AXIS BANK

SAVINGS BANK ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS

Date : D D M M Y Y Y Y Form Type RSB1A A/c No. :

For Office Use : A/c. to be opened at _____ Branch Code Scheme Code A/c. Report Code

Ledger No. A/c. Label SE Code A/c. Manager

A) PERSONAL DETAILS ★

Please open my/our Savings Bank Account. Please fill the form in BLOCK LETTERS only. Fields marked ★ (star) are MANDATORY.

APPLICANT TITLE FULL NAME Please leave one space between words e. g. R A J E N D R A R A J K A D A M

PRIMARY

JOINT

	DATE OF BIRTH #	GENDER	MARRIED	MINOR**	PAN NUMBER***	(Please ✓)
PRIMARY	D D M M Y Y Y Y	M F	Y N	Y N		or FORM 60 / 61 attached
JOINT	D D M M Y Y Y Y	M F	Y N	Y N		or FORM 60 / 61 attached

If Senior Citizen, provide proof of Date of Birth **If Minor, please fill-up minor declaration section below *** If PAN No. is not available, please attach form 60 or 61

	Existing Customer If Yes, Cust. ID	OCCUPATION	Salaried	Self Employed	Business	Retired	Student	Housewife	Others (Please Specify)
PRIMARY	Y N								
JOINT	Y N								

B) DEBIT CARD DETAILS ★

	Card Required	Name as desired on Debit Card						
PRIMARY	Y N		PLATINUM#	VISA	MASTER	GOLD		
JOINT	Y N		PLATINUM#	VISA	MASTER	GOLD		

	Mother's Maiden Name	Debit Card Nominee's Name	IMAGE CARD	Desired Image Code
PRIMARY			Y N	
JOINT			Y N	

	Nominee's Relationship with the card holder	If Minor, Date of Birth	Name of Guardian
PRIMARY		D D M M Y Y Y Y	
JOINT		D D M M Y Y Y Y	

#Platinum Debit Card is exclusively available only to Priority Banking Account Holders at applicable charges.

C) MINOR DECLARATION

Type of Guardian: Father Mother Court Appointed

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.

Date: D D M M Y Y Y Y

Signature of Guardian

D) ADDRESS DETAILS

[Communication Address ★]

CITY STATE COUNTRY PIN CODE

Permanent Address ★ Same as communication address Please note the address as below

Please provide complete address for faster courier deliveries.

CITY STATE

COUNTRY PIN CODE

	STD Code	Tel. No. (Office)	Ext. No.	Tel. No. (Residence)	Fax No.
PRIMARY					
JOINT					

	Mobile Number	E-mail Address (e.g. rkadam@gmail.com)	Preferred Language for Communication *
PRIMARY			
JOINT			

*Other than English

E) MODE OF OPERATION ★

Self Either or survivor Former or survivor Anyone or survivor

Jointly by all Minor A/c. operated by Guardian Others _____

F) INITIAL DEPOSIT DETAILS

Encash24 Required Y N If yes, attach separate encash24 declaration form

Payment by

Cash Cheque No. Date: D D M M Y Y Y Y Drawn on _____ Bank _____Branch

Debit my / our existing account. Account No. Deposit amount Rs. Ps.

G) CHANNEL FACILITIES ★

Mobile Banking and NETSECURE are chargeable services. Please visit www.axisbank.com for current charges.

Mobile Banking Service Y N

The mobile banking service will be activated on the Primary Applicant's mobile number provided above. This is a chargeable service beyond a free trial period.

E-statement Y N

In case you select E-statement option, physical statement shall be disabled.

iConnect Service¥ Y N If Yes, Please ✓ the options below

Inquiry only Inquiry and Fund Transfer (with NETSECURE£)

Cheque Book Required Y N

¥It is mandatory to provide Primary Applicant's mobile number (in section D : Address details) to register for iConnect (Internet Banking) service of Axis Bank.

£NETSECURE is an advanced security system on iConnect. Please refer terms and conditions on www.axisbank.com/netsecure.

Signature of Applicant

This form is processed through automated system. Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

H) KNOW YOUR CUSTOMER (KYC) DETAILS

☐ Provide KYC document (Attach photocopies of the following documents and produce the original copies of these documents for verification.)

	Document for proof of Identity	Document Identification No.	Issuing Authority	Place of issue
PRIMARY				
JOINT				

	Document for proof of Address	Document Identification No.	Issuing Authority	Place of issue
PRIMARY				
JOINT				

For Salary Accounts - Employee Code
(Any one of the following)

☐ Letter from Employer verifying identity and permanent address OR

☐ Introduction by a designated Company Official and KYC documents as above

Signature with Company Seal

Reference Details

Referrer's cust id

Relationship

Referrer's Signature

I) PRIMARY HOLDER'S PERSONAL INFORMATION

Education	☐ Non Matric	☐ Undergraduate	☐ Grad./ Post Grad. Gen. (B. Sc., M. Com., etc.)	☐ Grad/Post-Grad. Professional (BE,MBA,MBBS etc)	
If salaried, employed with	☐ Public Ltd. Co.	☐ Pvt. Ltd. Co.	☐ Govt. Sector	☐ Multinational	☐ Institution
If Self-Employed Profession	☐ CA	☐ Engg.	☐ Doctor	☐ Proprietorship	☐ Partnership
Monthly Household Income (Rs.)	☐ Upto 5,000	☐ 5,001-10,000	☐ 20,001-50,000	☐ 50,001-1,00,000	☐ >1,00,000

J) INFORMATION ON OTHER PRODUCTS AND OFFERINGS

From time to time Axis Bank communicates various new products/special features of existing products/promotional offers which are of significant benefit to its customers.
Please help us to serve you better by giving your consent to be informed about such benefits. Your Consent: ☐ Yes ☐ No

K) NOMINATION DETAILS (FORM DA1) (Only one individual nominee permitted)

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I / We (*name*) _____ (*Address*) _____

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 Address : Same as primary applicant : ☐

If different from primary applicant

Relationship with depositor, if any Age Years If nominee is a minor, his / her date of birth : D D M M Y Y Y Y

* As the nominee is a minor on this date, I / We appoint (name) Relationship with the minor*

Address : Same as primary applicant : ☐ If different from primary applicant

to receive the amount of the 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 _____

Address _____

Date: _____ Place _____

** Signature of primary depositor _____

Name _____

Address _____

Signature of Joint holder(s) _____

*Strike out if nominee 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.

DECLARATION

Primary Applicant

Please paste Passport Size colour Photograph here

Signature of Primary Applicant

Joint Applicant

Please paste Passport Size colour Photograph here

Signature of Joint Applicant

I/We have read and understood the Terms and Conditions (a copy of which I am in possession of) governing the opening of an account with Axis Bank and those relating to various services including but not limited to ATMs / Debit Card / Mobile Banking / Phone Banking / Net Banking / Bill Pay Facility. I/We accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Bank's liability. I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I agree that the Bank may debit my account for service charges as applicable from time to time.

I/We am/are residents of India. Apart from this, the current Schedule of Charges has been received by me and I agree with the same.

I agree to maintain AQB of Rs _____ in my account.

I / We agree to abide by the fees liable to be levied for Issuance of the Debit Card, and the additional Rs 150 (Excluding Taxes) chargeable for an Image Debit Card. I am / We are also aware of the fact that the Image Debit Card will not be a Photo Card.

Signature of Primary Applicant

Signature of Joint Applicant

Signature of Bank Official in whose presence signed

Date : D D M M Y Y Y Y EMP. No.

DECLARATION BY THE BRANCH

I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained. The Account may please be set up in Finacle.

Enclosure Details (This information must be filled-up by the branch before sending AOF for automatic processing)

Number of Add-on forms enclosed : 0 ☐ Number of Pages of KYC documents enclosed : ☐☐

Camp. Code Camp. Reference Number

Special Instructions for CPU

Affix Special Scheme Sticker

4th line Embossing required for :

For **Axis Bank Limited**

Branch Head / Authorised Signatory

S. S. Number : _____

For CPU/HUB Use only

Received by _____
Scanned by _____
Verified by _____
Received on _____
Scanned on _____
Verified on _____
Remarks _____

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