



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* PREFIX FIRST MIDDLE LASTAadhaar 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* M F T[^] Minor* Y N Married* Y N Married* Y N Senior Citizen* Y N

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

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 belowLandmark* 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 0Annual 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

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.

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

HUF Declaration & Mandate

We, the undersigned, for ourselves and _____ as Manager/Karta and Ejaman of the family, also guardian of _____ # _____ request you to take notice that we are members of Hindu Undivided Family/firm.

The joint family/firm is carrying business under the name and style of M/s. _____, which is our joint family trade

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

We, the undersigned, hereby authorize (Karta/Manager) _____ to operate upon the Bank account severally, jointly and all transactions etc.

Please treat this as a mandate from us to:

Collect/ Credit Cheques/remittances/V

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,

Place: _____ Date _____ Name: _____ Signature _____

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

Place: _____ Date: _____ Name: _____ 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

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
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.



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

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



Customer Onboarding Section - Joint Applicant / Guardian / Karta

Name*	PREFIX	FIRST										MIDDLE				
	LAST															

Existing Customer* If Yes, Customer ID Contact details updation required 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 / senior citizen, please provide proof of DOB

[^]T stands for 'third gender'PAN* or FORM 60/61 (If PAN is not available, please fill up additional declaration Form 60 or 61)Aadhaar No \$" Father's Name* Passport Expiry Date D D M M Y Y Y YMother's Name* Driving License Expiry Date D D M M Y Y Y YMother'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.

Address Details

 Same as primary holder Please note the address belowCommunication / 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 belowLandmark* 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:

<input type="checkbox"/> Pvt Ltd	<input type="checkbox"/> Public Ltd	<input type="checkbox"/> Proprietorship
<input type="checkbox"/> Partnership firm	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government
<input type="checkbox"/> Multinational	<input type="checkbox"/> Others (Please specify) <input type="text"/>	

If Occupation is Self Employed:

a) Nature of Business

<input type="checkbox"/> IT	<input type="checkbox"/> Professional Service Provider	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Bullion /Gold Jewelry	<input type="checkbox"/> Stock Broker	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Trader	<input type="checkbox"/> Money Lender	
<input type="checkbox"/> Others (Please specify) <input type="text"/>	<input type="checkbox"/> 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*

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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* <input type="text"/>	ID No.* <input type="text"/>	Issuing Authority <input type="text"/>	Place of Issue <input type="text"/>
Address Proof Document Type* <input type="text"/>	ID No.* <input type="text"/>	Issuing Authority <input type="text"/>	Place of Issue <input type="text"/>

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



