



Select account type Savings or Current Scheme Code		РНОТО
		PAGIO
Insta or Non Insta Select add on products		
Credit Card Health Insurance Demat A/c Trading	g A/c Term Depos	sit PPF Axis Active
Please fill the form in BLOCK LETTERS only. Fields marked * (star) are MA		35mm x 35mm
Customer	ronboarding Section -	PrimaryApplicant
Name* FREFIX F I R S T		M I D D L E
L A S T		
Existing Customer		Individual or HUF Currency Code (for Current A/Cs)*
Following fields for new customers, any KYC Modifications or Re-KYC Only	(for existing customers, ad	ddress, contact details given below will be updated in all accounts held with the bank)
DOB/DOI*# D D M M Y Y Y Y Gender* M F	Minor** 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	ne*
000 000 000 000 000 000		#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 on
Mother's maiden Name*		
Address Details For all payroll accounts of defence personnel, the com	munication address should	ld be only of the Unit. Civilian address should not be mentioned
Communication Residence Address*		
Landmark*		City*
Pin code* State*		Countral
		The property that is situated in the communication address registered with the Bank shall only considered for
Residence Type* Owned Rented/Leased Ancestral/P	Parental Company E.G. RKADAM@GM	address, the customer needs to apply for the same with the bank with relevant address proof, the insurance
Mobile No* Email Addre	ess	
		sh correct email ID. You will be sent monthly account statements at the email ID mentioned above Email id is mandatory for Current Account
Tel. No. (R)		
Permanent Address* Same as communication address P	lease note the address be	elow
Landmark*		City*
Pin code* State*		
		Country*
Residence Type* Owned Rented/Leased Ancestral/P	Parental Company	Preferred Language of Communication*
Customer Information (Mandatory*)		# Applicable for Current Account Only
Status Blind Physically Challenged Pardanashin	Normal Illit	terate Specially Abled
Annual Income*		(Only Numeric & absolute value to be filled) Constitution Code
Know Your Customer*		
Account opening through e-KYC Y N 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	g documents and produce	e the original copies of these documents for verification)
*Identity Proof Document Type *ID No.	Issuing Authority	Place of Issue Date Expiry Date
*Address Proof Document Type *ID:No.	Issuing Authority	Place of Issue
	For Office Use	e:
Branch Name	Branch Code:	Date: D D M M Y Y Y Y
1		1
	1	
Insta Sticker		Account No.

Select S		Savings/Current Account Opening Section	
South Applicant Exhibit Shape Sh	Mode of Operation*		
Solar Applicant Details			Anyone/survivor
As Joint de Joseph Control			
Applicant:	Superior designation of the superior of the su	pplicant Details Please mention no. of Joint Applicants 0	
Applicable Prince		MIDDLE	LAST
Intital Payment Details		M I D D L E	LAST
Mode of Pymenet: a) _ Clash b) _ Cheque		MIDDLE	LAST
Mode of Payment: a) Cish to Choque	Initial Payment Details		
Transfer from own other Bank Account Gas per mode of oper ablow	Т	otal Deposit Amount ₹ (in words)	
Togos account with cash customer must deposit the cash in account covering broad	Mode of Payment: a) Cash b) Cheque		
Branch B	To open ac count with cash, customer must deposit the cash in ac		(as per mode of operation)
Office use only. Initial Deposit Tran ID	Cheque No.	Dated D D M M Y Y	YY
For Salary Defence Account For Salary Accounts - Employee Code Many Accounts - Employee Code Carlot For Salary Reimbursment Account with Salary Accounts			
For Salary Accounts - Employee Code	Office use only: I nitial Deposit Tran ID	Value Date D D M M Y Y Y Y	1
Please tick any of the following	For Salary / Defence Account		
Introduction by a designated Company Official and KYC documents as above	For Salary Accounts - Employee Code	Label Code	
Introduction by a designated Company Official and KYC documents as above Nomination (DA1 Form)** ("Only one individual pomines permitted and to be signed also in case of norminates) Invide to nominate Invide to	Please tick any of the following Tick for a Sc	alary Reimbursement Account with Salary Account	
Nomination (DA1 Form)** (Only one individual nomine germitted and to be signed also in case of no nominate low Ido not wish to nominate anyone Ido not wish to nominate Ido not Ido not wish to nominate Ido not Ido n	Letter from Employer verifying identity and perman	nent address OR	
I wish to nominate I do not wish to nominate arryone I wish to nominate inter, since I do not I will later add a joint holder have details of the nomine now Personal reason (Others) Nominator Nutral 1956 in respect of bank (deposits (We (Name) We (Name	Introduction by a designated Company Official and	KYC documents as above	
We'k to nominate do not wish to nominate**** Morination under Section 45 ZA of the Banking Regulation Act, 1949 and Rude (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits Morination Nation Rules 1985 in respect of bank deposits Morination Morination Rules 1985 in respect of bank deposits Morination Morination Rules 1985 in respect of bank deposits Morination Mor	Nomination (DA1 Form)* (Only one individual nominee p	permitted and to be signed also in case of no nomination)	
Personal resolution of the control of the standard of the st		a to the terminal of the termi	
Address Same as Primary Applicant If different from Primary Applicant Age Years If nominee is Minor, Date of Birth Address Same as Primary Applicant Address			i craonarreasorr(Otricia)
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	50 ST	N 2008 - 1008 -	s 1985 in respect of bank deposits
Mare	Hit rooms Wale dis Miss.	A MANAGEMENT OF STATE	returned by AXIS BANK LTD
If different from Primary Applicant			and a second contract of the c
Relationship with depositor, If any	Pilibri	Address: Same	e as Frimary Applicant
*As nomine is minor I/We appoint (name) Address: Same as Primary Applicant If different If different It or 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*** Name Signature of Primary Applicant** Name Address Signature of Primary Applicant** Name Address Address Address Address Address Address Address Address Signature of Primary Applicant (s) Signature of Primary Applicant (s) Signature of the Joint Applicant (s) Signa	If different from Primary Applicant		
Address: Same as Primary Applicant If different	Relationship with depositor, If any	Age Years If nominee is Min	or, Date of Birth
to receive the amount of deposit on behalf of the nominee in the e vent of my/our/ minor's death during the minority of the nominee Signature of Vitness*** Name Address Date. "Where deposit is made in the name of a minor, the nomination of the signature of the Joint Applicant(s) "Where deposit is made in the name of a minor, the nomination should be signed by a preson lawfully entitled to act on behalf of the minor. "Strike out if nominee is not a minor "Three deposit is made in the name of a minor, the nomination should be signed by a preson lawfully entitled to act on behalf of the minor. "Three deposit is made in the name of a minor, the nomination should be signed by a preson lawfully entitled to act on behalf of the minor. "Three understood the benefits of nomination and still do not wish to nominate. Access Your Account." — Primary Applicant of Only (Net Application for Silary/SBEZ4 ArCs or business cards Only) Add-on debit card facility only for SBGOV scheme [] Name on Card:	*As nominee is minor I/We appoint (name)	Relationship w	ith minor*
Signature of Witness*** Name Address Date	Address: Same as Primary Applicant If differ	rent	
Name			
Address Salture of the Joint Applicant(s) Strike out if nomine is not a 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. Strike out if nomine is not a 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. 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. 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. 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. 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. Where the name of a minor will be a son a name of the minor minor will be a control will be a son and activated with facility only lot (Not Applicable for Hull) (Notine will be same as account momine, insurance cover applicable for SBGOV scheme Where the same of the minor will be a chip card activated will be applicable for printy, Burgandy and Burgundy Private scheme Delight Business Platinum^A Business Supreme^A Where the same of the Gaddiel of Papers applicable for a disrupt card scheme of the Gaddiel of Papers applicable for a disrupt card scheme of the Gaddiel of Papers applicable for a disrupt card scheme of the Gaddiel of Papers applicable for a disrupt card scheme of the Gaddiel of Papers applicable for a disrupt card scheme of the Gaddiel of Papers	a constant and the contract and the cont	\$ 1.00 miles a 1.0	
Date			
"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" "Where deposit is made in the name of a minor, the 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)			
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)	**Where deposit is made i	in the name of a minor, the nomination should be signed by a person lawfully entitled to	act on behalf of the minor.
Name on Card: Company Name Creator Limit is 18		**	
Name on Card: Creator Limit is 18 Company Name (Application for Salary/SBEZ4 A/Cs or business cards Only) Activation/Deactivation of International on Debit Card can be done through - Internet Banking/Mobile Appl/Axis Bank Call Centre. NRO Customer will only be issued to Current Account only 'Additional Charges apply of the Card sare not applicable for priority, Burgundy and Burgundy Private schemes **The usage calegory selected will be applicable for souling cards to kint holder, if applicable for all charges apply of the card sare not applicable for priority, Burgundy and Burgundy Private schemes **The usage calegory selected will be applicable for souling cards to kint holder, if applicable for all charges apply of the card of the			
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. Upgrade Cards : Online Rewards Value+*			A 2016LIE THE
Activation/Deactivation of International on Debit Card can be done through - Internet Banking/Mobile Appi/Axis Bank Call Centre. NRC Customer will only be issued Domestic Chip Card. Upgrade Cards ': Online Rewards ' Value+* +Upgrade Cards are not applicable for priority, Burgundy and Burgundy Private schemes Delight D			
through - Internet Banking, Mobile App/Axis Bank Call Centre. ATM and POS merchant outlets within India only. Upgrade Cards *: Online Rewards * Value+* +Upgrade Cards are not applicable for priority, Burgundy and Burgundy Private schemes **The usage category-selected will be applicable for issuing cards to beint 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 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, Mobile App/Axis Bank Call Centre. **NRO Customer** **Interpretation of Charges apply with the Minor is above 12 years of age in the name of the Guardian Separate Applicable. For all charge related information please refer to head the fill of the Minor please 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). If the Minor is above 12 years of age in the name of the Guardian Separate Application to DCAF to be filled). If the Minor is above 12 years of age in the name of the Guardian Separate Application to be filled). If the Minor is above 12 years of age in the name of the Guardian Separate Application to DCAF to be filled). If the Minor is above 12 years of age in the name of the Guardian Separate Application to DCAF to be filled). If the Minor is above 12 years of age		Activati	
*The usage category selected will be applicable for priority, Burgundy and Burgundy Private schemes *The usage category selected will be applicable for issuing cards to Joint holders, if applicable. For all charge related information please refer scheduled of charges and visit www.axis.bank.ah * AnATKr.cat/will be issued for Minors below 12 years of age in the name of the Cuardian [SeparateApplication 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 Esparate Minor DCAF to be filled] Speed banking facilities activated Mobile Banking Internet Banking Value Added Alerts (SMS & Email) Phone Banking (Fee of \$5/- applicable per month) Account Statement Options E-Statement standard option if email provided (Physical statements will not be sent) (Physical statements will not be sent) 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 descourse may include sharing such information with Axis Bank, including insurance for your card or facilitate your transaction with Axis Bank, including those that provide professional, legel 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 promotio		through	- Internet Banking/Mobile App/Axis Bank Call Centre.
*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]. 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]. 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]. 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 (SMS & E mail) [People of the Card Added Alerts (SMS & E mail) [People of the Card Added Alerts (SMS & E mail) [People of the Card Added Alerts (SMS & E mail) [People of the Card Added Alerts (SMS & E mail) [People of the Minor qualifies for a Debit Card here on the Minor and the Card Added Alerts (SMS & E mail) [People of the Minor and the Card Added Alerts (SMS & E mail) [People of the Minor and the Card Added Alerts (SMS & E mail) [People of the Minor and the Card Added Alerts (SMS & E mail) [People of the Minor and the Card Added Alerts (SMS & E mail) [People of the Minor and the Card Added Alerts (SMS & E mail) [People of the Minor and the Card Added Alerts (SMS & E mail) [People of the Minor and the Card Added Alerts (SMS & E mail) [People of the Minor and the Card Added Alerts (SMS & E mail) [People of the Minor and the Card Added Alerts (SMS & E mail) [People of the Minor and the Card Added Alerts (SMS & E mail) [People of the Minor and the Card Added Alerts (SMS & E mail) [People of the Minor and the Card Added Alerts (SMS & E mail) [People of the Minor and the Card Added Alerts (SMS & E			MA.
Speed banking facilities activated Mobile Banking Internet Banking (Fee of ₹5/- applicable per month) E-Statement standard option if email provided (Physical statement options E-Statement standard option if email provided (Physical statements will not be sent) 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 Avis Bank, including 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. SMS W Phone Call W	Type aue Carus are not applicable for priority, Burgundy and Burgundy Priva	• 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
(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 Avis Bank, including insurance for your card or facilitate your transaction with Avis Bank, including insurance for your card or facilitate your transaction with Avis Bank, Including insurance for your card or facilitate your transaction with Avis Bank, Including insurance for your card or facilitate your transaction with Avis Bank, Including insurance for your card or facilitate your transaction with Avis Bank, Including insurance for your card or facilitate your transaction with Avis Bank, Including insurance for your card or facilitate your			Or the Goldman (Separate Application to be miled). If the Militor is above 12 card (Separate Minor DCAF to be filled)
(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 assist Axis Bank including insusance for your card or facilitate your transaction with Axis Bank, Including those that provide professional, legel 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 Y N SMS Y Phone Call Y N This will override the DNC waiver and customer shall continue to receive the computation.	Speed banking facilities activated Mob		MS & Email) Phone Banking
(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 assist Axis Bank including insusance for your card or facilitate your transaction with Axis Bank, Including those that provide professional, legel 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 Y N SMS Y Phone Call Y N This will override the DNC waiver and customer shall continue to receive the computation.		tatement standard option if email provided Passbook/Physical Sta	montn) atement
(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 assist Axis Bank including insusance for your card or facilitate your transaction with Axis Bank, Including those that provide professional, legel 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 Y N SMS Y Phone Call Y N This will override the DNC waiver and customer shall continue to receive the computation.			be provided to premium segments only)
facilitate your transaction with Axis Bank, including those that provide professional, legel 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 Y N SMS Y Phone Call Y N *This will override the DNC waiver and customer shall continue to receive the computation.	(i) Customers applying for Online Rewards Debit Card need to register	r 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
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 Y N SMS Y N Phone Call Y N *This will override the DNC waiver and customer shall continue to receive the communication.	facilitate your transaction with Axis Bank, including those that provide	e professional, legel or accounting advice to Axis bank. Non-affiliated companies that assist Axis	Bank in providing services to customer are required to maintain
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 Y N SMS Y N Phone Call Y N *This will override the DNC waiver and customer shall continue to receive the communication.		d to use personal information of Customer only in the course of providing such services. Axis ba	nk may at any time discontinue/alter/modify the offered channel
I do hereby give my consent to receive such information through Email Y N SMS Y N Phone Call Y N *This will override the DNC waiver and customer shall continue to receive the communication			
I do hereby give my consent to receive such information through Email Y N SMS Y N Phone Call Y N *This will override the DNC waiver and customer shall continue to receive the communication	[10] [11] 12 [12] [13] [14] [15] [15] [15] [15] [15] [15] [15] [15	nts contacting me for various other product updates, marketing promotions	s, special offers Third Party Products or any such
*This will override the DNC waiver and customer shall continue to receive the communication		on through Email Y N SMS Y N Phone Call Y N	
	그런 가장 맛이지 않는데 하는 것이라고 있다면 그 가장 하나 있다면 하는데 하는데 하는데 하는데 하는데 하는데 하다.		ÆSignature For

			Additional Declar	rations (Tick a	s App	licable)											
Form 60	laustian ta ba 61ad b.c.a.	to dividual ana m				E			A b								and so	da a	
	laration to be filed by an ny transaction specified i		erson (not being	a compa	any or	nrm)	wno a	oes no	r nav								na w	no	
			ion D D III		. I v I	V] an	nd ackno	uuladaa	amont.			Birth	DI		MIN	MLY	T Y		
	and it is no t yet generated er			W 31 0	. a		cultural i		777.757	пиппре	L		\perp	\perp	Ш	+		Н	닉
750	, fill estimated total income (i me-tax Act, 1961) for the fina		The second second	100	1	-	r than A			come (₹)				\Box				
			V	erificati	on	Since It's	8.0	235 50	227 \$1	17 21		27 2			200	700	· .		_
do not have a Peri	manent Account Number and	t my/ our estimated	do hereby decl								3.5								
	e provisions of Income-tax Ac	45.16일 4.16일 11일 11일 11일 11일 11일 11일 11일 11일 11일																1000	
the	day	of	20																
Date	, Place																		
	DECLARATION Please tick	Account of the Control of the Contro	And the second s				19												
	ent of India and not resident of the country/ies in which the		W 700						the tab	ile belo	W:								
City of Birth*		untry of Birth*	Tax pur poses and t				Tax Pur			Reside	ntial	ПВ	usines	sГ	Reg	ister	ed Of	fice	
	Tax Identification		fication Type						Addre		7			_		104.400.			_
Country#	Number%		r, please specify)	%	Comn	nunicat	tion Add	S 1200		nanant				se n	ote th	e ado	dress	belo	w
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					_				-							
										Land	lmark	Č							
				Pin		TL	St	ate		<u>v</u>		Cour	try_	_					
# To also include \	JSA, where the individual is	a citizen/ green card	d holder of USA % in	ncase Tax	dent	ificatio	n Numl	ber is n	ot avai	lable, k	kindly	y provi	de fur	ictio	onal e	quiva	alent	FAT	CA
	I have understood the inform ne/us on this Form is true, cor				the FA	TCA/C	CRS Inst	ruction	s and T	erms &	& Con	ditions	s) and l	nere	eby Co	onfirr	n that	info	rma
Customer Pro	file (Mandatory*)						#Plea	ise ment	ion occu	pation	codes	as appli	cable f	or N	on Ind	ividua	ls in ca	ise o f	HUF
	alaried Self Employed	Unemploye	d Retired	Housewit	fe 🗌	Stude	- Albertan	Politic	distance minimizer]				BECOVE					
Source of Funds	Salary Business Income	Agricultur	re 🔲 Investme	ent Incom	ne 🗌	Oth	ers, plea	ase spe	cify										
Education Non	Matric Undergraduate	Grad	./Post Grad Gen		Grad.	/ Post	Grad Pr	ofessio	nal [
If Occupation is S	Salaried		If Occupation is S	Self Emplo	oyed	a. N	lature o	f Busin	ess										
Pvt Ltd	Public Ltd	Proprietorship	IT Pr	ofessiona	al Servi	ce Pro	vider		Agricul	ture		Bullio	n/Go	ld Je	ewelle	ery	R	eal E	stat
Partnership fi	rm Public Sector	Government	Trader	Money	Lende				Stock B	Broker									
Multinational	Trust/ Associati	on/Society/Club	b. No of years in	Business	/ [If Oc	cu. is S	alaried,	Emplo	oyer's	Name							
Is the Customer h	aving link with any Politically	v Evnosed Persons	Employment If Occ. is	Salaried, I	 Design	ation							Occ	cupa	ation (Code	#	T	T
Marker Same Committee	ation & Mandate	y Exposed i crsons																_	_
	ed, f or ourselves and							a	s Mana	ger/K	arta a	nd Eia	man o	fth	e fam	ilv. al	so gu	ardia	in of
*		re	quest you to take n	otice that	t we ar	e mem	hers of	7070-Y 77000								00.805000			
The laint fami	h/fem is sorn/ing hysinoss u			o nec tria	· we ai	C IIICIII	DCIDOI	rinida	Ondivid	aca i a	,,		100	sich	is our	laint	famil		do
-	ly/firm is carrying business u		style of IVI/S.					0/290	X *		22000000			(App	is our	for Curr	rent Acc	ount o	mly)
	divided Family is engaged in	05 0			223	- 10	1.0		tivity/										
	ed, hereby authorize (Karta/I curred or to be hereafter incu		hinding on all of up	Anuacto			upon th												
	matter of maintaining and co				done/	to be a	one to c	omply	WILLI D	ank s ru	uies w	vnich a	reini	orce	e or as	ame	naea	Iron	i
	s a mandate from us to:		•																
Collect/ Credit Ch	eques/ remittances/ Warrant	ts/ Refund orders/ E	CS/RTGS/NEFT/ir	nstrumen	ts issu	ed in fa	vour of							_	, be	ing th	ne kar	ta in	the
account in the HUI	F A/c No	of	1	HUF															
We hereby undert	ake to indemnify the Bank in	case of any loss/cla	ims/damages/pena	lty/charge	es etc	suffere	d by the	ank, or	n accou	int of o									
	Date:									7,1		Signatu						_	
Place: Place:	Date: Date:			: :								Signatı Signatı							
Place:	Date:		Name									Signatu							
	of the children of each of the fam	ily members stating the		93	ame o f	guardiar	ns by who	m they	are repre	esented		Ü							
Minor Declara		Court Appointed	f Testamentar	y Guardia	ın														
Full Name of Guar							TT												
	hat the date of birth of the			is				I am h											
	// (copy e fy the Bank against the claim o									ion in t	the al	bove a	ccoun	t ur	ntil the	e said	d min	or at	tain
Senior Citizen	Card (Applicable for Senior Priv	ilege Segment)																	
Details of Applicar	nt: Blood Group	Allergic	to Drugs 🕎 🔃																
Illness: Diabetes	Heart Disease Hy	pertension	Neurological Disea	se 🗌		Anyo	ther (sp	ecify)											
Details of Emerger	ncy Contact Person: Mr. N	Ms.																	
Relationship with 0				Mobile No															
Axis Bank from tir	nat I am 57 years and above me to time for issuance of S for under any circumstances	enior Privilege Iden	itity Card. I also agi	ree to ab															
, se nela nable	e. and any encomplantes	I Glosion to the Se		, caru							Add	litional	E Sign Declara						

Rules & Regulations

I (In this context, "1", "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 Rs. 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.axis.bank.in 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, withintimation 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) Submission of either PAN or Form60 is mandatory for all individual domestic Savings account opening as per regulatory guidelines Account Closure: I authorize the bank to close $my \ account, with prior in timation 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. \ c. \ Unsatisfactory \ conduct of the account. \ c. \ dishonoured \ payments from \ my \ account. \ c. \ Unsatisfactory \ conduct of the account. \ dishonoured \ payments from \ my \ account. \ c. \ unsatisfactory \ conduct \ of the account. \ dishonoured \ payments \ from \ my \ account. \ c. \ unsatisfactory \ conduct \ of the account. \ dishonoured \ payments \ from \ my \ account. \ dishonoured \ payments \ from \ my \ account. \ dishonoured \ payments \ from \ my \ account. \ dishonoured \ payments \ from \ my \ account. \ dishonoured \ payments \ from \ my \ account. \ dishonoured \ payments \ from \ my \ account. \ dishonoured \ payments \ from \ my \ account. \ dishonoured \ payments \ from \ my \ account. \ dishonoured \ payments \ from \ payments \ from \ payments \ from \ payments \ from \ payments \$ 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 with one month prior notice or intimation (with all applicable charges & fees) and full KYC will apply Transactions: Any instructions to Axis Bank regarding the account, both of a financial/non-financial nature (e.g.: 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 $as per the T\&Cs handed over to me.\ I/We agree and undertake that I/We shall never part with any sensitive information of my/our account especially through internet/email/phone medium and Axis Bank is not liable for the theorem of the third of the th$ 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. 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 \ l \ amaware \ that \ the \ date \ on \ which \ the \ scheme \ of \ amalgamation/merger/reconstruction \ comes \ into \ force \ l \ amaware \ that \ the \ date \ on \$ 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 and the per transaction of theLiability 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 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 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/ FAITA-CRS Terms and Conditions.

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 greencard 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. CKYC Declaration. 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. "Email id is recommended for Priority, Burgundy and Burgundy Private Customers."

Issued, please provide an explanation and attact into the form. CRYL Declaration. My personal/RYL details may be shared with Central RYC Registry. I nereby consent to receiving information from Central RYC Registry. In Registry through SMS/Email on the above registered number/email address. "Email id is recommended for Priority, Burgundy and Burgundy Private Customers."

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).

Existing Banking Relationships *(Mandatory for Current Accounts only) I/we declare that we do enjoy credit facilities with any Bank Bank & Branch Amount **Details of Borrowal Accounts** (with details of facility amount) 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. (Please do not sign this form if it is BLANK. Please ensure all relevant sections and columns are completely filled to your satisfaction and then only sign the form) EMP No. 🛎 Signature of Bank Official in For Office Use only A/C No BDE/Lead Generator Code Signature A/C Report A/C Label1 Code BDE/Lead Convertor Code A/C Label2 Signature Ledger No A/C Manager/CSTM For Axis Bank Limited Camp. Camp. Reference Number Code Branch Head / Authorized Signatory

Declaration by The Branch

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. I nease of signature mismatch, I certify that the customer has been personally met and has signed in my presence. Kindly process the request.

Name of official:

Designation:

S.S. Number:

Form Type



Custom	er onboarding Section for Joint Ap	olicant / Guardian / Karta	
Name* FREFIX F J R S T		MIDDLE	
Existing Customer* Y N If Yes, Customer ID			
Existing Customer* N N If Yes, Customer ID	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dividual or HUF Currency Code (for Current A/Cs)*
Sec.		ith Primary Applicant (if any)	
	5	952 555 57 59	me
Following fields for new customers, any KYC Modifications or Re-k			
DOB/DOI*# D D M M Y Y Y Y Gene	ler* M F T ^ Minor** Y N Marr	ied* Nationality INDIAN ^ T stan	ds for 'third gender'
# If minor/ senior citizen, please provide proof of DOB **If m	nor please fill Minor Declaration Section	***If PAN is not available, please fill up Additiona	al declaration Form 60
ff existing customer, I confirm if found otherwise, bank reserved Following fields for new customers, any KYC Modifications or Re-k DOB/DOI*# DD MM V V V Y General Following fields for new customers, any KYC Modifications or Re-k HIf minor/ senior citizen, please provide proof of DOB **If m PAN*** Mother's maiden Name*	FORM 60 Father's Name*		
Mother's maiden Name*		#In case of minor account, guardian's father name to be men DOB stands for Date of Birth, DOI stands for Date of Incor	
Address Details For all payroll accounts of defence personne	the communication address should be on	y of the Unit Civilian address should not be ment	tioned
	ne as primary holder	Please note the address below	donca
Communication Residence Address*			
Residence Address			
Landmark*		City*	
Pin code* State*		The property that is situated in the communication addi	ress registered with the Bank shall only considered for
Residence Type* Owned Rented/Leased	Ancestral/Parental Company Pro E.G. RKADAM@GMAIL	address, the customer needs to apply for the same with	the Bank with relevant address proof. The insurance
Mobile No*	Email Address	COM	
	Please ensure to furnish co	rrect email ID. You will be sent monthly account statem	nents at the email ID mentioned above
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 Pro	vided Preferred Language of Communica	ation*
Customer Information (Mandatory*)	Assessiti	#	Applicable for Current Account Only
	ashin Normal Illitera		
Annual Income*		(Only Numeric & absolute value to be filled)	Constitution Code
Know Your Customer*			
Account opening through e-KYC	Far office Use anly	If Aadhar has been provided as OVD proof, kin	dly provide only last 4 digits of Aadhar.
If No, please provide KYC documents (Attach photocopies of \ensuremath{t}	ne following documents and produce the	original copies of these documents for verificat	tion)
*identityProof Document Type *ID No.	*issuing Authority P	ace of Issue Date	Expiry Date
*Address Proof Document Type *ID No.	*Issuing Authority Pi	ce of Issue Date	Expiry Date
Declaration & Signature			
I do hereby solemnly declare that the in formation provided abo	ve is up to date and correct and I hereby	submit my recent photograph and self-attested p	photocopy of the KYC documents.
			PHOTO
Signature of Joint Applicant	Signature of all o	therholders	
	Signature of all o	uidi iidideia	
Signature of Bank Official in whose presence signed	EMP No.	Date: D D M M Y Y Y Y	35 mm x 35 mm
Information On Other Products & Offerings*			No min wa filli
I hereby agree to Axis Bank/Subsidiaries/Affiliates/Agents co	ntacting me for various other product u	odates, marketing promotions, special offers TI	hird Party Products or any such
information from time to time.			The second of Mily Swell
I do hereby give my consent to receive such information throu	gh Email Y N SMS Y N Ph	one Call 📉 🔃	Signature For

Access Your Account - Joint 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 det ails below
Name on Card: Company Name
Creator Limit is 18 (Application for Salary/SBEZ4 A/Cs or business cards Only) Activation/Deactivation of International on Debit Card can be done
Your Debit card will be a chip card activated with facility of using it at Domestic ATM and POS merchant outlets within India only. NRO Customer will only be issued Domestic Chip Card.
Upgrade Cards*: Online Rewards* Value+* Business Platinum^^ Business Supreme^^ +Upgrade Cards are not applicable for priority, Burgundy and Burgundy Private schemes
• 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.ii • 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).
years or age and operating the account in mishier own capacity, the minor qualities for a Deoti Card (separate minor occur to be mied)
Additional Declarations (Tick as Applicable)
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
If applied for PAN and it is not yet generated enter date of application
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 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 of20 Date Place
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: City of Birth*
Tay Identification Identification Type Address For Tay Purnose*
Country# Number% (TIN or Other, please specify)% Communication Address Permanant Address Please note the address below
Landmark
Pin 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 ^s 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 requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby Confirm that information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby Confirm that information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby Confirm that information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby Confirm that information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby Confirm that information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby Confirm that information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and the requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions).
tion 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
Occupation Salaried Self Employed Unemployed Student Student Others, please specify 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 If Occupation is Self Employed a, Nature of Business
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/Club b. No.of years in Business / If Occu. is Salaried, Employer's Name
Is the Customer having link with any Politically Exposed Persons If Occ. is Salaried, Designation Occupation Code #
Minor Declaration
Type of Guardian: Father Mother Court Appointed Testamentary Guardian
Full Name of Guardian Mr. Ms. 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 VI Illness: Diabetes Heart Disease Hypertension Neurological Disease Any other (specify) Details of Emergency Contact Person: Mr. Ms. Ms.
Illness: Diabetes Heart Disease Hypertension Neurological Disease Any other (specify)
Details of Emergency Contact Person: Mr. Ms. 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 no way be held liable for under any circumstances in relation to the Senior Privilege Identity Card

(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 bed 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, legel 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,





	Prefix		First	Name	Pri	imary.	Applic	ant	Mi	ddle	Nan	ie.									Last	No	me				
Name* (Same as ID proof)										П	T									T	T	T	T	Γ			
Maiden Name (if any*)						$\overline{\Box}$				ΠĪ	Ť	Ť	Ī			Ī	Ť	Ť	Ť	Ť	T	Ť	T	T	Г		
Father's Name*	ĦĦ.				Ħ	Ħ	Ħ	Ī		Ħ	Ť	T	T											ī			
Mother's Name*											Ť	Ť	Ī			Ī	Ť	Î	ĺ	Ī	Ī	Ī	Ī	Ī			
Spouse Name*										П							T	1	T	T	T	T	T	Π	Г		
Passport Expiry Date	DDM	MYY	YY	Required if	Passport	provide	d as Iden	tity//	Address	Proof	СК	YC N	lum	ber		Ī	Ť	Ť	Ť	Ť	Ť	T	T	$\overline{\Box}$	П		$\overline{\Box}$
Driving license Expiry Date	DDM	MYY	YY	Required if	Driving L	icense p	rovided	as Ide	entity/A	ddress	Proo	f															_
Occupation Type*	Private See	tor	Public	Sector	G	overnm	ent Sec	tor	İ	Ви	ısine	SS	-[Profe	ssic	nal										
	Self Emplo	yed [Retired		Пн	ousewi	fe			St	uden	t															
 I hereby declare that the deinform you of any changes to misrepresenting, I/We am/s My personal / KYC details in I hereby consent to receiving 	therein, immedia are aware that I/ nay be shared wi	ely. In case we may be h th Central h om Central	any of the neld liable for CYC Registr	above infor or it. Y	mation is	our kno	to be fal	and se or	untrue	or mi	slead	ling o	r	ess					ŷ.	∑si	ena	ture	of				
Date D D M M	YYYY	Place: _				ninania - s																Appl		Ř.			
	Prefix		First	Name	1 s	t Joint	Appli	can		ddle	Nan	re.									Losi	No	me				
Name* (Same as ID proof)																					T	T	T	Т	Г		
Maiden Name (if any*)					П	П					T	Ī				Ī	Ī	Ī	T	T	T	Ī	T	T	Π		Ī
Father's Name*											Ť				$\overline{\Box}$	Ī	Ī	Ī	Î	Ī	Ť	T	Ī	T	Ī		\exists
Mother's Name*											Ī					Ē	Ĩ	Í	Ī	I	Ī	I	I	Γ			
Spouse Name*																	I	Ī									
Passport Expiry Date	D D M	MYY	YY	Required if	Passport	provide	d as Iden	tity//	Address	Proof	СК	YC N	lum	ber													
Driving license Expiry Date	D D M	M Y Y	YY	Required if	Driving L	icense p	rovided	as Ide	entity/A	ddress	Proo	f															
Occupation Type*	Private Sec	tor	Public	Sector	G	overnm	ent Sec	tor		Bu	isine	SS	1		Profe	ssic	nal										
	Self Emplo	yed	Retired		Пн	ousewi				St	uden	t															
I hereby declare that the de inform you of any changes t misrepresenting, I/We am/s My personal / KYC details n I hereby consent to receivin Date Date	therein, immedia are aware that I/ nay be shared wi	tely. In case we may be i th Central i	any of the neld liable for CYC Registr	above infor or it. 'Y	mation is	our kno	to be fal	and se or	untrue	or mi	slead	ing o	r	ess					J.	Sig	nat	ure o	if .				
Date D D M M		i ideei			2n	d Join	t Appli	can	t										15	(JO	INC.	Appli	Carr	-			
	Prefix		First	Name						ddle	Nan	le e				7 -	_	_	_	7	Losi	No	me	_	_		_
Name* (Same as ID proof)				1 1 1		H	\vdash	-		H	+	+	_		H	Ļ	+	+	+	+	+	+	+	Ļ	늗	H	=
Maiden Name (if any*)	\square				 	Н	H	_		Н	+	+	H		Щ	Ļ	+	+	+	+	÷	÷	Ļ	Ļ	는		4
Father's Name*					 	H	H	L	Н	H	+	+		Щ	Ц	Ļ	+	+	+	+	+	Ļ	Ļ	Ļ	늗	H	=
Mother's Name*					<u> </u>	Ц	\perp	<u> </u>		Щ	+	Ļ	L		Ц	Ļ	4	4	+	+	ļ	Ļ	Ļ	Ļ	늗	Щ	4
Spouse Name*							Ш			Ш				Щ	Ц	ļ	1	1	1	1	+	1	<u></u>	Ļ	Ļ		
Passport Expiry Date	DDM	MYY	YY	Required if	Passport	provide	d as Iden	tity/	Address	Proof	CK	YC N	lum	ber							\perp	\perp	\perp	L	L		\Box
Driving license Expiry Date	DDM	MYY	YY	Required if					entity/A						S 990	00	8										
Occupation Type*	Private Sec		Public :			overnm	ent Sec	tor	ı II	_	udon				Profe	ssic	nal										
	Self Emplo	yeu	Retired		Пн		re aration	1		50	uden	i L															
 I hereby declare that the de inform you of any changes t misrepresenting, I/We am/s My personal / KYC details n 	herein, immedia are aware that I/ nay be shared wi	ely. In case we may be l th Central l	any of the neld liable for CYC Registr	above infor or it. Y	mation is	found	to be fal	se or	untrue	or mi	slead	ing o	r														
Thereby consent to receiving Date DDMM	y y y y	om Central Place: _	KYC Regist	ry through	SMS/Em	all on th	ne above	regi	istered	numb	er/en	nail a	ddre	SS					2n	Sig d Jo	inat int	ure c	of licar	ıt.			

Name* (Same as ID proof) Maidon Name (If any*) Father's Name* Mother's Name* Mother's Name* Mother's Name* Spouse Name* Spouse Plane* Spouse Plane* Spouse Plane* Private Sector Public Sector Public Sector Sudent Business Professional I hereby declare that the dealls furnished above are true and correct to the best of my/our soundedge and belief and fundertake to informy out on what pages therein, immediately, in case any of the above information is found to be false or untrue or misleading or misregresenting. (We arraine aware that I five may be held liable for it. Why personal KYC dealism why be than of the Cegistry I hereby consent for occeiving information from Central KYC Registry through SMS/Email on the above registered number/remail address Date May Y Y Y Place: Signature of 3rd Joint Applicant Customer Acknowledgement
Maiden Name (if any*) Father's Name* Mother's Name* Spouse Name* Passport Expiry Date Driving license Expiry Date Occupation Type* Private Sector Public Sector Government Sector Business Professional Self Employed Retired Housewife 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 D M M Y Y Y P Place: Signature of 3rd Joint Applicant
Father's Name* Mother's Name* Spouse Name* Passport Expiry Date Driving license Expiry Date Occupation Type* Private Sector Public Sector Government Sector Business Professional Self Employed Retired Housewife 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 D M M Y Y Y Place: Signature of 3rd Joint Applicant
Mother's Name* Spouse Name* Passport Expiry Date Driving license Expiry Date Occupation Type* Private Sector Public Sector Government Sector Business Professional Self Employed Retired Housewife 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 D D M M Y Y Y P Place: Signature of 3rd Joint Applicant
Passport Expiry Date Driving license Expiry Date Professional 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 Driving license Proof CKYC Number Professional
Passport Expiry Date D D M M Y Y Y Y Required if Passport provided as Identity/Address Proof CKYC Number Driving license Expiry Date D D M M Y Y Y Y Required if Driving License provided as Identity/Address Proof Occupation Type* Private Sector Public Sector Government Sector Business Professional Self Employed Retired Housewife 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 D M M Y Y Y Place: Signature of 3rd Joint Applicant
Driving license Expiry Date D
Occupation Type* Private Sector Public Sector Government Sector Business Professional Self Employed Retired Housewife 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 D M M Y Y Y Y Place: Signature of 3rd Joint Applicant
Self Employed Retired Housewife 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 D D M M Y Y Y Y Place: 3rd Joint Applicant
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 Date Discontinuous Place: Ard Joint Applicant
 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 D D M M Y Y Y Y Place: 3rd Joint Applicant



Credit Card Application Form

For Savings / Current Customers

Form Type

Your first **Credit Card**



NEO Joining Fees - Waived Annual Fees - ₹ 250 (2nd year onwards)

Monthly Net Income 15,000 to 45,000

The card for



Monthly Net Income 45,000 to 75,000

MY ZONE

Joining Fees - ₹500 Waived upon spends of ₹5000 in 45 days

Annual Fees - ₹500 (2nd year onwards)

Power of Unlimited



Monthly Net Income 50,000 and above * Joining Fees Waived off for Priority Custo

Privilege Card

Joining Fees* - ₹1500 Annual Fees - ₹1500 (2nd year onwards) Annual Fees waived on achievement of spends threshold of ₹ 2.5 Lakhs in the Preceding year

Personal Details	
Name as desired on Card	Max 19 characters
Occupation Details	
Sector Public Ltd. Private Ltd. MNC Public S	Sector Partnership Proprietorship State Govt. Central Govt.
For salaried: Company Name	Tenure in Current Job: Years Months
YearsTotal work experience Years Months	Net Annual Income Rs.
Designation	Department
Industry Type: Banking Telecom Insura	ance IT/ITES/BPO Construction / Real Estate Manufacturing/Engineering
☐ Mutual Funds/Broking/NBFCs/Fls ☐ Travel	/Entertainment/Hotel
Others	(Please specify) Caste Details : SC ST OBC Other
Management	
Cadre: Senior Management Middle Manageme	ent Junior Management Usage Preference: International Enabled Domestic Only
	Address Details
Please indicate if Communication Address & Email ID mentioned e	earlier is Residence or Office If earlier is a Residence Address & Personal Email ID, please mention Office address & Email ID or vice versa)
Landmark	City
Pin code State	Country
Email	
Nominee Details (same as Savings Account) Yes No 1 d	do not wish to nominate
Auto Debit Option:	
If you wish to avail of the Direct Debit facility from your Axis Ban select one of the following options for the amount to be debited	
*Please note Auto Debit facility will be linked to your newly applied	5% of lotal Amount Due
savings/current account.	Applicant* Joint A/c Holder*

Credit Card Rules & Regulations

1/We hereby apply for the issue of Axis Bank Credit Card to me/us and declare that the information included in this application is true and correct, and that I/We am/are a Resident Indian / NRI / Foreign National working in India and that I/We am eligible to apply for an internationally valid card. I / We unconditionally agree and accept that, the data provided by me / us to the Bank during the application process for acquiring such relationship(s) is true to the best of my / our knowledge and belief, and if at any stage of processing the relationship if it comes to the knowledge of the Bank or the Bank is of the opinion that I / We have provide any incorrect information, and / or fabricated documents, and / or fake documents, and / or face manipulated by me / us. I hereby understand and agree that it is my responsibility to obtain, read and understand the Terms and Conditions as may be in force from time to time and use of the Axis Bank Credit Card shall be deemed to be unconditional and irrevocable acceptance of the Terms & Conditions. I/We further authorize Axis Bank and or its associates subsidiaries affiliates to verify, share and compare any information / data or otherwise at my office / residence and / or my family member and my/our Adhaar number during processing my/our application for legitimate Business purposes. I/We further authorise the Bank to share my Adhaar related details/information with regulatory / statutory bodies as and when required. I/We understand that Axis Bank Ltd. reserves the right to provide me with the Credit Card type / variant based on information available with Axis Bank Ltd. and my/us eligibility as per internal policy of the Bank, in case, I/We have applied for Additional Card (available for Resident Indian parent, spouse, brother, sister or child aged 18 years and above) I will be billed separately for such an Additional Card in normal monthly statem. Further, I agree that all communication pertaining to the add-on-Cardholders aball be addressed to me. I/We understand that the understand that the usage of the Axis Bank Ltd. are the providence of goods and/or services and in accordance with all applicable laws (including without limitation to any government acts, orders, decrees, guidelines, rules & regulations including foreign exchange control regulations) and in the event of any failure to do so, I/We will be liable for any action/prosecution or penalty as prescribed. I/We shall not use the card to purchase anything to reself for commercial or business purposes to derive any financial gains. I/We shall not be able to claim input Tax credit on GST keyled on this card. I/We further understand and agree to levely of all additional statutory levies, charges, taxes. GST as applicable on all fees in therest and other charges as per the Government of India regulations and agree to the purchase of the application of the applications and agree to the swallable online the swallable online the swallable online to the applications and agree to the swallable online to the applications and agree to the swallable online to the swallable onli shall every right and liberty for not processing my / our application / rejecting the application / rejecting the application or provided to the Bank and enforce any remedy that may be so available with the Bank at the Law and Equity. I/We further unconditionally agree and undertake that, the Bank and enforce any remedy that may be so available with the Bank at the Law and Equity. I/We further unconditionally agree and undertake that, the Bank and enforce any remedy that may be so available with the Bank at the Law and Equity. at its liberty, to share any information with any other Banks / Financial Institution either as a part of a consortium of a part of sole Banking Relationship or to any Credit Information Company as the Bank may so decide as per terms of the Credit Information Companies (Regulation) Act, 2005. I/We waive the confidentiality obligations with respect to the information provided to the Bank. I / We further agree that, we shall not hold the Bank liable for any cost or reputation for sharing the information as is considered necessary by the Bank in its sole and exclusive opinion, and without any reference to me / us whatsoever, with such Bank /

Financial Institution / Credit Information Company and to hold harmless the employees, officers, Directors, agents etc. that may be so appointed by the Bank. I/We undertake to inform you of any changes therein immediately. I/We hereby co central KYC registry through SMS/E-mail on above registered Primary Applicant's number or E-mail address. I/We hereby confirm that I/We am/are in favor of receiving communication information / other documents from the bank pertaining to card account via E-mails/SMS/Net

From time to time, Axis Bank communicates various new products / special features of existing products / promotional offers which are of significant benefits to its customers. I/We hereby provide my/our consent to receive information / service etc. for marketing purpor through Telephone / Mobile / SMS / E-mails by the Bank / its agents. YES NO

Lagree and consent for Axis Bank to share my information or data finduding sensitive personal data) with any co-brand partner in connection with the services for promoting, marks

Taggee and consent on Axis Bank or has been so has been so that my demographic and personal details with any co-training partner in connection with the services storping, that in case of application for co-brand partner and according to the purpose of processing my Credit Card and services associated I/We authorize Axis Bank to access and verify my income details from Income Tax's Website (TRACES) for the purpose of processing my Credit Card application. YES NO I/We hereby acknowledge and agree that my demographic and personal details will get updated as per the new application form. The new details will be updated for my/our

existing card/s (if any). YES NO NO As per RBI guidelines, all cards shall be enabled for use only at contact based points of usage within India (ATMs and POS i.e. point of sale devices).



Enrolment Form - Group Mediprime







Employee ID:		IntermediaryCode:			Bank A/c No.:			
This is an application for Insurance of and answer them carefully. You mule even if it is issued. We are under no can incept only after we have receive and conditions and We shall have no or non-fulfillments of additional infoly us. Please fill-up this form in CAPITALL	st provide comp obligation to acc ed the full amou liability to make ormation reques	plete and correct info cept any proposal for nt of premium and W any payment under	ormation. Incom rinsurance. No i Ve have explicitly the Policy if pro	nplete/incorre ndividual can y accepted the posal is not ac	ct/partially correct infor be covered more than or e risk. If We accept a prop cepted by us or premium	mation may lead nee in the policy posal for insurant is not received	nd to cancellation . Regulations man nce, it shall be sub by Us in full and in	of proposal and poli ndate that the covera pject to the Policy term n time, or is not realize
1. Account Holder (Proposer) D	etails							
(Mr./Mrs./Ms./Dr)		First Name			Middle Name		Last N	lame
2. Plan Details								100 DE 100 D
SUM INSURED 3₹ Lakh	4₹ Lakh	5₹ Lakh				PREMIUM		
3. Details of The Person (s) Pro							2000-00-00-00-00-00-00-00-00-00-00-00-00	
SI. No. Name of the insured	person	Relationship to po	olicy holder	Gender	Date of birth		Nominee Na	ame#
		Self			DDMMYYYY			
		Spouse	5		DD MM YYY			_
		Child :			DDMMYYY			
# In the event of the death of th		Child 2		1				
I/We authorized Axis Bank, to o		nt through ECS (Deb	it) clearing / D ir		nding instruction) for Au	to Renewal of t	he policy.	
Individual Age group/ Sum Insured (INR)	0-35	36-45	46-55	2 Adult	p/ Sum Insured (INR)	0-35	36-45	46-55
3,00,000	2,642	4,109	6,765	3,00,000	p, oun moured (may	4,268	6,636	10,929
4,00,000	3,490	5,741	9,229	4,00,000		5,638	9,272	14,908
5,00,000	3,749	6,164	9,911	5,00,000		6,056	9,957	16,010
2 Adults + 1 Child			575.44	2 Adults	+ 2 Child	2022	1,75.85	
Age group/ Sum Insured (INR)	0-35	36-45	46-55	Age grou	p/ Sum Insured (INR)	0-35	36-45	46-55
3,00,000	6,402	8,770	13,063	3,00,000		8,535	10,384	15,196
4,00,000	8,457	12,091	17,727	4,00,000		11,276	14,200	20,546
5,00,000	9,085	12,985	19,039	5,00,000		12,114	16,014	22,067
4. Declaration & Warranty On I								
I/My family members confirm tha ailment/deformity or are neither a I/My family members hereby deck complete in all respects to the best I/My family members understand	waiting any treat are, on my behalt t of my knowledg	tment medical or surg f and on behalf of all ge and that I/my fami	gical nor attendi persons propose ly members am/	ng any follow u ed to be insure are authorized	p for any disease / condit d that the above stateme d to propose on behalf of	tion / ailment/in ents, answers an these other per	njury/addiction d/orparticularsg sons.	iven by me are true ar
company and that the policy will co	ome into force or	nly after full receipt o	f the premium ch	nargeable.				
past or present employer concern		START COURS ON THE SET VILLE BY MINNEY						
	on the life to be							
which an application for insurance			itions and exclus	sions of this pr	oduct as displayed on Axi	s Bank website	and confirm to ab	ide by the same.
I/My family have read and underst Section 41 of Insurance Act 1938	(Prohibition of re	ebates):			A		4	11.1.4.1.1.1.1.1
I/My family have read and underst Section 41 of Insurance Act 1938 No person shall allow or offer to al	(Prohibition of re llow either direct	ebates): :ly or indirectly as an	inducement to a				SINGEL MAIN MAKEN PERSON	
I/My family have read and underst Section 41 of Insurance Act 1938 No person shall allow or offer to al lives or property in India, any reba	(Prohibition of re llow either direct ate of the whole	ebates): :ly or indirectly as an or part of the comm	inducement to a	or any rebate o	of premium shown on the	e policy , nor sh	all any person tak	
I/My family have read and underst Section 41 of Insurance Act 1938 No person shall allow or offer to al	(Prohibition of re flow either direct ate of the whole ate, except such	ebates): ily or indirectly as an or part of the comm rebate as may be allo	inducement to a nission payable o wed in accordan	or any rebate o	of premium shown on the blished prospectus or tab	e policy , nor sholes of the insur	all any person tak	
I/My family have read and underst Section 41 of Insurance Act 1938 No person shall allow or offer to al lives or property in India, any reba continuing a policy accept any reba	(Prohibition of re flow either direct ate of the whole ate, except such	ebates): ily or indirectly as an or part of the comm rebate as may be allo	inducement to a nission payable o wed in accordan	or any rebate o	of premium shown on the blished prospectus or tab	e policy , nor sholes of the insur	all any person tak	



ixed Deposit	Recurring Deposit	Tax:	Saver FD [S	cheme (Code						A/C L	abel_				
AN is mandatory for oper	ning all deposit ac counts	above ₹50,000	A.V.	omer Or	annot be clo boardin				Applica	ant										
lame* FREFIX	FIR	ST									M	1 1	0 0	TL	E	Т			П	П
	L A S	T		TT	T	T	TT	T	TT	TT	T	T	T	T	Ť	T		T	П	Ħ
ame as Primary Applican	nt in Savings A/C Section			ED/	RD Acco	unt o	nening	Section												
Mode of Operation	n			10/	ND ACCC	ount o	permig	Section												
Self		iame as Savii	ng A/C	Applicable	for MOP	otherth	an 'Self'													
	eposit in the form of (Tick one):	Recei	pt	Physic	cal Adv	vice	e	-advice	Email	ID is ma	ndator	y in c	ase e-A	dvice i	is selec	cted			
Type Deposit Acco	[-]- [-	1 1 1	T 1 1	1 1		14				a conf										
eposit/Installment Ar					ll be debite			ngs A/C c	nce activ	ated										
riod: Tick o	Months Cumulation		riod of RD sho		_	-	Company of what an	C												
terest Payout (Tick out outo Renewal:	(No auto ren	(Reinvestmo		Monthly (f	viic)	_ Quai	rterly(QI	o. of tim	95											
	If Yes, please			50.856.	IDITY DD	OCEE			cs											
ito Closure:			.ST FATIVILI	NI/MATC	KITTER	JCEEL	Jection								Please nrc	wide existi	ing Axis R	ank Savings	A/C no n	c the ner
namen a comen and a second	or RD: Kindly debit my	romane na case-e T		++-		+	<u> </u>		<u> </u>	on		of ever		onth.	Savings A	/C no. alon	g with wi	nich this RD h	as to be	r eated
S to be deducted:	Y From	SB/CAA/	CNo			_				c	R L	FD)							
If No, TDS exemp	pt reference No							TDS ex	empt su	ıbmissio	n date	D	D	M	M.	YY	Y	Y		
rm 15H/G	N To be collected sepra	561.50	h wherever ap	plicable.																
	Maturity Proceeds /Maturity Proceeds:																			
Credit My Axis B				ТТ			\Box													
	Jankayeno												18	Signat	ure					
Issue PO	t is subject to RBI guidelin	o from time to	ntime 2) Plea	co r oforthe	latest inte	roct rat	to chart at	the brane	ch or visit	140101/ 2V	ichank e	om 3)	intere	et navm	ont is			ant Sign		
m the date of booking of ount of Rs 5 Corres and ichever is lower. This we inimum period of 7 days, is survivor or any one basis the rate applicable for the unired by either of the joil or m that the payment of in mit has aid account to eil uired by the survivor: In ceased joint deposit hold order from a competent of the condition of the condit	ideposit, as applicable for fithe deposit interest rate above, interest rate shall ould also be applicable on on interest shall be paid fois shall be allowed to survive period the deposit has mint holder even when both proceeds of such deposits ther of us. f. In case the minthe of the death of the court restraining the bank is entitled to 1 of the central to him/her shall not the event of death of the rrence of my legal heirs. If k as a trustee of the legal lashment or withdrawalso's opened on or after 9th A For Existing Recurring Deporthe period of delay. (iii) ith. (iv) Please note that stays and the trem Deposits to be oper syvalue would vary to that tfor opening of FD Plus ar	shall be rate as be 1% below the Rupee Term I remained with the said term vor /s. Such pa emained with the are alive: In cato either one of honour the sam k from making affect the right deposit holde iurther affirm the in soit Custome: raction of a mading instruction of a med on and afte extent.	pplicable for the card rate p Deposits close to deposits. d. In year the bank or the see either one of us represent on is 'Either on eight of the card of the Recurrier 1st August,	he period the revailing as de within 1- the event or ivor/s shall; contracted for us request a valid distribution of us requests a valid distribution of the /s raffirm that from the sa any person, not of my de for the proceition and that the instruct in payment elay in pay; eated as full ment dates in peposit. 2013 and all	he deposit I on the data on the data on the data days from the data days from the death give valid different of the data different days desired and the data days days days days days days days day	nas rema e of dep n the da of one c ischarge hever is to allow he bank r Survive est the pro- (ii) Thate e agains minee r n deposi ment to t credit; instalm t the purious and the purious instalm t the purious and the purious instalm t the purious and the purious instalm t the purious and the purious and the purious instalm t the purious and the purious and the purious and the purious y 30th/3	ained with loosit, as applete of book of the depole to the ball lower. e. Ir verther of 's liability, poor' or 'Any bank, to proceeds of a the survivitate of the bank of the	the bank policable fing of the sitor, prender such part the ever us to prerovided one or 50 cm and the calend or to what door to what had account the calend on the calend or the calend on the calend	or the coor the per e deposit. mature te oremature to remature to remature to rivith there is no urvivor; in ly withdrassit to the be received the tendent of the tendent o	ntracted iod the d c. In case rminatio withdraw disposal withdraw order for the even with each survivoring the pyment is led to prevent the dependent of the control of the	rate, wheposit he the term and pawaishall 'instruct the said or a cont of the id deposite of the additional and the control of the id deposite of the idea of the instruction of the idea of the instruction of the instructio	icheve ias rem m depo m depo m depo m depo m de tribunt attitions bi I depos mpeten death sit with my lee wis bank shall be to my lee kis bank shall be to my lee m g Dep	er is lovalined by a lovalined by a lovalined by a lovalined loval	wer. b. I with the closed jumpers of the clo	or Rupe bank or em- osits he al charger Surviventitle ining to depos the cor- of the rustees depos (ii) That have a pena to pay 5.201 openii	oee Teic or 1% at unely beld in 't ge. How wor' an ed to he han it hold neurre bank's e of the singly a sit, if he at the ragains alty at a penal, is pang. (v)	rm De 6 below 6 below 7 before 8 below 8 before	posits of when coordinate the coordinate the coordinate the coordinate the same of the sa	of a coontractory of a coontra	ntrac tted rir roton of r ratesi drawie furt paym drawi ir) of r lecea drawi he ba eceiv hom Busin he de able si
nrt/regulators/receiver/l rmalFixed Deposit rate(An overdue term deposit amount of the deposit so ount of overdue deposit resent is simple interest TDS rates will be applica TDF rate of interest prov The details of joint account TD bookings under the lease do not sign this forre	not be closed prior to da iliquidator/deceased cases (as per the prevailing rate); tor its portion may be rene so renewed shall be the app tor at least the principal ar at at Savings Bank interest able from time to time as p yided on Term Deposits wi unt holders (wherever app e self-operated mode shal m if it BLANK. Please ens are that the information p	s. Premature cla and will include wed from the propriate rate nount of depos ates. er the Income Il be the rate as olicable) and no I not be permiture all relevan	losure arising e application of date of Matur of Interest for isit as a fresh te Tax Act, 1961 a applicable on omination detatted for account sections and	out of afore f penalty, ity, provided the period of erm deposit and Income the day of F ills for Term ints held by I columns a	the overdifferenewal a interest m Tax rules. Funding of S Deposits w minor cus re complet	d scenal ue perio s prevai ay be pa savings vill be sa tomers. ely fille	od from the old from the old from the old for the old	above ca date of redate of noverdue p opted for ookings a atisfaction	naturity ti naturity. If period on Savings A must be in	If the date the over the amount of the count. In the the amount of the count of the	e chang e of rene due per int so pla nd auth gn the f	ee of ap ewal do iod is m aced as orized orm)	pes no nore th s a fres	t exceed an 14 control of the contro	est rat d 14 da lays an sit at ti	te from ays. The dif the he rate	e rate e depo e decid	of interesitor pla	rate t est pa aces the Bar	o tha yable he en nk wh
∠ Signature of P	Primary Applicant*	Æs	ilgnature of	1st Joint	Applicant		£69	ignatun	e of 2nd	Joint A	pplicar	nt		Æ:	ignat	ure o	f3rd	Joint A	appli	cant
	✓ Signature o whose p	of Bank Offic resence sign		EM	IPNo					Da	te D	D	M	M	Y	Υ	Υ			



Public Provident Fund Account FORM A-Under the PPF Scheme 1968

for Saving A/C Customers

Form Type



		Cu	Stom		ooardir	IE Sect	1011	IIIIIc	al y r	(PPIIIC	aiil												_		
Name* FREFIX F R	5 T							I			1		W	D	D	D	1	E				F			
Same as Primary Applicant in Savings A/C Section				-	\perp			1	-		J.			_		_							L	1	
Jame as Filmary Applicant III Javings Av C Jection				PPF	Accou	ınt ope	ning S	ectio	on																
					Initial I	Payme	nt Deta	ils																	
Initial Amount ₹	(in w	vords)									- 5			W	II be	debi	ted	fron	n inst	ta Sav	vings	AVC	once	e activ	ated
			Star	nding	nstruc	tion fo	r PPF (Cont	tribu	ıtion															
Frequency (Tick one):	Quarterly		Half-	Yearly	Y	early																			
End Date D D M M Y Y Y	Y																								
Amount ₹	(in words)																								
Carried Forward:				If "Y	/" confi	rm No	of Time	. [1	1															
his signifies the number of re-attempts made by A	Axis Bank in case	of failure	of SI to			7111140.	or rime	_																	
VC No. to be debited:																		Sig	nati	ıre_					
lease provide existing Axis Bank Saving A/C no. or	the new insta S	aving A/C	no. alo	ng with			Vandaria de la companya della companya della companya de la companya de la companya della compan		ened												Α		ant S		iture
	7 (4				Nomi	nation	(Form	E)																	
I wish to nominate	_ I do no t wis				the pers	on (s) m	entione	d be	low	to who	m to t	he e	xclus	sion	ofa	llo	the	r pe	rsor	ns in t	the	even	t of	mv d	leath.
the amount standing to my credit in the Pub	olic provident				- Company	47.6				time o													. sestino		
and an extending to my disease in the case	ine provident.	tecourie	710						· ciic	ciiiic o	liny c	Car		1101	o pe	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Sr. Name(s) of the nominee(s)				Full	Address	(es)							of Bi mine											te Ar I omi	noun nee
						_																			
																							_		
																				_					
As the nominees (s) specified above is/are m	ninor. Lappoin	t the follo	owing	as gua	rdian (s)																				
	ninor, I appoin	t the foll	owing	as gua	rdian (s)	:																			
ss the nominees (s) specified above is/are m Sr. No. Name of the Minor Nominee	ninor, I appoin	t the foll		75.0	rdian (s)											(Gua	rdia	ın's /	Addr	ess				
Sr. Name of the Minor Naminee	ninor, I appoin	t the foll		75.0	NAME											(Gua	rdia	ın's /	Addr	ess				
Sr. Name of the Minor Naminee	ninor, I appoin	t the foll		75.0	NAME											(Gua	rdia	n's /	Addr	ess				
Sr. Name of the Minor Naminee	ninor, I appoin	t the follo		75.0	NAME											(Gua	rdia	n's /	Addr	ess				
Sr. Name of the Minor Naminee	ninor, I appoin	t the follo		75.0	NAME											(Gua	rdia	in's /	Addr	ess				
Sr. Name of the Minor Naminee	ninor, I appoin	t the follo		75.0	NAME											(Gua	rdia	n's i	Addr	ess				
Sr. No. Name of the Minor Nominee				Name o	f the G	uardian	of the ne	mino	00(5)							(Gua	rdia	ın's i	Addr	ess				
Sr. Name of the Minor Nominee				Name o	f the G	uardian	of the no	mine	ee(s).	a						(Gua	rdia	in's i	Addr	ess				
Sr. Name of the Minor Nominee o receive the sum due number the said acc	ount in the ev		y deat	Name c	f the G	uardian											Gua	rdia	in's i	Addr	ess				
Sr. No. Name of the Minor Nominee o receive the sum due number the said acc	ount in the ev	ent of my	y deat	Name c	f the G	uardian				6							Gua	rdia	ın's i	Addr	ess	2			
Sr. Name of the Minor Nominee o receive the sum due number the said acc signature of witness	ount in the ev	ent of my	y deat	Name o	f the G	uardian										(Sua	rdia	in's i	Addr	ess				
Sr. Name of the Minor Nominee o receive the sum due number the said acc	ount in the ev	ent of my	y deat	Name o	f the G	uardian								Sign	ature							ubscri	ber/s	guand	lain
Sr. No. Name of the Minor Nominee o receive the sum due number the said acc ignature of witness	ount in the ev	ent of my	y deat	Name o	f the G	uardian				0			3	Sign	ature							ubseri	ber/j	guand	lain
Sr. No. Name of the Minor Nominee o receive the sum due number the said acc ignature of witness	ount in the ev	ent of my	y deat	Name o	f the G	uardian inority o							3	Sign	ature							ubscri	bew	bnsug	lain
Sr. No. Name of the Minor Nominee o receive the sum due number the said acc signature of witness Dated D D M M Y Y Y Y	ount in the ev	ent of my	y deati addres	Name o	f the G	inority o	tion				time t	o tin		Sign	ature							ubscri	lberva	bnsug	lain
o receive the sum due number the said accignature of witness Dated D M M Y Y Y Y agree to abide by the provisions of the Put I her eby declare that I am no t maintaining	ount in the ev Na Na Na Dilic Provident	ent of my ame and a ame and a Fund Sci blic Prov	y deat addres addres heme,	Name o	g the mi	uardian nority o	tion	ther	r eto	from			ne.	Sign	ature							ubscri	lber/i	bnsug	lain
Sr. No. Name of the Minor Nominee o receive the sum due number the said according to th	ount in the ev Na Na Na Na Dilic Provident gany other Pugany othe	ent of my	y deati addres addres heme, vident	Name o	g the mi	eclara ndment	tion s issued	ther	r eto	from			ne.	Sign	ature							ubscri	berva	guard	lain
Sr. Name of the Minor Nominee To receive the sum due number the said accompany to rec	ount in the ev Na Na Na blic Provident g any other Pu g any other Pu Public Provide	ent of my	y deati addres addres heme, vident	Name o	g the mi	eclara ndment	tion s issued	ther	r eto on be	from	f a mi	nor.	ne.			ort	hun	hb in	прте	ssion	afsi			guard	lain
Sr. Name of the Minor Nominee o receive the sum due number the said acc signature of witness Dated D M M Y Y Y Y agree to abide by the provisions of the Put I her eby declare that I am no t maintaining I. I hereby declare that I am no t maintaining II. I hereby declare that the details of other	ount in the ev Na Na Na blic Provident g any other Pu g any other Pu Public Provide	ent of my ame and a ame and a Fund Sci blic Prov blic Prov ent Fund	y deati addres addres heme, vident	Name o	g the mi	eclara ndment	tion s issued	ther	r eto on be	from the	f a mi	nor.	ne.			ort	hun	hb in	прте	ssion	afsi			guard	lain
No. Name of the Minor Nominee to receive the sum due number the said acc Signature of witness Dated D D M M Y Y Y Y agree to abide by the provisions of the Put I hereby declare that I am no t maintaining i. I hereby declare that I am no t maintaining ii. I hereby declare that the details of other	ount in the ev Na Na Na blic Provident g any other Pu g any other Pu Public Provide	ent of my ame and a ame and a Fund Sci blic Prov blic Prov ent Fund	y deati addres addres heme, vident	Name o	g the mi	eclara ndment	tion s issued	ther	r eto on be	from the	f a mi	nor.	ne.			ort	hun	hb in	прте	ssion	afsi			guard	lain

*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 spec ified 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 no t 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 there of 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 bank Luddes not seek any information relating to organize raising 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 contract. b. All information provided by me of any nature (including personal & sensitive information) will be used in the provision of services or facilities, facilities, facilities, facilities, facilities, facilities, facilities, facilities, facilities, facilities for mation 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 $transaction\ liability\ for\ me/us\ shall\ be\ limited\ to\ the\ transaction\ value\ or\ the\ amount\ mentioned\ as\ Maximum\ Liability\ of\ a\ Customer\ defined\ under\ respective\ guideline,\ whichever\ is\ lower\ transaction\ value\ or\ the\ amount\ mentioned\ as\ Maximum\ Liability\ of\ a\ Customer\ defined\ under\ respective\ guideline,\ whichever\ is\ lower\ transaction\ that\ the constraints and the constraints are also constraints and the constraints are also constraints and the constraints are the constraints and the constraints are the constraints are also constraints and the constraints are the constraints$

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.

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 the properties of thyour 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.

	Acknowledgement (to be fil	led 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 $% \left(x\right) =\left(x\right) \left($	not availed by the account holder.		
		Signatur	e 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 in the rules and regulations concerning the TRUST 24 CARD. The Bank reserves the right in the rules and regulations concerning the TRUST 24 CARD. The Bank reserves the right in the rules and regulations concerning the TRUST 24 CARD. The Bank reserves the right in the rules and regulations concerning the TRUST 24 CARD. The Bank reserves the right in the rules and regulations concerning the TRUST 24 CARD. The Bank reserves the right in the rules and regulations concerning the TRUST 24 CARD. The Bank reserves the right in the rules and regulations concerning the the theorem in the rules and regulations concerning the theorem in the rules and regulations concerning the theorem in the rules and regulations concerning the rules and rules are represented by the rules and rules are represented by the rules are rules and rules are represented by the rules are rules are rules are rules and rules are ruleto 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 $Holder(s) \ agree to be bound by all the Terms and Conditions that may be specified by the Bank at the time availing such facility and such other conditions as specified by the Bank from time to time. On agreeing to avail the time availing such facility and such other conditions as specified by the Bank from time to time. On agreeing to avail the time availing such facility and such other conditions as specified by the Bank from time to time. On agreeing to avail the time availing such facility and such other conditions as specified by the Bank from time to time. On agreeing to avail the time available to t$ 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 any 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/P assword in any form including through e-mails from its customers. I/W e agree and undertake that I/W e 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. I/We shall take all precautions to protect my/our account details so as to avoid any unauthorized use. I/We shall take all precautions to protect my/our account details so as to avoid any unauthorized use. I/We shall take all precautions to protect my/our account details so as to avoid any unauthorized use. I/We shall take all precautions to protect my/our account details so as to avoid any unauthorized use. I/We shall take all precautions to protect my/our account details so as to avoid any unauthorized use. I/We shall take all precautions to protect my/our account details so as to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use. I/We shall take all precautions to avoid any unauthorized use any unauthorized use all take all precautions to avoid any unauthorized use all take all precautions to avoid any unauthorized use all take a

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

Credit Card Most Important Document

Dear Customer.

Thankyou for applying for Axis Bank Credit Card!

- 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

, 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)	Waived	₹1500	Annual Fees waived on spends o f ₹ 2.5 lakhs in 1 year
Privilege Card (with unlimited travel benefits)	₹ 1500	₹ 1500	Complimentary 2 Yatra vouchers (of ₹ 2500 each) on activation on 3 transactions within 60 days, Annual fee waived on spends o f ₹ 2.5 lakhs in 1 year
My Zone	₹ 500	₹ 500	Joining Fee waived on spends of ₹ 5000 in 45 days
Neo	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



Non-individual:FATCA-CRS Form NTB (Mandatory for HUF Account Opening)



															_		_		_				
Details o	of ultimate	e beneficia	l owner	rincludi	ng ad	lditior	nal F	ATC	:A &	CR	S in	for	nat	ion									
1) Name of the entity*															\Box				\prod_{i}				
2) Existing Customer* If Yes, Customer ID				3)PAN	1									Or [FOR	M 60	& 49	Α				
4) Address for Tax purpose* Communication/L	ocal 🔲 F	Registered/R	Residence	e 🗌 ot	her	if othe	r, fill	addr	ess	detai	ls be	elo v	N										
5) Other Address:																							
		7 7 7			1		T	П						T	1	1		T	T	T	П		1
City State	$\pm\pm\pm$	Country	$\pm \pm$	$\pm \pm$	\pm	Pinc	ode		\vdash	\equiv	=	寸	寸	_	_				_	_	_		
	Busines		tered Off	ice		Fine	oue	Ш	Ш			_	_										
Please tick the applicable tax resident declaration : (A		s Kegis	tered On	icc																			
Entity is a tax resident fo India and not resident of		r country Of	3																				
Entity is a tax resident fo the country/ies mention	ned in the t	table below																					
Please indicate the country/ies in which the entit	ty is a resid	ent for tax p	urposes	and the a	ssocia	ted Ta	x ID I	N un	nber	belo	w:												
Country	***	Tax Identification Number%									tifi	cati	on T	ур	e (TI	No	Ot	her	%, p	leas	e sp	ecify)	
										+													
	-									+	+												
% In case Tax Identification Number is not a vailable, k	rindly provi	ide function	al equiva	lent\$																			
In case the Entity's Country of incorporation/Tax resid					U.S. I	Person	, mei	ntion	Ent	ity's	exer	mpti	ion c	ode	¹he	re:							
Owner-documented FFI's should provide FFI Owner																	-E						
Fatca-CRS declarati	on (Please	consult you	r professi	ional tax	adviso	or for f	urthe	er gu	idan	ce or	ı F#	\TC	A-C	RS	clas	sifica	ition	É					
	Part A (to	be filled b	y Financ	ial Instit	ution	s or D	irect	Rep	orti	ing N	NFE:	s)											
1 We are a	GIIN:										GII	N: n	ot a	vaila	ble	(plea	se ti	ck as	app	olical	ble):		
Financial institution ² or	Note: If yo	u do not hav	e a GIIN b	ut you are	spon	sored b	y				GIIN: not available (please tick as applicable): Applied for												
D irect reporting NFE ³ another entity, please provide your sponsor's GIIN above and							Following options available only for Financial Institutions:																
indicate your sponsor's provide your sponsor's GIIN above and Not required to apply for (Please speci						pecif	y sul	b-cat	egory ⁴)														
		our sponsor's sponsoring ei									DI-							0 05		e acor	CII.		
	Nume of 3	sporisoring ei	шу						-		Ple						m W parti				y fille	ed in	
											_										_		
		y one as app	ropriate t	o be filled	byN	FEs of c	other	than	Dire	ect R	еро	rting	NF	Es)									
1 Is the Entity a publicly traded company (that is company whose shares are regularly traded on		Yes																					
established securities market)	an	(If yes, please specify any one stock exchange upon which the stock is regularly traded)																					
Name of the stock exchange				_																			
		-													_				_				
2 Is the Entity a related entity of a publicly traded Company whose share are regularly Name of the Listed company, the stock of which is regularly traded																							
traded on an established securities market	200700-0070-000	Name of the Listed company, the stock of which is regularly traded(If yes, please specify any one stock exchange upon which the stock is regularly traded)																					
			Name of the stock exchange																				
	Natur	Nature of relation:																					
	Subsidiary of the listed company																						
		Controlled by a listed company																					
3 Is the Entity an active NFE ⁷			s																				
			of busin		ategor	ry of A	ctive	NE	F.														
	Please specify the sub-category of Active NFE: (mention code - refer 2c of Part D)																						
4 Is the Entity a passive NFE ⁸		□ Ve													_		—	_	_	_			
4 Is the Entity a passive NFE° Yes Nature of business																							
		1,11000		210/4							70	,	•			Ro.		<i>a</i>	-		_		
¹ Refer 3(VIII) of Part D, ² Refer 1 of Part D, ³ Ref er 3(VII) ⁹ Refer 3(VII) of Part D	I) of Part D,	Refer 1A.	of Part D,	'Ref er 2	a of Pa	art D, °	Ref e	r 2b	of Pa	art D	, Re	ef er	2c o	f Pai	rt D,	, "Ref	er 3	(II) o	f Pai	rt D,			
			the second section of the	Certifica	THAT WE	Territory tendency					WOULD.	Carren			lle co. in			9-3-3-11V					tare submequit
I/We have understood the information requirement information provided by us on this Form is True, C		7.0															3.55			1.5			
and hereby accept the same.		- Complete.	ro dis	J COINI				16							100	-, \	٠. ١٠	. 4111	41				
Authorised Signatory Name :						Autho	rise	d Sign	nato	rv		Sig	natu	ıre [1
Authorised Signatory Designation :						- well		6		1		~16											
Date: D D M M Y Y Y Y Place:														-	ac								4
Branch Declaration :		1000															5igna	ture.	Nam	e of C	Officia	1.8:	

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

15



	Field Verificati	on Form
Name of the customer		Date.:
Residential Address (Write Land Mark)		
Contact Nos. :	Res: Off:	Mob:
Distance of the residence from the Branch		
Date & time of Visit		
Name of the Person contacted		
The following information is based or	n observations of Officer doi	ng Field Verification:
Residential Status: Self owned	Family Members: Total No Working Children Adult	Assets Noticed: Car
* Employed at this office/firm.		
Type of Residence : Flat	Details verified from Watchman Name Plate Neighbor Society Board Company Board	Posh Locality
If the applicant add. is locked, the fol	lowing info. to be obtained	
Does app. stay at this residence Yes	No	Easy Difficult Not found
Customer's age No. of family me	mbers in his house	Not lookid
Appox. time, when app. Is available at hon	ne	
Comments on the verification		
		e customer as per the address mentioned in Account Opening bove information which has been completed by me is true and
		Name of the Official
Place:		Designation S.S. No. / Emp. No
Final Recommendation: Accepte	d Rejected	Another FV required.
Branch Head / Operations Head to e		Certified by : Branch Head / Operations Head

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 be invariably given by the Branch verifying official on the status of the employee i.e. permanent/temporary/outsourced.

