AXIS BANK

Customer Updation Form For KYC - Resident Indian/ HUF

RMA BAR CODE

The Branch Head Axis Bank Ltd.

(All fields are mandatory)

Branch Sol ID | CKYC ID if available | Date D D M M Y Y Y Y

Applicant Details

*Customer Name | Prefix | First Name | Middle Name | Last Name

Name as per ID Proof | Prefix | First Name | Middle Name | Last Name

*Customer Id | *A/C No. | *Gender ☐ Male ☐ Female ☐ Transgender

*Occupation ☐ Salaried ☐ Self Employed ☐ Retired ☐ Student ☐ Housewife ☐ Unemployed ☐ Politician | * Occupation Code (To be filled by branch Official)

If Salaried (To be ticked only when Occupation is Salaried) ☐ Pvt Ltd ☐ Public Ltd ☐ Proprietorship ☐ Partnership firm ☐ Public Sector ☐ Government ☐ Multinational ☐ Trust/Association/ Society/Club

If Self Employed (To be ticked only when Occupation is Self Employed) ☐ Information Technology ☐ Professional Service provider ☐ Agriculture ☐ Bullion/ Gold Jewellery ☐ Stock Broker ☐ Real Estate ☐ Trader ☐ Money Lender

No of years in Business (If Self Employed) ☐☐ | *Date of Birth/Date of Incorporation D D M M Y Y Y Y | Nationality : Indian

*Annual Income (Only Absolute & numeric Values to be entered)

*Source of Funds ☐ Salary ☐ Business Income ☐ Investment Income ☐ Agriculture ☐ Others _____ (Only Alphabetical characters allowed)

*Is the Customer having links with any Politically Exposed Persons Y N

Contact Details

*COMMUNICATION ADDRESS (Please leave space between two words)

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

Address

Landmark | City

Pin code | State | Country I N D I A

*PERMANENT ADDRESS (Please leave space between two words) ☐ Same as communication address

Address

Landmark | City

Pin code | State | Country I N D I A

*Mobile Number + 9 1 | Landline # (R) | (O):

Email id

*Permanent Account Number (PAN) | Or Form 60

Note: Details of demographics would be captured across all your relationships. Incase you would like to update in specific relationship, please select below.

☐ Savings & FD ☐ Current A/cs ☐ Loan A/cs ☐ Credit Cards

Additional Details

Maiden Name (If any*) | Prefix | First Name | Middle Name | Last Name

Father's Name* Or | Prefix | First Name | Middle Name | Last Name

Mother's Name* Or | Prefix | First Name | Middle Name | Last Name

Spouse's Name | Prefix | First Name | Middle Name | Last Name

Declarations (Tick as Applicable)

☐ Form 60

Date of Birth [D D M M Y Y Y Y]

Form of declaration to be filed by a person who does not have a PAN and who enters into any transaction specified in rule 114B

If applied for PAN and it is not yet generated enter date of application [D D M M Y Y Y Y] 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 [D D M M Y Y Y Y] 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

☐ 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 % incase Tax Identification Number is not available, kindly provide functional equivalent FATCA - CRS Certification. I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby Confirm that information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

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 (Applicable for Current Account only)

☐ 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: [D D M M Y Y Y Y] Name : [ ] Signature :_____

Place: [ ] Date: [D D M M Y Y Y Y] Name : [ ] Signature :_____

Place: [ ] Date: [D D M M Y Y Y Y] Name : [ ] Signature :_____

Place: [ ] Date: [D D M M Y Y Y Y] 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.

Terms & Conditions

- In case of Joint A/c., separate form is required.
- All information provided by me of any nature (including personal & sensitive information) can be shared with agencies/service providers who have an agreement business purpose and on need to know basis.
- Axis Bank shall always strive to comply with the rules and regulations as applicable from time to time on this context in accordance with the bank's Privacy policy my consent to the sharing of the data, the products/services available to me, pursuant to the consent provided earlier, shall no longer be available to me, and initiate closure of such products/ services.
- All the terms and conditions, processes and alternatives have been explained to me in local language as well.

Customer Declaration

☐ E-Aadhaar Declaration

There is no change in the Aadhaar Detail after the date of download of e-Aadhaar submitted to the Bank.

☐ Name Mismatch Declaration

I want to update Rekyc for Current/Savings/FD/OD/Loan Account with your Branch. I am submitting the following documents which carry variations in my name

Name as per NSDL:

Name as per OVD:

Name is correct as per the OVD and both the names are one and the same. I request you to update Rekyc as per the OVD.

☐ Name differs with NSDL site; kindly attach PAN copy

☐ Customer DOB Mismatch Declaration

With reference to my request for Rekyc/Profile updation, I hereby affirm that date of birth D D M M Y Y Y Y as declared by me in the form is correct and request you to kindly consider the same and make the necessary update in the Bank records.

☐ Signature Mismatch Declaration

With reference to my request for Rekyc/Profile updation, I hereby affirm that my signature has changed from the one featured in my_____(document) over passage of time. My present signature is as under and I hereby confirm that all actions and transactions authorized/executed by me using the below signature shall be legally binding on me.

Name:

Previous Signature

Present Signature

☐ Inoperative Account Activation

I Would Like To Activate My Inoperative Account

Customer Acknowledgement

- 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 agree to indemnify and keep indemnified the Bank at all times from and against all costs, charges, damages, penalties (including attorney fees) suffered and/or incurred by for any act done or omitted to be done on account of the above declaration.

AFFIX RECENT PHOTO & Customer Signature Across Photo and Branch stamp and signature

Signature of Primary Applicant

Branch Declaration - For Bank Use Only

- **Customer DOB Mismatch Declaration:** I certify that the customer has personally met and identified the customer. Kindly process the request.
- **Signature Mismatch Declaration:** I certify that the customer has personally met by me and I have identified the customer and he/she has signed in my presence. Kindly process the request.
- **Customer Photo Mismatch Declaration:** I confirm that the photo of the applicant affixed on CRF and that on OVD is of one and the same person. *
- **Negative Declaration:**

☐ I have conducted necessary due diligence and confirm that the name of the customer for Rekyc updation is not part of negative database.

Certified that this Form is complete in all respect & all relevant documents are obtained & verified with Mode of operation and signatures of the A/c. The request may please be processed.

Signature & Branch Stamp

*Designation ☐ OH ☐ BH *S.S No *Constitution code ☐ Resident Individual ☐ HUF

*Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

- **E-Aadhaar Declaration:** E-Aadhaar downloaded in presence of me - wherever applicable.
- **Name Mismatch Declaration:** I certify that the customer has personally met and has signed in my presence. Kindly process the request.

*Identity Verification ☐ Done *Date D D M M Y Y Y Y

*Emp. Name : *Emp. Code:

*Emp. Designation : *Emp. Branch:

Employee Signature & Branch Stamp

S.S No

Acknowledgement Copy

Customer Name Prefix First Name Middle Name Last Name

Date of Request Received D D M M Y Y Y Y Service Request No.

Name of Branch Official

Employee Number of Branch Official

Signature & Branch Stamp