and the account holder agrees that no claim will be made against the Bank. The Bank shall at its own discretion at any time may discontinue/alter/modify the facility and the terms and conditions as specified herein and the same shall be updated from time to time at www.axis.bank.in. Further this facility shall subject to the terms and conditions governing mobile banking of Axis Bank as displayed on the website of Axis Bank.

E-statement: The E-statement provided is an optional facility provided to the account holders and not a compulsion by the Bank for availing such a facility. On agreeing to subscribe through the E-statement, Account Holder(s) agree to be bound by all the Terms and Conditions that may be specified by the Bank at the time availing such facility and such other conditions as specified by the Bank from time to time. On agreeing to avail the facility of E-statements, Account Holder(s) agree, and understand that the Bank shall discontinue the physical statements being sent to the Account Holder(s). Axis Bank shall not be liable or responsible for any breach of secrecy caused as a result of the E Statements being sent to the registered email with the Bank. Axis Bank is not liable to verify the authenticity of the emails. The facility being an optional one the Account Holder (s) shall not hold the Bank liable if any problem arises with the Account holder(s) computer network as result of receiving Statements from the Bank. In case of Joint Account Holders, the Joint Account Holders shall not hold liable the Bank for receiving the E statement to the Designated email address of one of the Account Holder. The Account Holder(s) shall at all times be responsible for updating the details with the Bank from time to time to receive this service uninterrupted of the Bank. Account Holder shall not hold Axis Bank responsible if they do not receive Statements due to incorrect Email address and technical reasons beyond the control of the Bank. The Account Holder confirm to have read and understood the Terms & Conditions pertaining to usage of this Channel Facility. The Bank shall at its own discretion at any time may discontinue/alter/modify the facility at the terms and conditions as specified therein at the sole discretion of the Bank.

Telebanking and Phone Banking: It is the responsibility of the account holder to protect and safe-keeping of the Telebanking PIN (TPIN) and any other information/details which may be required by the Bank to establish the identity of the customer through Phone Banking. The bank shall be acting as per the confidential details provided by the account holder. In such cases, the Bank presumes that information has been received from the genuine customer and provides the services. As far as the Bank is concerned, we solely go by the confidential TPIN number and/or any other confidential details and in such cases the bank will not be liable. It is advised that the account holder is solely liable for confidentiality of the TPIN and the customer will not make any claims on the bank if the bank bonafidely acts on the TPIN number and/or any other confidential details. The customer is free to change the TPIN number through the IVR system as per extant procedure. The customers are required to cooperate for the safe custody of TPIN number. *

Disclaimer: "I/We hereby request for Axis Bank Internet Banking facility with respect to this account and all the linked accounts (including any new accounts that may be opened). I acknowledge that the issue and usage of the above services is governed by the term & conditions in force from time to time as set forth on the website www.axis.bank.in and agree to abide by the same. I/We am/are aware that Axis Bank Ltd does not seek any information relating to login id/Password in any form including through e-mails from its customers. I/We agree and undertake that I/We shall never part with any sensitive information of my/our account especially through internet/email/phone medium. I/We further agree and confirm that Axis Bank shall not be liable for any losses arising from my/our sharing/disclosing of login id, password, cards, card numbers or PIN (Personal Identification Number) to anyone, nor shall make claims on the bank for any unauthorized use. I/We shall take all precautions to protect my/our account details so as to avoid any unauthorized use.

*Exclusively available only on Priority Banking Accounts. Charges as applicable at the time of issuance.

Credit Card Most Important Document

Dear Customer,

Thank you for applying for Axis Bank Credit Card!

Please note:

- Our representatives will contact you for verification of your residence/office address and contact details
- You can check your application status on the bank's website with your Application ID which will be sent to you shortly.
- The Credit Card decision would be communicated within 21 working days

Declaration - Confirmation of Application and Acceptance of Fees

I, _____, confirm that I have applied for an Axis Bank Credit Card and the sales personnel have explained the product and its features in detail.

I agree to be levied Joining & Annual Fees (plus GST as applicable) as mentioned below:

Card Type	Joining Fees	Annual Fee (2nd year onwards)	Condition/Waivers/Vouchers
Privilege Card (for priority customers) <input type="checkbox"/>	Waived	₹1500	Annual Fees waived on spends of ₹ 2.5 lakhs in 1 year
Privilege Card (with unlimited travel benefits) <input type="checkbox"/>	₹ 1500	₹ 1500	Complimentary 2 Yatra vouchers (of ₹ 2500 each) on activation on 3 transactions within 60 days, Annual fee waived on spends of ₹ 2.5 lakhs in 1 year
My Zone <input type="checkbox"/>	₹ 500	₹ 500	Joining Fee waived on spends of ₹ 5000 in 45 days
Neo <input type="checkbox"/>	Waived	₹ 250	

I the undersigned declare, confirm and agree: That I hereby acknowledge that the credit limit on my Credit Card will be decided by Axis Bank and no commitment has been made to me in this regard.



Details of ultimate beneficial owner including additional FATCA & CRS information

1) Name of the entity*

2) Existing Customer* ☐ ☐ If Yes, Customer ID 3) PAN Or ☐ FORM 60 & 49A

4) Address for Tax purpose* ☐ Communication/Local ☐ Registered/Residence ☐ other if other, fill address details below

5) Other Address:

City State Country Pin code

6) Address type for tax purpose* ☐ Residential ☐ Business ☐ Registered Office

Please tick the applicable tax resident declaration : (Any one)

☐ Entity is a tax resident to India and not resident of any other country OR

☐ Entity is a tax resident to 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	Tax Identification Number%	Identification Type (TIN or Other%, please specify)

% In case Tax Identification Number is not available, kindly provide functional equivalent\$

In case the Entity's Country of incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code¹ here: _____

Owner-documented FFI's² should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8-BEN-E

Fatca-CRS declaration (Please consult your professional tax advisor for further guidance on FATCA-CRS classification)

Part A (to be filled by Financial Institutions or Direct Reporting NFEs)

1	<p>We are a</p> <p><input type="checkbox"/> Financial institution² or</p> <p><input type="checkbox"/> Direct reporting NFE³</p> <p>(please tick as appropriate)</p>	<p>GIIN: _____</p> <p>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's provide your sponsor's GIIN above and indicate your sponsor's name below:</p> <p>Name of sponsoring entity: _____</p>	<p>GIIN: not available (please tick as applicable):</p> <p><input type="checkbox"/> Applied for</p> <p>Following options available only for Financial Institutions:</p> <p><input type="checkbox"/> Not required to apply for (Please specify sub-category⁴)</p> <p>Please provide with Form W8-BEN-E, duly filled in</p> <p><input type="checkbox"/> Not obtained - Non-participating FI</p>
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Part B (please fill any one as appropriate to be filled by NFEs of other than Direct Reporting NFEs)

1	<p>Is the Entity a publicly traded company⁵ (that is, a company whose shares are regularly traded on an established securities market)</p>	<p><input type="checkbox"/> Yes</p> <p>(If yes, please specify any one stock exchange upon which the stock is regularly traded)</p> <p>Name of the stock exchange _____</p>
2	<p>Is the Entity a related entity of a publicly traded company⁶ - a company whose share are regularly traded on an established securities market</p>	<p><input type="checkbox"/> Yes</p> <p>Name of the Listed company, the stock of which is regularly traded _____</p> <p>(If yes, please specify any one stock exchange upon which the stock is regularly traded)</p> <p>Name of the stock exchange _____</p> <p>Nature of relation:</p> <p><input type="checkbox"/> Subsidiary of the listed company</p> <p><input type="checkbox"/> Controlled by a listed company</p>
3	<p>Is the Entity an active NFE⁷</p>	<p><input type="checkbox"/> Yes</p> <p>Nature of business _____</p> <p>Please specify the sub-category of Active NFE: _____</p> <p>(mention code - refer 2c of Part D)</p>
4	<p>Is the Entity a passive NFE⁸</p>	<p><input type="checkbox"/> Yes</p> <p>Nature of business _____</p>

¹Refer 3(VIII) of Part D, ²Refer 1 of Part D, ³Refer 3(VII) of Part D, ⁴Refer 1A. of Part D, ⁵Refer 2a of Part D, ⁶Refer 2b of Part D, ⁷Refer 2c of Part D, ⁸Refer 3(II) of Part D, ⁹Refer 3(VII) of Part D

Certifications

I/We have understood the information requirements of this Form (read along with the FATCA-CRS Instructions & Definitions under Part D) and hereby confirm that the information provided by us on this Form is True, Correct, and Complete. I/We also confirm that I/We have read and understood the FATCA-CRS Terms and Conditions above and hereby accept the same.

Authorised Signatory Name : _____

Authorised Signatory

Signature

Authorised Signatory Designation : _____

Date: Place: _____

Branch Declaration :

We have made best efforts to identify the beneficial owners/controllers persons of the said Company. The details furnished above have been verified from information available through constitutional documents, public domain.

Signature, Name of Official & S.S. Number

Field Verification Form

Name of the customer	<input style="width: 95%;" type="text"/>	Date.: <input style="width: 80%;" type="text"/>
Residential Address	<input style="width: 95%;" type="text"/>	
(Write Land Mark)	<input style="width: 95%;" type="text"/>	
Contact Nos. :	Res: <input style="width: 25%;" type="text"/> Off: <input style="width: 25%;" type="text"/> Mob: <input style="width: 25%;" type="text"/>	
Distance of the residence from the Branch	<input style="width: 80%;" type="text"/>	
Date & time of Visit	<input style="width: 80%;" type="text"/>	
Name of the Person contacted	<input style="width: 95%;" type="text"/>	

The following information is based on observations of Officer doing Field Verification:

Residential Status :

Self owned <input type="checkbox"/>	Owned by Relative <input type="checkbox"/>
Owned by Parents <input type="checkbox"/>	Rented <input type="checkbox"/>
Company Accom. <input type="checkbox"/>	Owned by Friend <input type="checkbox"/>
Lodging <input type="checkbox"/>	Paying Guest <input type="checkbox"/>
Others <input type="checkbox"/>	

Family Members:

Total No <input type="checkbox"/>
Working <input type="checkbox"/>
Children <input type="checkbox"/>
Adult <input type="checkbox"/>

Assets Noticed:

Car <input type="checkbox"/>
Two-wheeler <input type="checkbox"/>
AC/Fridge <input type="checkbox"/>
DVD/TV/PC <input type="checkbox"/>

Other Info.

No. of Yrs lived* <input style="width: 40%;" type="text"/>
at this Place
Area Sq.Ft <input style="width: 40%;" type="text"/>
Approx..

* Employed at this office/firm.

Type of Residence :

Flat <input type="checkbox"/>	Row House <input type="checkbox"/>
Independent House <input type="checkbox"/>	Chawl <input type="checkbox"/>
Bungalow/Row House. <input type="checkbox"/>	Hutment <input type="checkbox"/>
Temporary Shed <input type="checkbox"/>	Part of Ind. House <input type="checkbox"/>
Janta Flat <input type="checkbox"/>	Others <input type="checkbox"/>

Details verified from :

Watchman <input type="checkbox"/>
Name Plate <input type="checkbox"/>
Neighbor <input type="checkbox"/>
Society Board <input type="checkbox"/>
Company Board <input type="checkbox"/>

Locality of Residence:

Posh Locality <input type="checkbox"/>	Metro <input type="checkbox"/>
Upp. Middle Class <input type="checkbox"/>	Urban <input type="checkbox"/>
Middle Class <input type="checkbox"/>	S-Urban <input type="checkbox"/>
Low. Middle Class <input type="checkbox"/>	Rural <input type="checkbox"/>
Slums <input type="checkbox"/>	

If the applicant add. is locked, the following info. to be obtained from neighbor

Does app. stay at this residence <input type="checkbox"/> Yes <input type="checkbox"/> No
Customer's age <input style="width: 40%;" type="text"/> No. of family members in his house <input style="width: 40%;" type="text"/>
Appox. time, when app. Is available at home <input style="width: 40%;" type="text"/>

Ease of locating add

Easy <input type="checkbox"/>	Difficult <input type="checkbox"/>
Not found <input type="checkbox"/>	

Comments on the verification

I hereby confirm that I have personally visited and verified the address of the customer as per the address mentioned in Account Opening Form, or checked with the Employer Corporate, as the case may be. The above information which has been completed by me is true and correct.

Place:

Name of the Official
 Designation
 S.S. No. / Emp. No.

Final Recommendation:

Accepted

Rejected

Another FV required.

Certified by : **Branch Head / Operations Head**

Branch Head / Operations Head to ensure that no space is left blank and all details are filled in.

Guidelines for the staff for completing the Field Verification

- 1) Address verifications has to be conducted independent of the customer. In other words, the visit has to be undertaken without prior intimation.
- 2) Customer assistance should not be taken even if the branch official is unable to locate the address. In extreme cases of difficulty, the nearest Post Office may be approached for assistance in locating the address.
- 3) If the applicant is a tenant, the landlord has to be compulsorily contacted in order to ascertain the bonafides of the arrangement and also to know whether the landlord has done his due diligence.
- 4) The photocopies of the KYC documents should not be certified without physical verification of the originals and comparing the same with the copies submitted by the applicant.
- 5) Call all the contact numbers provided in order to satisfy yourself about their bonafides/authenticity.
- 6) Where the mailing address is that of the employer, comments have to be invariably given by the Branch verifying official on the status of the employee i.e. permanent / temporary / outsourced.

