

Fixed Deposit

New Customers - Resident Individuals/HUF

Form Type



TD001

Type of Account:

Fixed Deposit ☐

Tax Saver FD ☐

FD Plus ☐

(Tax Saver FD and FD Plus cannot be closed prior to maturity)

Customer Onboarding Section - Primary Applicant

Name*

Aadhaar No "\$"

Father's Name*

Passport Expiry Date

Mother's Name*

Driving License Expiry Date

Mother's Maiden Name

Signature
Across
Photo

35mm X 35mm

☐ I hereby state that I have no objection in authenticating my self with Aadhaar best authentication system and consent to providing my Aadhaar number, Biometric 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.

☐ Individual* or ☐ HUF

If minor please fill Minor Declaration Section

DOB / DOI*#

Gender*

Minor*

Married*

Married*

Married*

Senior Citizen*

If minor / senior citizen, please provide proof of DOB

^T stands for 'third gender'

PAN*

or ☐

FORM 60/61

(PAN or Form 60/61 mandatory for deposit amount of Rs. 50,000/- and above. PAN is mandatory for Tax Saver FD)

Address Details

Communication /
Residence Address*

Landmark*

City*

Pin code*

State*

Country*

Residence Type * Owned ☐

Rented/Leased ☐

Ancestral/Parental ☐

Company Provided ☐

Mobile No*

Email Address

E.G. RKADAM@GMAIL.COM

Please ensure to furnish correct email ID.

Tel. No.(R)

Tel. No. (O)

Permanent Address* ☐

Same as communication address

☐ Please note the address below

Landmark*

City*

Pin code*

State*

Country*

Residence Type * Owned ☐

Rented/Leased ☐

Ancestral/Parental ☐

Company Provided ☐

Preferred Language of Communication

CUSTOMER INFORMATION & PROFILE (Mandatory)

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

Nationality

Constitution code:

(To be filled
by branch)

Occupation code:

(To be filled
by branch)

Occupation ☐

Salaried

☐ Self Employed

☐ Unemployed

☐ Retired

☐ Housewife

☐ Student

☐ Politician

If occupation is Salaried:

☐ Pvt Ltd

☐ Public Ltd

☐ Proprietorship

☐ Partnership firm

☐ Public Sector

☐ Government

☐ Multinational

☐ Others (Please specify)

If Occupation is Self Employed:

a) Nature of Business

☐ IT

☐ Professional Service Provider

☐ Agriculture

☐ Bullion /Gold Jewelry

☐ Stock Broker

☐ Real Estate

☐ Trader

☐ Money Lender

☐ Others (Please specify)

b) No. of Years in Business/
Employment

Annual Income #

Only absolute numeric values to be entered in this section

Source of Fund ☐

Salaried

☐ Business Income

☐ Agriculture

☐ Investment Income

☐ Others (Please specify)

Know Your Customer*

Account opening through e-KYC (Aadhaar) ☐

Transaction ID

To be filled by the Branch

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

Identity Proof Document Type*

ID No.*

Issuing Authority

Place of Issue

Identity Proof Document Type*

ID No.*

Issuing Authority

Place of Issue

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

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

Country#	Tax Identification Number%	Identification Type (TIN or Other, please specify)%	Address For Tax Purpose*		
			☐ Communication Address	☐ Permanent 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 % In case 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 the
 information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature _____

☐ The Hindu Undivided Family is engaged in _____ activity/occupation not in the nature of the business or trade.

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

Please treat this as a mandate from us to:

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

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

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

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

Place: _____ Date _____ Name: _____ Signature _____

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

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

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Type of Guardian: ☐ Father ☐ Mother ☐ Court Appointed ☐ Testamentary Guardian

[illegible]

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.

Signature _____

1

1. Fixed Deposit Plus Deposits and Tax Saver Deposits (Retail & Corporate) cannot be closed prior to date of maturity
2. Auto-renewal option is not available for Fixed Deposit Plus, Tax Saver Recurring deposits and deposit booked for Other Legal Entities (Cooperative Societies, Partnership, Limited Liability Partner, Trust, Associations, Club, University, Financial Institution)
3. I/We understand that at the time of placing the fixed deposit. Fixed Deposit Advice shall be issued by Axis Bank by default, if I/We do not opt for a Fixed Deposit Receipt and if I/We have opted for auto renewal or auto closure options. An Electronic Fixed Deposit Advice will be sent to the registered e-mail ID within 2 working days from the date the fixed deposit
4. In case of auto renewal, as the case may be, interest rate prevailing on the date of auto renewal shall be applicable. For Monthly/Quarterly Fixed Deposit, the principal deposit amount shall be renewed, while for Cumulative Fixed Deposit the entire maturity proceeds shall be renewed
5. In case of auto renewal without any change in existing mode of operation, the respective account opening form be treated as valid and continuing.
6. I/We agree that the proceeds of the deposit will be paid as per existing bank's mode of payment on the due date or on request before the due date unless the Deposit is Auto Renewed. We understand that premature withdrawal of Deposit will be subject to penal rates as per banks policies published at <https://axisbank.com/TDTnC>
7. In the event of death of one of the depositor, premature termination and payment of term deposit held in 'Either or Survivor' or 'Former or Survivor' or 'anyone' basis shall be allowed to survivor/s. Such payment to survivor/s shall give valid discharge to the bank. Such premature withdrawal shall not attract any penal charge. However, the interest rate shall be the rate applicable for the period the deposit has remained with the bank or the contracted rate, whichever is lower. In the event of 'with disposal' instructions being 'either or Survivor' and a premature withdrawal is required by either of the joint holders even when both are alive. In case either one of us requests the bank, to allow either of us to prematurely withdraw the said deposit, the bank is entitled not to honour the same. We further affirm that the payment of proceeds of such deposits to either one of us represents a valid discharge of the bank's liability, provided there is no order from a competent court restraining the bank from making the payment from the said account to either of us. In case the mode of operation is 'Either or survivor', in the event of the death of one of the deposit holder, premature withdrawal is required by the survivor: In the event of the death of either one or more of us, the survivor of us, if he/she so requests the bank, to prematurely withdraw the said deposit without seeking the concurrence of the legal heirs of the deceased joint deposit holder/s, the Bank is entitled to honour the same. We further affirm that payment of the proceeds of such deposit to the survivor of us represents a valid discharge of the bank's liability provided: (i) There is no order from a competent court restraining the bank from making the payment from the said account. (ii) That the survivor would be receiving the payment from the bank as a trustee of the legal heirs of the deceased depositor and that such payment to him/her

shall not affect the right or claim that the legal heirs of the deceased customer/s may have against the survivor to whom the payment is made. In case of Joint Fixed Deposits with a survivorship clause, the Bank shall be discharged by paying the Fixed Deposit proceeds prematurely to survivors, on request, in the event of death of one or more Joint depositor. Where the deposit is held singly and premature withdrawal is required by the nominee in the event of the deposit death, in the event of my death, the nominee named for the deposit is entitled to prematurely withdraw the said deposit, if he/she so requests the bank, without seeking the concurrence of my legal heirs. I further affirm that payment of the proceeds of such deposit to the nominee represents a valid discharge of the bank's liability.

8. I/we agree that the first instalment shall be debited on the date of opening of the recurring deposit account. Subsequent instalments shall be debited on the selected day of the month

9. In case of delay in payment of any instalment/s beyond the calendar month, the depositor /s shall be liable to pay a penalty at INR 10 per INR 1000 per month for the period of delay. Fraction of a month will be treated as full month for the purpose of calculating such penalty

10. The deposits in DIGC are insured for an amount of 5 lakhs (principal + interest) per depositor

11. I accept the general terms & conditions hosted on the Axis Bank's website for Term Deposits at <https://axisbank.com/TDTnC>

Please note, the customer shall provide his correct personal details only at the time of creation of the TD. Also note that the Rate of Interest modified will be applicable from the last open effective date of the Fixed Deposit.

(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)

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.

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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
- I hereby confirm to download my CKYC details and use it for abiding any bank's guideline.

Date Place: _____

For Office Use Only

A/C No.		A/C Manager	
Transaction ID		Value date	
Transaction entered by		SE Code	
RD SI number		Branch Code	
Branch Name	Ledger No.		
		Transaction verified by	
		Scheme Code	
		Label Code	

For Axis Bank Limited

Branch Head / Authorized Signatory

Name of Official: _____

Designation : _____

S. S. Number : _____

DECLARATION BY THE BRANCH

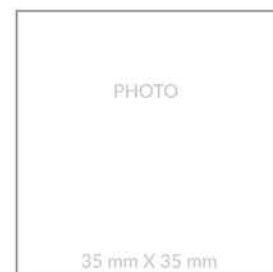
I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained as per the KYC guidelines of the Bank and RBI (as amended from time to time) and performed due diligence to verify the genuineness of the customer. The Account may please be set up in Finacle. In case of signature mismatch, I certify that the customer has been personally met and has signed in my presence. Kindly process the request

Declaration & Signature

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

Signature of Joint Applicant

Signature of all other holders



Signature of Bank Official in whose presence signed

EMP No. Date

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 or any such information from time to time.

I do hereby give my consent to receive such information through Email ☐ ☐ SMS ☐ ☐ Phone Calls ☐ ☐ Signature _____

Additional Declarations (Tick as applicable)

☐ FORM 60

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

If applied for PAN and it is not yet generated enter date of application and acknowledgement number

If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held

a Agricultural income ₹
b Other than Agricultural income ₹

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax. Verified today, the _____ day of _____ 20__

Date _____ Place _____ Signature _____

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

Country#	Tax Identification Number%	Identification Type (TIN or Other, please specify)%	Address For Tax Purpose*
			☐ Communication Address ☐ Permanent 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 % In case Tax Identification Number is not available, kindly provide functional equivalent⁵
FATCA- CRS Certification: I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature _____

Minor Declaration

Type of Guardian: ☐ Father ☐ Mother ☐ Court Appointed ☐ Testamentary Guardian

Full Name of Guardian Mr. ☐ Ms. ☐

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

Signature _____

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
- I hereby confirm to download my CKYC details and use it for abiding any bank's guideline.

Date Place: _____

Signature of 1st Joint Applicant

Rules & Regulations (Customer Copy)

- 1.Fixed Deposit Plus Deposits and Tax Saver Deposits (Retail & Corporate) cannot be closed prior to date of maturity
- 2.Auto-renewal option is not available for Fixed Deposit Plus, Tax Saver Recurring deposits and deposit booked for Other Legal Entities (Cooperative Societies, Partnership, Limited Liability Partner, Trust, Associations, Club, University, Financial Institution)
- 3.I/We understand that at the time of placing the fixed deposit. Fixed Deposit Advice shall be issued by Axis Bank by default, if I/We do not opt for a Fixed Deposit Receipt and if I/We have opted for auto renewal or auto closure options. An Electronic Fixed Deposit Advice will be sent to the registered e-mail ID within 2 working days from the date the fixed deposit account is created/renewed.
- 4.In case of auto renewal, as the case may be, interest rate prevailing on the date of auto renewal shall be applicable. For Monthly/Quarterly Fixed Deposit, the principal deposit amount shall be renewed, while for Cumulative Fixed Deposit the entire maturity proceeds shall be renewed
- 5.In case of auto renewal without any change in existing mode of operation, the respective account opening form be treated as valid and continuing.
- 6.I/We agree that the proceeds of the deposit will be paid as per existing bank's mode of payment on the due date or on request before the due date unless the Deposit is Auto Renewed. We understand that premature withdrawal of Deposit will be subject to penal rates as per banks policies published at <https://axisbank.com/TDTnC>
- 7.In the event of death of one of the depositor, premature termination and payment of term deposit held in 'Either or Survivor' or 'Former or Survivor' or 'anyone' basis shall be allowed to survivor/s. Such payment to survivor/s shall give valid discharge to the bank. Such premature withdrawal shall not attract any penal charge. However, the interest rate shall be the rate applicable for the period the deposit has remained with the bank or the contracted rate, whichever is lower. In the event of 'with disposal' instructions being 'either or Survivor' and a premature withdrawal is required by either of the joint holders even when both are alive. In case either one of us requests the bank, to allow either of us to prematurely withdraw the said deposit, the bank is entitled not to honour the same. We further affirm that the payment of proceeds of such deposits to either one of us represents a valid discharge of the bank's liability, provided there is no order from a competent court restraining the bank from making the payment from the said account to either of us. In case the mode of operation is 'Either or survivor', in the event of the death of one of the deposit holder, premature withdrawal is required by the survivor: In the event of the death of either one or more of us, the survivor of us, if he/she so requests the bank, to prematurely withdraw the said deposit without seeking the concurrence of the legal heirs of the deceased joint deposit holder/s, the Bank is entitled to honour the same. We further affirm that payment of the proceeds of such deposit to the survivor of us represents a valid discharge of the bank's liability provided: (i) There is no order from a competent court restraining the bank from making the payment from the said account. (ii) That the survivor would be receiving the payment from the bank as a trustee of the legal heirs of the deceased depositor and that such payment to him/her shall not affect the right or claim that the legal heirs of the deceased customer/s may have against the survivor to whom the payment is made. In case of Joint Fixed Deposits with a survivorship clause, the Bank shall be discharged by paying the Fixed Deposit proceeds prematurely to survivors, on request, in the event of death of one or more Joint depositor Where the deposit is held singly and premature withdrawal is required by the nominee in the event of the deposit death, In the event of my death, the nominee named for the deposit is entitled to prematurely withdraw the said deposit, if he/she so requests the bank, without seeking the concurrence of my legal heirs. I further affirm that payment of the proceeds of such deposit to the nominee represents a valid discharge of the bank's liability.
- 8.I/we agree that the first instalment shall be debited on the date of opening of the recurring deposit account. Subsequent instalments shall be debited on the selected day of the month
- 9.In case of delay in payment of any instalment/s beyond the calendar month, the depositor /s shall be liable to pay a penalty at INR 10 per INR 1000 per month for the period of delay. Fraction of a month will be treated as full month for the purpose of calculating such penalty
- 10.The deposits in DIGC are insured for an amount of 5 lakhs (principal + interest) per depositor
- 11.I accept the general terms & conditions hosted on the Axis Bank's website for Term Deposits at <https://axisbank.com/TDTnC>

Customer Copy



Date: _____ Account No/Customer ID: _____ Branch Name _____

Type of Deposit: ☐ Fixed Deposit ☐ Fixed Deposit Plus (Non Withdrawable FD) ☐ Tax Saver Fixed Deposit

Applicants Name: _____ Joint Applicants _____

Amount of deposit (in figures) _____ Period of Deposit: _____ Years _____ Months _____ Days Rate of Interest: _____ % pa

Interest Payout option: ☐ Cumulative ☐ Quarterly ☐ Monthly Maturity Instruction: ☐ Auto Renewal ☐ Auto Closure

Separate Form 15G/15H has to be submitted every Financial Year to claim exemption from TDS as exemption will be available from the date of receipt of form 15G/H till the end of the Financial Year.

Bank Officer's Initials: _____

Nomination Acknowledgment

☐ We acknowledge nomination made by you in favor of Mr./Ms./Mrs./Mrs. _____ aged _____ in respect of your Fixed/Recurring Deposit Account Number _____ on the basis of Form DA1 dated _____

 Branch Official's Signature

**Bank
Seal**

