AXIS BANK

Fixed/Recurring Deposit

Existing Customers - Resident Individuals/HUF/Overseas Indians/Non Individual Entities

Form Type TE001

Date: D D M M Y Y Y Y

Type of Account:

Fixed Deposit ☐ Recurring Deposit ☐ Tax Saver FD* ☐ FD Plus* ☐ NRE Deposit ☐ NRO Deposit ☐ FCNR Deposit ☐ RFC Deposit ☐

*Cannot be closed prior to maturity

Customer Onboarding Section

Primary Applicant

Name* PREFIX FIRST MIDDLE LAST

Customer ID* Senior Citizen* Y N PAN***

Joint Applicant

Name* PREFIX FIRST MIDDLE LAST

Customer ID*

Please mention no. of Joint Applicants 0 ☐ If more than one joint applicant, use TDJ01 form for joint applicant.

***PAN or Form 97 mandatory for deposit amount of Rs. 50,000/- and above. PAN is mandatory for Tax Saver FD. PAN or Form 97 is mandatory for booking of Term Deposits/FCNR for NRIs.

*To avail Senior Citizen Rate of Interest, ensure your Date of Birth is updated in Bank Account. Special rate available for Staff and Senior Citizens are not applicable for NRE/NRO/FCNR/RFC deposits

FD/RD Details

Deposit/Installment Amount: Tenure: Months Days Tenure of RD should be onlyin multiples of 3 months

Interest payout (Tick one): ☐ Simple (Payout) ☐ Cumulative (Reinvestment) ☐ Monthly (MIC) ☐ Quarterly (QIC) ☐ Half-yearly* *Applicable for Overseas Indians only

Auto Renewal**: Y N (No auto renewal for RD, FD Plus and, Tax Saver) Auto Closure**: Y N **If yes, please fill "INTEREST PAYMENT/MATURITY PROCEEDS"Section.

Rate of Interest _____% P.A Deposit value Date D D M M Y Y Y Y

Standing Instruction for RD: kindly debit my A/C no. on of every month.

Mode of Operation*

☐ Self ☐ Either/ survivor ☐ Former / survivor ☐ Anyone/ survivor ☐ Jointly by all ☐ Minor A/C operated by Guardian ☐ Others_____

FD Advice/Receipt

An electronic FD advice will be sent to the registered email id within 2 working days from the date the Fixed Deposit Accounts is opened /renewed. In case email ID is not registered, please update through branch/IB/MB. Issue me/us physical ☐ Fixed deposit advice

Interest Payment / Maturity Proceeds

For Interest Payment/Maturity Proceeds:

☐ Credit My Axis Bank A/C No

☐ Issue DD/PO In Name

and payable at City

☐ Credit my other Bank A/c No. IFSC Code

Other Bank Name LEI Number*

*Mandatory for non-individual customers above regulatory threshold

TDS to be deducted: Y N If No, TDS exempt reference No

TDS exempt submission date D D M M Y Y Y Y Form 121 Y N To be collected separately by Branch wherever applicable.

Note: 1) Interest payment is subject to RBI guideline from time to time. 2) please refer the latest interest rate chart at the branch or visit www.axis.bank.in 3) Interest payment is subject to tax deduction at source. 4) No interest would be paid if the NRE/FCNR deposit is prematurely closed before 1 year and also subject to terms and conditions. 5)Maturity value is subject to tax deductions 6) TDS shall be applicable on Fixed deposit/ Recurring deposit placed with the bank 7) In the event of failure of NEFT/RTGS credit to the designated other bank account, the Bank reserves the right to remit the deposit proceeds through a Demand Draft.

Remittance Details * Applicable for Overseas Indians only

Payment by : ☐ DD ☐ Cheque ☐ Wire Transfer ☐ TC ☐ FC Debit to Account Amount ₹/FC

Currency Type : ☐ INR ☐ FC (Please specify Foreign Currency)_____ Remitted through _____

Note: Funds in NRO account cannot be debited for creation of NRE and FCNR deposits

Initial Payment Details

Deposit Amount ₹ (in words) _____

Mode of Payment : ☐ Cash ☐ Debit my/ our existing A/C A/C No. (as per mode of operation)

To open account with cash, customer can deposit cash upto ₹20,000/- in account opening branch only

☐ Cheque No. Dated D D M M Y Y Y Y Cheque should be crossed A/C payee and drawn payable to "Axis Bank Ltd A/c <Applicant Name>"

Drawn on_____Bank_____Branch

Customer Copy

AXIS BANK

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

Type of Deposit: ☐ Fixed Deposit ☐ Fixed Deposit Plus (Non Withdrawable FD) ☐ Recurring Deposit ☐ 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 121 has to be submitted every Financial Year to claim exemption from TDS as exemption will be availale from the date of receipt of form 121 till the end of the Financial Year.

Bank Officer's Initials: _____

TD/RD APF ETB Form/Version Aug 2026 /2728286/08/2026

Nomination (Applicable only for Individuals and Sole Proprietorship firms)

I/We have been explained about the benefits of availing nomination facility. ☐ I/We understand that nomination and its details as provided in the Saving/ Current Account with the Bank from which the FD Is created shall also be applicable to such FD ☐ I/We wish to appoint a new nominee for this deposit ☐ I/,We do not wish to appoint a nominee for this deposit for this deposit

Form DA1 (To be filled in only if a new nominee is to be appointed)

I/We _____(name(s) & address(es) of the depositors)) nominate as the Nominee for this FD/RD-to whom in the event of my/our death the amount of deposit in the FD/RD account, par culars whereof are given below may be returned by Axis Bank Limited. *As the nominee is a minor on this date, I/We appoint the guardian (details provided here under) to receive the amount of the deposit on behalf of the nominee in the event of my/our/minors death during the minority of the nominee.

Nominee Name_____ Date of Birth_____ Relationship with Applicant_____

Nominee Address_____

City_____State_____Pincode_____

Guardian Name_____ Relationship with Nominee _____

Guardian's Address_____

City_____State_____Pincode_____

Signature(s) + Thumb impression(s) of all the applicant(s)

Signature Applicant*	Signature of 1st Joint Applicant	Signature of 2nd Joint Applicant

Name of Witness 1 _____ Name of Witness 2 _____

Signature_____ Signature_____

Address _____ Address _____

Place _____Date_____ Place _____Date_____

Where the deposit is in the name of a minor, the nomina on should be signed by a person lawfully en tled to act on behalf of the minor. +Thumb impression shall be attested by 2 witnesses. If witnessed by an employee of Axis Bank, provide employee number and office address along with the official stamp. **Nomination name to be printed on Fixed Deposit Advice or Receipt** ☐ **Yes** ☐ **No**

In case the applicant fails to provide any input, the nominee name will be printed on the advice/receipt.

Rules & Regulations

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://www.axis.bank.in/TDTnC
7. Premature Withdrawal: Resident/NRO TDs below Rs. 5 Cr no penalty on first partial withdrawal up to 25%, Resident/NRO TDs closed within 14 days, no penalty applicable. NRE/FCNR deposits closed within 1 year earn no interest. For all other premature closures, interest is payable at 1% below the run-period rate. No penalty applies on NRE TDs below Rs. 5 Cr and FCNR deposits below USD 1 million. Details: https://www.axis.bank.in/TDTnC."
8. In the event of the death of the depositor, premature liquidation of the term deposits will be allowed. Such premature liquidation will not attract any penal charges.
9. 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. 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.
10. 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
11. 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
12. I/We hereby authorize the Bank to update my/our other bank account as the designated payout account and confirm that the details provided are accurate and belong to me/us; I/We further consent to the Bank verifying and authenticating these details, including accessing or retrieving necessary information from the said account or through authorized channels or third parties, solely for validation and payout purposes, and agree to indemnify the Bank against any loss arising due to incorrect or incomplete information provided by me/us.
13. The deposits in DIGC are insured for an amount of 5 lakhs (principal + interest) per depositor
14. I accept the general terms & conditions hosted on the Axis Bank's website for Term Deposits at https://www.axis.bank.in/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.

Signature of Primary Applicant*	Signature of 1st Joint Applicant	Signature of 2nd Joint Applicant	Signature of 3rd Joint Applicant

For Office Use Only

A/C No. | **A/C Manager** | **Transaction ID** | **Value date** (D D M M Y Y Y Y)

Transaction entered by | **SE Code** | **Transaction verified by**

RD SI number | **Branch Code:** | **Scheme Code:**

Branch Name _____ | **Ledger No.** | **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. Incase of signature mismatch, I certify that the customer has been personally met and has signed in my presence.Kindly process the request.

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 _____

☐ We acknowledge nomination carried forward by you from your Operative Account number: _____

Branch Official's Signature

Bank Seal

Form Type TDJ01

Customer Onboarding Section - Joint Applicant / Guardian / Karta

Name* PREFIX FIRST MIDDLE LAST

Existing Customer* Y N If Yes, Customer ID

Contact details updation required Y N If No, please proceed to filling the Declaration

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

Following fields Are Applicable for new customers or any KYC Modifications Only (for existing customers, address, 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 T^ Minor* Y N Married* Y N

If minor please fill Minor Declaration Section

If minor / senior citizen, please provide proof of DOB ^T stands for 'third gender'

PAN* or ☐ FORM 97* (If PAN is not available, please fill up additional declaration Form 97)

Aadhaar No "$"

Father's Name*

Passport Expiry Date D D M M Y Y Y Y

Mother's Name*

Driving License Expiry Date D D M M Y Y Y Y

Mother's Maiden Name

☐ $ 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.

*** If PAN is not available, please fill up Additional declaration Form 97

Address Details

☐ Same as primary holder ☐ Please note the address below

Communication / Residence Address*

Landmark* City*

Pin code* State* Country*

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

E.G. RKADAM@GMAIL.COM

Mobile No* Email Address

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 0 0

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) Y N 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
Address Proof Document Type*	ID No.*	Issuing Authority	Place of Issue

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

PHOTO

35 mm X 35 mm

Signature of Bank Official in whose presence signed

EMP No. | | | | | | | Date D D M M Y Y Y Y

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 form time to time.

I do hereby give my consent to receive such information through Email Y N SMS Y N Phone Calls Y N Signature_____

Additional Declarations (Tick as applicable)

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

FATCA- CRS Certification: I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that 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.

Signature of 1st Joint Applicant

Date D D M M Y Y Y Y Place: _____