AXIS BANK

Savings & Current

New & Existing Customers - Resident Individuals/HUF

Form Type NS001

PHOTO

35mm x 35mm

Select account type

Savings ☐ or Current ☐ Scheme Code ☐☐☐☐☐

Insta ☐ or Non Insta ☐

Select add on products

Credit Card ☐ Health Insurance ☐ Demat A/c ☐ Trading A/c ☐ Term Deposit ☐ PPF ☐ Axis Active ☐

Please fill the form in BLOCK LETTERS only. Fields marked * (star) are MANDATORY

Customer onboarding Section - Primary Applicant

Name* PREFIX ☐ FIRST MIDDLE

LAST

Existing Customer Y N If Yes, Customer ID ☐☐☐☐☐☐☐☐ • ☐ Individual or ☐ HUF Currency Code (for Current A/Cs)* ☐☐☐

Following fields for new customers, any KYC Modifications or Re-KYC 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 Nationality **INDIAN** ^ T stands for 'third gender'

If minor/ senior citizen, please provide proof of DOB **If minor please fill Minor Declaration Section ***If PAN is not available, please fill up Additional declaration Form 60

PAN*** ☐☐☐☐☐☐☐☐☐☐ or FORM 60 Father's Name*

#In case of minor account, guardian's father name to be mentioned

DOB stands for Date of Birth. DOI stands for Date of Incorporation. DOI is for HUF applications only.

Mother's maiden Name*

Address Details For all payroll accounts of defence personnel, the communication address should be only of the Unit. Civilian address should not be mentioned

Communication Residence Address*

Landmark* City*

Pin code* State* Country*

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

The property that is situated in the communication address registered with the Bank shall only considered for coverage as attention Fire&Burglary Insurance as Business Suraksha Debit Card. For updating the communication address, the customer needs to apply for the same with the Bank with relevant address proof. The insurance shall be subject to the terms and conditions as per Bajaj Allianz Insurance company from time to time.

Mobile No* Email Address E.G. RKADAM@GMAIL.COM

Please ensure to furnish correct email ID. You will be sent monthly account statements at the email ID mentioned above

Tel. No. (R) Tel. No. (O) Email id is mandatory for Current Account

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 (Mandatory*)

Applicable for Current Account Only

Status Blind ☐ Physically Challenged ☐ Pardanashin ☐ Normal ☐ Illiterate ☐ Specially Abled ☐

Annual Income* (Only Numeric & absolute value to be filled) Constitution Code ☐☐☐

Know Your Customer*

Account opening through e-KYC Y N Transaction ID For office Use only

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

For Office Use:

Branch Name_____ Branch Code: ☐☐☐☐ Date: D D M M Y Y Y Y

Insta Sticker

Account No.

Savings/Current Account Opening Section

Mode of Operation*

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

Joint Applicant Details

Please mention no. of Joint Applicants 0 ☐

1st Joint Applicant:	PREFIX	FIRST	MIDDLE LAST
2nd Joint Applicant:	PREFIX	FIRST	MIDDLE LAST
3rd Joint Applicant:	PREFIX	FIRST	MIDDLE LAST

Initial Payment Details

Total Deposit Amount ₹ (in words)_____

Mode of Payment: a) ☐ Cash b) ☐ Cheque ☐ Transfer from own Axis Bank Account ☐ Transfer from own other Bank Account A/C No. (as per mode of operation)

To open ac count with cash, customer must deposit the cash in ac count 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

Office use only: Initial Deposit Tran ID Value Date D D M M Y Y Y Y

For Salary/ Defence Account

For Salary Accounts - Employee Code Label Code

Please tick any of the following Tick for a Salary Reimbursement Account with Salary Account ☐

☐ Letter from Employer verifying identity and permanent address OR

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

Nomination (DA1 Form)* (Only one individual nominee permitted and to be signed also in case of no nomination)

☐ I wish to nominate ☐ I do not wish to nominate anyone ☐ I do not wish to nominate**** Print Nominee Name Yes ☐ No ☐ ☐ I wish to nominate later, since I do not have details of the nominee now ☐ I will later add a joint holder ☐ Personal reason (Others)

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and R ule2 (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 Minor, Date of Birth D D M M Y Y Y Y

As nominee is minor I/We appoint (name) Relationship with minor

Address: ☐ Same as Primary Applicant ☐ If different

to receive the amount of deposit on behalf of the nominee in the e vent of my/our/ minor's death during the minority of the nominee

Signature of Witness*** _____ Signature of Primary Applicant** _____

Name _____ Name _____

Address _____ Address _____

Date_____, Place _____ Signature of the Joint Applicant(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. *** In case of thumb impression, nomination to be filled in as an annexure **** I have understood the benefits of nomination and still do not wish to nominate.

Access Your Account* – Primary Applicant Only (Not Applicable for HUF) (Nominee will be same as account nominee, insurance cover applicable only for debit card)

Debit Card (Only for Non Insta) Y N *If yes, fill in det ails below* Add-on debit card facility only for SBGOV scheme Y N

Name on Card: Company Name

Creator Limit is 18 (Application for Salary/SBEZ4 A/Cs or business cards Only)

Your Debit card will be a chip card activated with facility of using it at Domestic ATM and POS merchant outlets within India only.

Activation/Deactivation of International on Debit Card can be done through - Internet Banking/Mobile App/Axis Bank Call Centre. NRO Customer will only be issued Domestic Chip Card.

Upgrade Cards`: ☐ Online Rewards* ☐ Value+* ☐ Delight* ☐ Business Platinum^^ ☐ Business Supreme^^

*Upgrade Cards are not applicable for priority, Burgundy and Burgundy Private schemes **Issued to Current Account only *Additional Charges apply

Image Card: Y N Code

• The usage category selected will be applicable for issuing cards to Joint holders, if applicable. For all charge related information please refer schedule of charges and visit www.axisbank.com • An ATM card will be issued for Minors below 12 years of age in the name of the Guardian (Separate Application to be filled). If the Minor is above 12 years of age and operating the account in his/her own capacity, the Minor qualifies for a Debit Card (Separate Minor DCAF to be filled)

Speed banking facilities activated ■ Mobile Banking ■ Internet Banking ☐ Value Added Alerts (SMS & Email) (Fee of ₹5/- applicable per month) ■ Phone Banking

Account Statement Options ■ E-Statement standard option if email provided (Physical statements will not be sent) ☐ Passbook/Physical Statement (Physical statements will be provided to premium segments only)

Cheque book facility Y N For Terms and Conditions and product specific offerings please refer to www.axisbank.com

(i) Customers applying for Online Rewards Debit Card need to register their mobile and email ID with the Bank to be eligible to receive the welcome voucher (subject to terms and conditions). The personal information of Customer shall not be disclosed to any third party except as described herein. Third party disclosures may include sharing such information with non-affiliated companies that perform support services including insurance for your card or facilitate your transaction with Axis Bank, including those that provide professional, legal or accounting advice to Axis bank. Non-affiliated companies that assist Axis Bank in providing services to customer are required to maintain the confidentiality of such information to the extent they receive it and to use personal information of Customer only in the course of providing such services. Axis bank may at any time discontinue/alter/modify the offered channel facilities at its sole discretion.

V6.0/CASA/Dec 23

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 Third Party Products or any such information from time to time.

I do hereby give my consent to receive such in formation through Email Y N SMS Y N Phone Call Y N

*This will override the DNC waiver and customer shall continue to receive the communication.

Signature For Saving/Current Account Opening Section

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

Date of Birth D D M M Y Y Y Y

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 _____, Place _____

☐ FATCA- CRS DECLARATION Please tick the applicable tax resident declaration (Anyone)*

☐ 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 % 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.

Customer Profile (Mandatory*)

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

Occupation Salaried ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Housewife ☐ Student ☐ Politician ☐

Source of Funds Salary ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Others, please specify _____

Education Non Matric ☐ Undergraduate ☐ Grad. /Post Grad Gen ☐ Grad. / Post Grad Professional ☐

If Occupation is Salaried

☐ Pvt Ltd ☐ Public Ltd ☐ Proprietorship
☐ Partnership firm ☐ Public Sector ☐ Government
☐ Multinational ☐ Trust/ Association/ Society/ Club

If Occupation is Self Employed a. Nature of Business

☐ I T ☐ Professional Service Provider ☐ Agriculture ☐ Bullion /Gold Jewellery ☐ Real Estate
☐ Trader ☐ Money Lender ☐ Stock Broker

b. No of years in Business/ Employment

If Occu. is Salaried, Employer's Name

Is the Customer having link with any Politically Exposed Persons Y N

If Occ. is Salaried, Designation

Occupation Code #

☐ 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 ank, 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.

☐ 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.

☐ Senior Citizen Card (Applicable for Senior Privilege Segment)

Details of Applicant: Blood Group Allergic to Drugs Y N

Illness: Diabetes ☐ Heart Disease ☐ Hypertension ☐ Neurological Disease ☐ Any other (specify)

Details of Emergency Contact Person: Mr. ☐ Ms. ☐

Relationship with Card Holder: Mobile No.

I hereby declare that I am 57 years and above and all the information given is true to the best of my knowledge. I agree to abide by all the rules and regulations as determined by Axis Bank from time to time for issuance of Senior Privilege Identity Card. I also agree to abide by the rules and regulations of the usage of this card and that Axis Bank shall no way be held liable for under any circumstances in relation to the Senior Privilege Identity Card

Signature For Additional Declarations (Tick As applicable)

Rules & Regulations

I (In this context, "I", "my" and "me" refers to all holders of the account) have read and understood the below T&C and understand that any changes to the T&C will be available on the website www.axisbank.com only. Account opening/service provision: All services, including opening of the account are subject to verification of information/documents provided by me. In the event this account is not opened, if I/we have initially funded the account in cash for Rs. 20,000 or more, it will be refunded to me in the form of a DD/Cheque or PO only. Services: All services will be provided by Axis Bank on a best effort basis. The complete list of services available to me will be available on www.axisbank.com If not existing customer, I confirm if found otherwise, bank reserves the right to consolidate the customer IDs as it may decide, without any prior notice to me Fees & Charges: Fees and Charges will be applicable on my account and for other services availed by me, as described in the Most Important Document / schedule of charges and on the website www.axisbank.com. GST and other statutory imposts as applicable from time to time will be levied on all fees. Interest Payment: Axis Bank pays interest quarterly on daily balance basis in your Savings Account as per the rate applicable for the scheme code Change in Fees & Charges, Services, and Interest Rate: Any change/discontinuation of Fees & Charges, Services will be intimated to me at least 30 days in advance through letter/SMS/website/email or other means. Recovery: If no funds are available in the account to pay fees/charges, I authorize Axis Bank to set off any available credit, including amounts flowing into the account from collection proceeds or any deposits. Inoperative Account: No transactions induced by me in the account for a period of 2 years or more is treated as an Inoperative account. Account Freeze: I authorize the bank to freeze my account in the following circumstances, with intimation to me except where specified otherwise a. When a minor, who is the holder of the account, attains majority b. If it is suspected by the bank that transactions in my account are not initiated by me (the Bank will not assume any liability for the transactions already executed) c. If it is suspected that my account is being misused as a money mule or as a channel for unauthorized money pooling or a conduit for any illegal activity. (I will not receive a notice in this case) d) Submission of either PAN or Form60 is mandatory for all individual domestic Savings account opening as per regulatory guidelines Account Closure: I authorize the bank to close my account, with prior intimation to me, in case of a. balance in the account remains zero for 3 months or more b. high occurrences of dishonoured payments from my account. c. Unsatisfactory conduct of the account. Account Conversion (applicable for Salary Savings account holder): If salary is not credited for a period of 3 months into my Salary Account, the account will be automatically converted to a normal savings account with one month prior notice or intimation (with all applicable charges & fees) and full KYC will apply Transactions: Any instructions to Axis Bank regarding the account, both of a financial/non-financial nature (e.g.: Issuance of Cheque book/card, financial transactions, updation of personal details etc.) will be provided by me through the authorized channels only, which will be specified by the bank, based on regulatory guidelines prevailing at that time. Axis Bank is not expected to act on instructions that do not come in through the authorized channels, but reserves the right to act upon its discretion to provide such facilities under extraordinary circumstances. Channel facilities: All channel facilities provided by Axis Bank including Debit Cards, ATM Cards, ATMs, Internet Banking etc. are subject to specific guidelines that are provided on www.axisbank.com and as per the T&Cs handed over to me. I/We agree and undertake that I/We shall never part with any sensitive information of my/our account especially through internet/email/phone medium and Axis Bank is not liable for fraud arising from such disclosures. I also undertake to inform the bank immediately in case of loss of cheque leaf(s), Credit/Debit Card(s) linked to my account. Additional Information: All relevant policies including Code of Commitments to Customers and Grievance redressal policy are available at the branches. Each depositor in a bank is insured upto a maximum of 5,00,000 (Rupees Five Lakh) for both principal and interest amount held by him in the same right and same capacity as on the date of liquidation/cancellation of bank's licence or the date on which the scheme of amalgamation/merger/reconstruction comes into force I am aware that the products and services of the bank shall be provided subject to the applicable rules and regulations. I have received a copy of the Rules & Regulations and an acknowledgment from the bank for the Application and Nomination Form Submitted. Limited Liability of a Customer - a. I/We shall be liable for the entire loss occurring due to unauthorised transactions in cases where the loss is due to my/our negligence such as where I/we have shared the payment credentials, until I/we report the unauthorised transaction to the bank. Any loss occurring after the reporting of the unauthorised transaction shall be borne by the bank. b. In cases where the responsibility for the unauthorised electronic banking transaction lies neither with the bank nor with me/us, and lies elsewhere in the system and when there is a delay (of four to seven working days after receiving the communication from the bank) on the part of the customer in notifying the bank of such a transaction, the per transaction liability for me/us shall be limited to the transaction value or the amount mentioned as Maximum Liability of a Customer defined under respective guideline, whichever is lower. I am interested to know more about OneAssist Plan and hereby provide the consent to Axis Bank and / or its representative or their agents or OneAssist Consumer Solutions Pvt. Ltd. or any third party in relation to OneAssist to contact me for the same. I understand that OneAssist is an offer from OneAssist Consumer Solutions Pvt. Ltd. and that the particulars contained in this form shall be shared with OneAssist Consumer Solutions Pvt. Ltd. and / or with any other third party pursuant to Axis Bank arrangement with OneAssist Consumer Solutions Pvt. Ltd., as may be required or as Axis Bank may deem fit. This consent shall be deemed as specific waiver on any DNC registration that I may have done, for contacting me pertaining to the information on OneAssist. Y _____ N _____

*This will override the DNC waiver for 90 days for customer to receive communication.

I understand that the account should be operated by me only after it has been activated. I further undertake that any violation of this will constitute as a default on my part & the Bank reserves the right to close the said account without assigning any reason whatsoever. In case of rejection for whatsoever reason, I am aware that the Welcome Kit & Letter shall be construed as withdrawn and I undertake to return the same to the Bank forthwith.

*I/we hereby authorize the Bank to retain my single Customer id and link all my active relationships to the retained Customer id as per RBI guidelines and suspend other Customer ids held by me."

*I/we hereby agree to update my latest demographic details which are mentioned on the AOF i.e. Mobile number, Email ID, Address along with the new signature in the existing CIF Id for all banking relationship."

In case of nil average balance for 2 consecutive months, your existing Savings A/c shall be auto migrated to Basic Savings A/c. Visit - https://www.axisbank.com/retail/accounts/savings-account/basic-savings-account

FATCA-CRS Terms and Conditions

The Central Board of Direct Taxes has notified on 7th August 2015 Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies/ withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days. If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. CKYC Declaration. 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. "Email id is recommended for Priority, Burgundy and Burgundy Private Customers."

Add "I hereby authorise Axis Bank to download the data from Central KYC Registry by using my CKYC number for the purpose of opening of the account." I/We will ensure that any update/ change in any information or documents provided by me/us in future is intimated/informed to the Bank promptly, i.e. within 30 days from the date of change "I/We further agree and undertake that, the Bank is hereby authorized to share or disclose my/our demographic / contact details information with any other Banks / Financial Institution/other appropriate authorities for the purposes of any specific requirement raised by them."Customers who have applied for Liberty Savings account along with Flipkart Credit Card will be eligible for joining fee waiver on Flipkart Credit card if the Liberty Savings account is opened 20 days prior or post the Flipkart credit card account is opened. The joining fee waiver will be processed on the Flipkart credit card in 45 days from the credit card account opening date and will reflect in the upcoming credit card statement for all eligible cards Wherever mobile numbers of joint account holders are provided, they will receive One Time Password (OTP) and transaction alerts on these numbers for transactions initiated by them on ATM, Internet Banking and Mobile Banking (as applicable)

Existing Banking Relationships *(Mandatory for Current Accounts only)

I/we declare that we do enjoy credit facilities with any Bank ☐ ☐

	Bank & Branch	Facility	Amount
Details of Borrowal Accounts (with details of facility amount)			

I do hereby solemnly declare that the information provided above is up to da te 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

(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)

Signature of 2nd Joint Applicant

Signature of 3rd Joint Applicant

Signature of Bank Official in whose presence signed

EMP No. ☐☐☐☐☐☐

Date D D M M Y Y Y Y

For Office Use only

A/C No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A/C Report Code ☐☐☐☐

A/C Label1 ☐

A/C Label2 ☐

BDE/Lead Generator Code ☐☐☐☐☐☐

BDE/Lead Convertor Code ☐☐☐☐☐☐

Signature_____

Signature_____

Ledger No ☐☐☐

A/C Manager/CSTM ☐☐☐☐☐☐☐☐☐☐☐☐

Camp. Code ☐

Camp. Reference Number ☐☐☐☐☐☐☐☐☐☐☐☐

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

Form Type N5J01

Customer onboarding Section for Joint Applicant / Guardian / Karta

Name* (MR/MRS/MS) FIRST MIDDLE LAST

Existing Customer* Y N If Yes, Customer ID * Individual or HUF Currency Code (for Current A/Cs)*

Relationship with Primary Applicant (if any)

If existing customer, I confirm if found otherwise, bank reserves the right to consolidate the customer IDs as it may decide, without any prior notice to me

Following fields for new customers, any KYC Modifications or Re-KYC Only (for existing customers, address, contact details given below will be updated in all ac counts held with the bank)

DOB/ DOI*# D D M M Y Y Y Y Gender* M F T ^ Minor** Y N Married* Y N Nationality INDIAN ^ T stands for 'third gender'

If minor/ senior citizen, please provide proof of DOB **If minor please fill Minor Declaration Section ***If PAN is not available, please fill up Additional declaration Form 60

PAN*** or FORM 60 Father's Name*

Mother's maiden Name*

#In case of minor account, guardian's father name to be mentioned
DOB stands for Date of Birth, DOI stands for Date of Incorporation. DOI is for HUF applications only.

If minor/ senior citizen, please provide proof of DOB
**If minor please fill Minor Declaration Section

*** If PAN is not available, please fill up Additional declaration Form 60

Address Details For all payroll accounts of defence personnel, the communication address should be only of the Unit. Civilian address should not be mentioned

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

The property that is situated in the communication address registered with the Bank shall only considered for coverage under the Fire & Burglary Insurance on Business Supreme Debit Card. For updating the communication address, the customer needs to apply for the same with the Bank with relevant address proof. The insurance shall be subject to the terms and conditions as prescribed by the insurance company from time to time.

Mobile No* Email Address E.G. RKADAM@GMAIL.COM

Please ensure to furnish c orrect email ID. You will be sent monthly account statements at the email ID mentioned above

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 (Mandatory*)

Applicable for Current Account Only

Status Blind Physically Challenged Pardanashin Normal Illiterate Specially Abled

Annual Income* (Only Numeric & absolute value to be filled) Constitution Code

Know Your Customer*

Account opening through e-KYC Y N Transaction ID For office Use only

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

Declaration & Signature

I do hereby solemnly declare that the in formation provided above is up to date and correct and I hereby submit my recent photograph and self-attested photocopy ofthe 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 Third Party Products or any such information from time to time.

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

*This will override the DNC waiver and customer shall continue to receive the c ommunication.

Signature For Customer onboarding section for Joint Applicant / Guardian / Karta

Access Your Account – Joint Applicant Only (Not Applicable for HUF) (Nominee will be same as account nominee, insurance cover applicable only for debit card)

Debit Card (Only for Non Insta) ☐ Y ☐ N *If yes, fill in details below*

Name on Card: _____ Company Name _____

Creator Limit is 18

(Application for Salary/SBEZ4 A/Cs or business cards Only)

Your Debit card will be a chip card activated with facility of using it at Domestic ATM and POS merchant outlets within India only.

Activation/Deactivation of International on Debit Card can be done through – Internet Banking/Mobile App/Axis Bank Call Centre.
NRO Customer will only be issued Domestic Chip Card.

Upgrade Cards*: ☐ Online Rewards* ☐ Value+* ☐ Delight* ☐ Business Platinum^^ ☐ Business Supreme^^

+Upgrade Cards are not applicable for priority, Burgundy and Burgundy Private schemes

^^Issued to Current Account only *Additional Charges apply

Image Card: ☐ Y ☐ N Code _____

• The usage category selected will be applicable for issuing cards to Joint holders, if applicable. For all charge related information please refer schedule of charges and visit www.axisbank.com • An ATM card will be issued for Minors below 12 years of age in the name of the Guardian (Separate Application to be filled). If the Minor is above 12 years of age and operating the account in his/her own capacity, the Minor qualifies for a Debit Card (Separate Minor DCAF to be filled)

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

Date of Birth D D M M Y Y Y Y

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 _____, Place _____

☐ **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 % 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.

Customer Profile (Mandatory*) #Please mention occupation codes as applicable for Non Individuals in case of HUF

Occupation Salaried ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Housewife ☐ Student ☐ Politician ☐

Source of Funds Salary ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Others, please specify _____

Education Non Matric ☐ Undergraduate ☐ Grad. /Post Grad Gen ☐ Grad. / Post Grad Professional ☐

If Occupation is Salaried

☐ Pvt Ltd ☐ Public Ltd ☐ Proprietorship
☐ Partnership firm ☐ Public Sector ☐ Government
☐ Multinational ☐ Trust/ Association/ Society/ Club

If Occupation is Self Employed a. Nature of Business

☐ I T ☐ Professional Service Provider ☐ Agriculture ☐ Bullion /Gold Jewellery ☐ Real Estate
☐ Trader ☐ Money Lender ☐ Stock Broker

b. No.of years in Business / Employment: _____

If Occu. is Salaried, Employer's Name _____

Is the Customer having link with any Politically Exposed Persons ☐ Y ☐ N If Occ. is Salaried, Designation _____ Occupation Code # _____

☐ **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.

☐ **Senior Citizen Card** (Applicable for Senior Privilege Segment)

Details of Applicant: Blood Group _____ Allergic to Drugs ☐ Y ☐ N

Illness: Diabetes ☐ Heart Disease ☐ Hypertension ☐ Neurological Disease ☐ Any other (specify) _____

Details of Emergency Contact Person: Mr. ☐ Ms. ☐ _____

Relationship with Card Holder: _____ Mobile No. _____

I hereby declare that I am 57 years and above and all the information given is true to the best of my knowledge. I agree to abide by all the rules and regulations as determined by Axis Bank from time to time for issuance of Senior Privilege Identity Card. I also agree to abide by the rules and regulations of the usage of this card and that Axis Bank shall no way be held liable for under any circumstances in relation to the Senior Privilege Identity Card

Signature For Additional Declarations (Tick As applicable)

V6.0/CASA/Dec 23

(i) Customers applying for Online Rewards Debit Card need to register their mobile and email ID with the Bank to be eligible to receive the welcome voucher (subject to terms and conditions). The personal information of Customer shall not be disclosed to any third party except as described herein. Third party disclosures may include sharing such information with non-affiliated companies that perform support services including insurance for your card or facilitate your transaction with Axis Bank, including those that provide professional, legal or accounting advice to Axis bank. Non-affiliated companies that assist Axis Bank in providing services to customer are required to maintain the confidentiality of such information to the extent they receive it and to use personal information of Customer only in the course of providing such services. Axis bank may at any time discontinue/alter/modify the offered channel facilities at its sole discretion.

AXIS BANK

Central KYC Registry

Know Your Customer (KYC) Application Form for Individual

Form Type KY001

Primary Applicant

Prefix | First Name | Middle Name | Last Name

Name* (Same as ID proof)

Maiden Name (if any*)

Father's Name*

Mother's Name*

Spouse Name*

Passport Expiry Date D D M M Y Y Y Y Required if Passport provided as Identity/Address Proof CKYC Number

Driving license Expiry Date D D M M Y Y Y Y Required if Driving License provided as Identity/Address Proof

Occupation Type* ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Business ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student

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

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

Signature of primary Applicant

1st Joint Applicant

Prefix | First Name | Middle Name | Last Name

Name* (Same as ID proof)

Maiden Name (if any*)

Father's Name*

Mother's Name*

Spouse Name*

Passport Expiry Date D D M M Y Y Y Y Required if Passport provided as Identity/Address Proof CKYC Number

Driving license Expiry Date D D M M Y Y Y Y Required if Driving License provided as Identity/Address Proof

Occupation Type* ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Business ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student

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

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

Signature of 1st Joint Applicant

2nd Joint Applicant

Prefix | First Name | Middle Name | Last Name

Name* (Same as ID proof)

Maiden Name (if any*)

Father's Name*

Mother's Name*

Spouse Name*

Passport Expiry Date D D M M Y Y Y Y Required if Passport provided as Identity/Address Proof CKYC Number

Driving license Expiry Date D D M M Y Y Y Y Required if Driving License provided as Identity/Address Proof

Occupation Type* ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Business ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student

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

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

Signature of 2nd Joint Applicant

3rd Joint Applicant

Prefix | First Name | Middle Name | Last Name

Name* (Same as ID proof)

Maiden Name (If any*)

Father's Name*

Mother's Name*

Spouse Name*

Passport Expiry Date D D M M Y Y Y Y Required if Passport provided as Identity/Address Proof CKYC Number

Driving license Expiry Date D D M M Y Y Y Y Required if Driving License provided as Identity/Address Proof

Occupation Type* ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Business ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student

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

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

Signature of 3rd Joint Applicant

Customer Acknowledgement

For Office Use only

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

KYC Verification Carried Out By

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

Emp. Name : _____

Emp. Code : _____

Emp. Designation : _____

Emp. Branch : _____

Employee Signature

V5.0/CASA AOF/Sept 2021

AXIS BANK

Credit Card Application Form

For Savings / Current Customers

Form Type: CR001

Your first Credit Card

Monthly Net Income - 15,000 to 45,000

☐ **NEO**

Joining Fees - Waived
Annual Fees - ₹ 250
(2nd year onwards)

The card for Entertainment Fans

Monthly Net Income - 45,000 to 75,000

☐ **MY ZONE**

Joining Fees - ₹500
Waived upon spends of ₹5000 in 45 days

Annual Fees - ₹500
(2nd year onwards)

Power of Unlimited Travel Benefits

Monthly Net Income - 50,000 and above

☐ **Privilege Card**

Joining Fees* - ₹1500
Annual Fees - ₹1500
(2nd year onwards)
Annual Fees waived on achievement of spends threshold of ₹ 2.5 Lakhs in the Preceding year

*Joining Fees Waived off for Priority Customers

Personal Details

Name as desired on Card (Max 19 characters)

Occupation Details

Sector ☐ Public Ltd. ☐ Private Ltd. ☐ MNC ☐ Public Sector ☐ Partnership ☐ Proprietorship ☐ State Govt. ☐ Central Govt. ☐

For salaried: Company Name | Tenure in Current Job: Years Months

YearsTotal work experience Years Months | Net Annual Income Rs.

Designation | Department

Industry Type: ☐ Banking ☐ Telecom ☐ Insurance ☐ IT/ITES/BPO ☐ Construction / Real Estate ☐ Manufacturing/Engineering
☐ Mutual Funds/Broking/NBFCs/FIs ☐ Travel /Entertainment/Hotel ☐ Advertising/Media ☐ Govt. Services/Bodies
☐ Others_____(Please specify) Caste Details : ☐ SC ☐ ST ☐ OBC ☐ Other

Management Cadre: ☐ Senior Management ☐ Middle Management ☐ Junior Management **Usage Preference:** ☐ International Enabled ☐ Domestic Only

Address Details

Please indicate if Communication Address & Email ID mentioned earlier is ☐ Residence or ☐ Office (If earlier is a Residence Address & Personal Email ID, please mention Office address & Email ID or vice versa)

Landmark | City

Pin code | State | Country

Email

Nominee Details (same as Savings Account) ☐ Yes ☐ No I do not wish to nominate

Auto Debit Option:

If you wish to avail of the Direct Debit facility from your Axis Bank Savings / Current Account, please select one of the following options for the amount to be debited for every billing cycle:

☐ Total Amount due ☐ Minimum Amount Due- 5% of Total Amount Due

*Please note Auto Debit facility will be linked to your newly applied savings/current account.

Applicant's Signature | Joint A/c Holder's Signature

Credit Card Rules & Regulations

I/We hereby apply for the issue of Axis Bank Credit Card to me/us and declare that the information included in this application is true and correct, and that I/We am/are a Resident Indian / NRI / Foreign National working in India and that I/We am eligible to apply for an internationally valid card. I / We unconditionally agree and accept that, the data provided by me / us to the Bank during the application process for acquiring such relationship(s) is true to the best of my / our knowledge and belief, and if at any stage of processing the relationship, if it comes to the knowledge of the Bank or the Bank is of the opinion that I / We have provide any incorrect information, and / or fabricated documents, and / or fake documents, and / or document/s appearing to have been manipulated, they will be treated by the Bank as having been manipulated by me / us. I hereby understand and agree that it is my responsibility to obtain, read and understand the Terms and Conditions as may be in force from time to time and use of the Axis Bank Credit Card shall be deemed to be unconditional and irrevocable acceptance of the Terms & Conditions. I/We further authorize Axis Bank and or its associates subsidiaries affiliates to verify, share and compare any information / data or otherwise at my office / residence and / or contact me and / or my family member and / or my Employer / Banker / Credit Bureau / RBI / Central KYC and or any third party such as other Bank / Financial Institution / Credit Information Company during the process of processing my / our application otherwise as they deem necessary. I/We authorize Axis Bank to verify and authenticate my/our Aadhaar number during processing my/our application for legitimate Business purposes. I/We further authorise the Bank to share my Aadhaar related details/information with regulatory / statutory bodies as and when required. I/We understand that Axis Bank Ltd. reserves the right to provide me with the Credit Card type / variant based on information available with Axis Bank Ltd. and my/us eligibility as per internal policy of the Bank. In case, I/We have applied for Additional Card/s(available for Resident Indian parent, spouse, brother, sister or child aged 18 years and above) I will be billed separately for such an Additional Card in normal monthly statement. Further, I agree that all communication pertaining to the add-on Cardholder shall be addressed to me. I/We understand that the continuation of the membership of the Additional Card member will be dependent on the continuation of my membership. I/We understand and undertake that the usage of the Axis Bank Credit Card shall be strictly for bonafide personal purchase of goods and/or services and in accordance with all applicable laws (including without limitation to any government acts, orders, decrees, guidelines, rules & regulations including foreign exchange control regulations) and in the event of any failure to do so, I/We will be liable for any action/prosecution or penalty as prescribed. I/We shall not use the card to purchase anything to resell for commercial or business purposes to derive any financial gains. I/We shall not be able to claim Input Tax credit on GST levied on this card. I/We further understand and agree to the levy of all additional statutory levies, charges, taxes- GST as applicable on all fees interest and other charges as per the Government of India regulations and agree to pay the same. I / We have been explained the contents of the same and also understand that it is available online at the Bank's website www.axisbank.com I/We also unconditionally agree and accept, that the Bank shall have every right to compare the data available with the Bank or provided with, by and other Bank / Financial Institution / Credit Information Company and in case the data provided by the Bank is not matching then the Bank shall-every right and liberty for not processing my / our application / rejecting the application so provided to the Bank and enforce any remedy that may be so available with the Bank at the Law and Equity. I/We further unconditionally agree and undertake that, the Bank shall be at its liberty, to share any information with any other Banks / Financial Institution either as a part of a consortium of a part of sale Banking Relationship or to any Credit Information Company as the Bank may so decide as per terms of the Credit Information Companies (Regulation) Act, 2005. I/We waive the confidentiality obligations with respect to the information provided to the Bank. I / We further agree that, we shall not hold the Bank liable for any cost or reputation for sharing the information as is considered necessary by the Bank in its sole and exclusive opinion, and without any reference to me / us whatsoever, with such Bank / Financial Institution / Credit Information Company and to hold harmless the employees, officers, Directors, agents etc. that may be so appointed by the Bank. I/We undertake to inform you of any changes therein immediately. I/We hereby consent to receive information from central KYC registry through SMS/E-mail on above registered Primary Applicant's number or E-mail address. I/We hereby confirm that I/We am/are in favor of receiving communication information / other documents from the bank pertaining to card account via E-mails/SMS/Net Banking registered with the Bank.

From time to time, Axis Bank communicates various new products / special features of existing products / promotional offers which are of significant benefits to its customers. I/We hereby provide my/our consent to receive information / service etc. for marketing purposes through Telephone / Mobile / SMS / E-mails by the Bank / its agents. YES ☐ NO ☐

I/We understand, that I/We may opt out be registering in the 'Provider Customer Preference Register' as per details provided in the 'TRAI' website. I/We authorize Axis Bank to increase my/our credit limit once within 6 months of Card issuance, Axis Bank internal policies and other terms and condition will be applicable. YES ☐ NO ☐

I/We am/are interested to know more about Card Protection Plan (CPP) and hereby provide the consent to Axis Bank and / or its representative or their agents or CPP Assistance Service Pvt. Ltd. or any third party in relation to CPP to contact me for the same. I/We understand that the CPP is an offer from CPP Assistance Service Pvt. Ltd and that the Primary Applicant's particulars contained in this form shall be shared with CPP Assistance Service Pvt. Ltd. and / or with any other third party pursuant to Axis Bank arrangement with CPP Assistance Signature Service Pvt. Ltd. as may be required or as Axis Bank deems fit. This consent shall be deemed as specific waiver on any DNC registration that I/We may have done, for contacting me/us pertaining to the information on CPP. I/We declare and confirm that for opening Credit Card Account with your Branch at Axis Bank, my/our local address, which is to be recorded as my/are mailing address in the application I/We am/are enclosing the permanent address proof along with this application. I/We authorize the Bank to send all correspondence including all deliverables to me/us at the aforesaid mailing address. I/We undertake to immediately inform the bank in case there is any change in my registered correspondence address, but not later than 2 weeks of such change. In case the address submitted by me/us as proof undergoes a change, I/We note to submit the fresh proof of address to the Branch for updation of the records. I/We hereby agree and undertake to hold harmless and keep Axis Bank fully indemnified against claims and charges, which may be made in respect hereof by reason of Axis Bank relying and acting on this declaration. YES ☐ NO ☐

I agree and consent for Axis Bank to share my information or data (including sensitive personal data) with any co-brand partner in connection with the services for promoting, marketing, facilitating, improving, developing, or otherwise providing services associated with the card. In case of application for co-brand credit card - I authorize co-brand partner to exchange or share my information with Axis Bank for issuance of credit card and services associated with it. YES ☐ NO ☐

I/We authorize Axis Bank to access and verify my income details from Income Tax's Website (TRACES) for the purpose of processing my Credit Card application. YES ☐ NO ☐

I/We hereby acknowledge and agree that my demographic and personal details will get updated as per the new application form. The new details will be updated for my/our existing card/s (if any). YES ☐ NO ☐

As per RBI guidelines, all cards shall be enabled for use only at contact based points of usage within India (ATMs and POS i.e. point of sale devices).
You can change usage preferences anytime by using the Axis Mobile app, Internet banking or by contacting the customer care/branch.

Signature of the Primary Applicant

AXIS BANK

Enrolment Form - Group Mediprime

Form Type GI001

TATA AIG INSURANCE WITH YOU ALWAYS

Employee ID: ______ IntermediaryCode: ______ Bank A/c No.: ______

This is an application for Insurance & will form the basis of the policy that We may issue. Every information, this application seeks is important & mandatory. Please read all questions and answer them carefully. You must provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of proposal and policy even if it is issued. We are under no obligation to accept any proposal for insurance. No individual can be covered more than once in the policy. Regulations mandate that the coverage can incept only after we have received the full amount of premium and We have explicitly accepted the risk. If We accept a proposal for insurance, it shall be subject to the Policy terms and conditions and We shall have no liability to make any payment under the Policy if proposal is not accepted by us or premium is not received by Us in full and in time, or is not realized, or non-fulfillments of additional information requested by us, if any or if the proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us.

Please fill-up this form in CAPITAL LETTERS

1. Account Holder (Proposer) Details

Name (Mr./Mrs./Ms./Dr) ______

First Name | Middle Name | Last Name

2. Plan Details

SUM INSURED ☐ 3 ₹ Lakh ☐ 4 ₹ Lakh ☐ 5 ₹ Lakh PREMIUM ☐

3. Details of The Person (s) Proposed To Be Insured

Sl. No.	Name of the insured person	Relationship to policy holder	Gender	Date of birth	Nominee Name #
		Self		DDMMYYYY	
		Spouse		DDMMYYYY	
		Child 1		DDMMYYYY	
		Child 2		DDMMYYYY	

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. Nominee for any of the persons proposed to be insured shall be the Proposer. The nominee must be an immediate relative of the Proposer. The nominee for all other Insured Persons proposed to be insured shall be the Proposer himself/herself.

Auto Debit Authorisation By Account Holders

☐ I/We authorized Axis Bank, to debit my account through ECS (Debit) clearing / Direct debit (Standing instruction) for Auto Renewal of the policy.

Premium chart (inclusive of 18% GST)

Individual

Age group/ Sum Insured (INR)	0-35	36-45	46-55
3,00,000	2,642	4,109	6,765
4,00,000	3,490	5,741	9,229
5,00,000	3,749	6,164	9,911

2 Adult

Age group/ Sum Insured (INR)	0-35	36-45	46-55
3,00,000	4,268	6,636	10,929
4,00,000	5,638	9,272	14,908
5,00,000	6,056	9,957	16,010

2 Adults + 1 Child

Age group/ Sum Insured (INR)	0-35	36-45	46-55
3,00,000	6,402	8,770	13,063
4,00,000	8,457	12,091	17,727
5,00,000	9,085	12,985	19,039

2 Adults + 2 Child

Age group/ Sum Insured (INR)	0-35	36-45	46-55
3,00,000	8,535	10,384	15,196
4,00,000	11,276	14,200	20,546
5,00,000	12,114	16,014	22,067

4. Declaration & Warranty On Behalf Of All Persons Proposed To Be Insured

- I/My family members confirm that I and other members proposed to be insured under this policy are in good health and have not suffered in past from any major disease/disorder/ ailment/deformity or are neither awaiting any treatment medical or surgical nor attending any follow up for any disease / condition / ailment/ injury/ addiction
- I/My family members hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/my family members am/ are authorized to propose on behalf of these other persons.
- I/My family members understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/My family members declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/My family have read and understood the policy wordings-terms/conditions and exclusions of this product as displayed on Axis Bank website and confirm to abide by the same.

Section 41 of Insurance Act 1938 (Prohibition of rebates):

1) No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Signature of the Proposer: ______ Place: ______ Date DDMMYYYY

Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/ policy wordings carefully, before concluding a sale.

Group MediPrime UIN: IRDA/NL-HLT/TAGI/P-H/V.I/276/13-/30-01-2018

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013

24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170 E mail: customersupport@tata-aig.com Website: www.tataaiginsurance.in

IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425

Fixed/Recurring Deposit

For Saving A/C Customers

Form Type 
TS001

Type of Account:

Fixed Deposit ☐ Recurring Deposit ☐ Tax Saver FD ☐ Scheme Code_____ A/C Label_____

PAN is mandatory for opening all deposit ac counts above ₹50,000/- *Cannot be closed prior to maturity

Customer Onboarding Section - Primary Applicant

Name* PREFIX ☐ FIRST MIDDLE

LAST

*Same as Primary Applicant in Savings A/C Section

FD/RD Account opening Section

Mode of Operation

☐ Self ☐ Same as Saving A/C Applicable for MOP other than 'Self'

*I would need Fixed Deposit in the form of (Tick one): ☐ Receipt ☐ Physical Advice ☐ e-advice Email ID is mandatory in case e-A dvice is selected

Type Deposit Account

Deposit/Installment Amount: ☐☐☐☐☐☐☐☐☐☐ Will be debited from Insta Savings A/C once activated

Period: ☐☐ Months ☐☐☐ Days Period of RD should be only in multiples of 3 months

Interest Payout (Tick one): ☐ Cumulative (Reinvestment) ☐ Monthly (MIC) ☐ Quarterly (QIC)

Auto Renewal: Y N (No auto renewal for Recurring Deposits) No. of times ☐☐

Auto Closure: Y N If Yes, please fill "INTEREST PAYMENT/MATURITY PROCEED" Section.

Standing instruction for RD: Kindly debit my A/C no. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ on ☐☐ of every month. Please provide existing Axis Bank Savings A/C no. or the new Insta Savings A/C no. along with which this RD is to be linked

TDS to be deducted: Y From ☐ SB/CAA/C No ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ OR ☐ FD

N If No, TDS exempt reference No ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ TDS exempt submission date D D M M Y Y Y Y

Form 15H/G Y N To be c ollected seprately by Branch wherever applicable.

Interest payment/Maturity Proceeds

For Interest Payment/Maturity Proceeds:

☐ Credit My Axis Bank A/c No ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ Issue PO

Signature_____
Applicant Signature

Note: 1) interest payment is subject to RBI guideline fr om time to time. 2) Please r efer the latest interest rate chart at the branch or visit www.axisbank.com 3) interest payment is subject to tax deduction at sour ce

Rules & Regulations

1) The payout of interest on Term Deposits under Monthly Interest Certificate scheme, takes place at a discounted rate as prescribed under the IBA guidelines.

2) The payout of interest for Quarterly Interest Certificate is applied on Simple Interest basis.

3) Premature Encashment: a. For Rupee Term Deposits of a contracted amount less than Rs 5 Crores opened/renewed on or after May 1, 2014 (including Flexi deposits), interest rate shall be 1.00% below the card rate, prevailing as on the date of deposit, as applicable for the period the deposit has remained with the bank or 1.00% below the contracted rate, whichever is lower. However, for Rupee Term Deposits closed within 14 days from the date of booking of the deposit interest rate shall be rate applicable for the period the deposit has remained with the bank or the contracted rate, whichever is lower. b. For Rupee Term Deposits of a contracted amount of Rs 5 Crores and above, interest rate shall be 1% below the card rate prevailing as on the date of deposit, as applicable for the period the deposit has remained with the bank or 1% below the contracted rate, whichever is lower. This would also be applicable on R upee Term Deposits closed within 14 days from the date o f booking o f the deposit. c. In case the term deposit is closed pr ematurely , bef ore completion of the minimum period of 7 days, no interest shall be paid for the said term deposit. d. In the event of the death of one of the depositor, premature termination and payment of Term Deposits held in 'Either or Survivor' or Former or Survivor' or 'any one' 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. e. In the event of 'With disposal' instructions being 'Either or Survivor' and a premature withdrawal is required by either of the joint holder even when both are alive: In case either one of us request the bank, to allow either of us to prematurely withdraw the said deposit, the bank is entitled 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. f. In case the mode of operation is 'Either or survivor' or 'Former or Survivor' or 'Anyone 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 of us, the survivor, if he / she so request the bank, to prematurely withdraw the said deposit without seeking the concurrence of the legal heirs of the deceased joint deposit holder, the bank is entitled to honour the same. We Further affirm that payment of the proceeds of such deposit to the survivor 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 any person/s may have against the survivor to whom the payment is made. g. Where the deposit is held singly and premature withdrawal is required by the nominee in the event of death of the deposit holder. (i) 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 (ii) That the nominee 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 my legal heirs may have against the nominee to whom the payment is made. 4) All encashment or withdrawals of Fixed Deposit with repayment instruction as direct credit to the linked account can be executed at any Axis bank branch.

5) (i) For Recurring Deposits opened on or after 9th August, 2016, 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 ₹ 10 per ₹ 1000 per month for the period of delay. (ii) For Existing Recurring Deposit Customers, 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 the existing Business Prime Lending Rate +4% for the period of delay. (iii) Fraction of a month will be treated as full month for the purpose of calculating such penalty i. e. if the instalment due on 31.05.2011, is paid on 02.06.2011 the delay shall be treated as one month. (iv) Please note that standing instructions for Instalment dates 28th/29th/30th/31st will not be available at the time of Recurring Deposit Account opening. (v) The penalty so leviable shall be deducted from the total payment payable at the time of maturity of the Recurring Deposit.

6) For all new Reinvestment Term Deposits to be opened on and after 1st August, 2013 and all existing Reinvestment Term Deposits that may be renewed on and after 1st August 2013, interest reinvested would be net of TDS and hence the maturity value would vary to that extent.

7) Minimum deposit amount for opening of FD Plus account is greater than ₹15 lakhs.

8) FD Plus Deposits cannot be closed prior to date of maturity. Premature withdrawal is not permissible under this scheme except for exception cases which include bankruptcy/winding up/directions by court/regulators/receiver/liquidator/deceased cases. Premature closure arising out of afore mentioned scenarios in the above cases will result in the charge of applicable interest rate from the FD Plus rate to that of Normal Fixed Deposit rate (as per the prevailing rate) and will include application of penalty.

9) An overdue term deposit or its portion may be renewed from the date of Maturity, provided the overdue period from the date of maturity till the date of renewal does not exceed 14 days. The rate of interest payable on the amount of the deposit so renewed shall be the appropriate rate of interest for the period of renewal as prevailing on the date of maturity. If the overdue period is more than 14 days and if the depositor places the entire amount of overdue deposit or at least the principal amount of deposit as a fresh term deposit, interest may be paid for the overdue period on the amount so placed as a fresh deposit at the rate decided by the Bank which at present is simple interest at Savings Bank interest rates.

10) TDS rates will be applicable from time to time as per the Income Tax Act, 1961 and Income Tax rules.

11) The rate of interest provided on Term Deposits will be the rate as applicable on the day of Funding of Savings Accounts.

12) The details of joint account holders (wherever applicable) and nomination details for Term Deposits will be same as that opted for Savings Account.

(Please do not sign this Form if it BLANK. Please ensur e all relevant sections and c olumns are completely filled to your satisfaction and then only sign the f orm)

I do hereby solemnly declare that the information provided above is up to date and c orrect 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

Signature of Bank Official in whose presence signed

EMP No ☐☐☐☐☐☐ Date D D M M Y Y Y Y

V1.0/FD Form for Savings Account Customers/30-01-2018

AXIS BANK

Public Provident Fund Account

FORM A -Under the PPF Scheme 1968
for Saving A/C Customers

Form Type PPS01

Customer Onboarding Section - Primary Applicant

Name* PREFIX | FIRST | MIDDLE | LAST

*Same as Primary Applicant in Savings A/C Section

PPF Account opening Section

Initial Payment Details

Initial Amount ₹ (in words) _____ Will be debited from insta Savings A/C once activated

Standing Instruction for PPF Contribution

Frequency (Tick one): ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

End Date D D M M Y Y Y Y

Amount ₹ (in words) _____

Carried Forward: Y N If "Y", confirm No. of Times

This signifies the number of re-attempts made by Axis Bank in case of failure of SI transaction

A/C No. to be debited:

Please provide existing Axis Bank Saving A/C no. or the new insta Saving A/C no. along with which this PPF A/C has to be opened

Signature _____
Applicant Signature

Nomination (Form E)

☐ I wish to nominate ☐ I do not wish to nominate

I, _____ hereby nominate the person (s) mentioned below to whom to the exclusion of all other persons in the event of my death, the amount standing to my credit in the Public provident Account No._____ at the time of my death would be payable.

Sr. No.	Name(s) of the nominee(s)	Full Address (es)	Date of Birth (DD/MM/YYYY) of nominee in case o f Minor	Proportionate Amount for each Nominee

As the nominees (s) specified above is/are minor, I appoint the following as guardian (s):

Sr. No.	Name of the Minor Nominee	Name of the Guardian	Guardian's Address

to receive the sum due number the said account in the event of my death during the minority of the nominee(s).

Signature of witness _____ Name and address :_____

Signature of witness _____ Name and address :_____

Signature or thumb impression of subscriber/guardian

Dated D D M M Y Y Y Y

Declaration

I agree to abide b y the provisions of the Public Provident Fund Scheme, 1968 and amendments issued ther eto from time to time.

i. I her eby declare that I am no t maintaining any other Public Provident Fund Account

ii. I hereby declare that I am no t maintaining any other Public Provident Fund Account, except an account on behalf of a minor.

iii. I hereby declare that the details o f other Public Provident Fund accounts opened earlier by me are as under

Sr. No.	Description	Name and address of the Bank/Post office and account no.

iv. I also declare that I shall adhere to the ceiling on deposits as provided for by Central Government from time to time which is ₹1, 50,000/- in a financial year at present in each of the following types of Public Provident Fund Account, Individual Self Account and Account(s) on behalf of minor(s) of whom I am the guardian. In case, at any time the said declar ation is found untrue/false, no interest* shall be payable to me/ the subscriber on the amount of deposit found in excess of the prescribed limit.

Signature or thumb impression of subscriber/guardian

*interest is calculated on the lowest balance between the close of the fifth day and the last day of every month

V3.0/PPF In Casa Form/30-01-2018

Rules & Regulations (Customer Copy)

I (In this context, "I", "my" and "me" refers to all holders of the account) have read and understood the below T&C and understand that any changes to the T&C will be available on the website www.axisbank.com only. Account opening/service provision: All services, including opening of the account are subject to verification of information/documents provided by me. In the event this account is not opened, if I/we have initially funded the account in cash for ` 20,000 or more, it will be refunded to me in the form of a DD/Cheque or PO only. Services: All services will be provided by Axis Bank on a best effort basis. The complete list of services available to me will be available on www.axisbank.com If not existing customer, I confirm if found otherwise, bank reserves the right to consolidate the customer IDs as it may decide, without any prior notice to me Fees & Charges: Fees and Charges will be applicable on my account and for other services availed by me, as described in the Most Important Document / schedule o f charges and on the website www.axisbank.com. GST and other statutory imposts as applicable from time to time will be levied on all fees. Interest Payment: Axis Bank pays interest quarterly on daily balance basis in your Savings Account as per the rate applicable for the scheme code Change in Fees & Charges, Services, and Interest Rate: Any change/discontinuation of Fees & Charges, Services will be intimated to me at least 30 days in advance through letter/SMS/website/ email or other means. Recovery: If no funds are available in the account to pay fees/charges, I authorize Axis Bank to set off any available credit, including amounts flowing into the account from collection proceeds or any deposits. Inoperative Account: No transactions induced by me in the account for a period of 2 years or more is treated as an Inoperative account. Account Freeze: I authorize the bank to freeze my account in the following circumstances, with intimation to me except where specified otherwise a. When a minor, who is the holder of the account, attains majority b. If it is suspected by the bank that transactions in my account are not initiated by me (the Bank will not assume any liability for the transactions already executed) c. If it is suspected that my account is being misused as a money mule or as a channel for unauthorized money pooling or a conduit for any illegal activity. (I will not receive a notice in this case) d) If request for account opening has been submitted along with Form 49A and /or Aadhaar enrolment number the requisite PAN & Aadhaar number i s to be submitted to the Bank within the spec ified period depending on the type of account opened Account Closure: I authorize the bank to close my account, with prior intimation to me, in case of a. balance in the account remains zero for 3 months or more b. high occurrences of dishonoured payments from my account Account Conversion (applicable for Salary Savings account holder): If salary is no t credited for a period of 3 months into my Salary Account, the account will be automatically converted to a normal savings account without any notice or intimation (with all applicable charges & fees) and full KYC will apply, failing which there will be a credit freeze placed on the account. Transactions: Any instructions to Axis Bank regarding the account, both of a financial/non-financial nature (eg: Issuance of Cheque book/card, financial transactions, updation of personal details etc.) will be provided by me through the authorized channels only, which will be specified by the bank, based on regulatory guidelines prevailing at that time. Axis Bank is not expected to act on instructions that do not come in through the authorized channels, but reserves the right to act upon its discretion to provide such facilities under extraordinary circumstances. Channel facilities: All channel facilities provided by Axis Bank including Debit Cards, ATM Cards, ATMs, Internet Banking etc. are subject to specific guidelines that are provided on www.axisbank.com and as per the T&Cs handed over to me. I/We agree and undertake that I/We shall never part with any sensitive information of my/our account especially through internet/email/phone medium and Axis Bank is not liable for fraud arising from such disclosures. I also undertake to inform the bank immediately in case of loss of cheque leaf(s), Credit/Debit Card(s) linked to my account. Debit Card: The usage of the Debit card will be in accordance with the Exchange Control Regulation and in the event of any failure, the card holder will be liable for action under the Foreign Exchange Management Act 1999 and the amendments there of stipulated by the Reserve Bank of India. Disclaimer for Axis Bank Internet Banking: "I/We acknowledge that the issue, usage of Axis Bank Internet Banking facility is governed by terms & conditions in force from time to time as set forth on the www.axisbank.com and agree to abide by the same. I/We am/are aware that Axis Bank Ltd does not seek any information relating to login ID/Password in any form including through e-mails from its customers. I/W e further agree and confirm that Axis Bank shall not be liable for any losses arising from my/our sharing/disclosing of login ID, password, cards, card numbers or PIN (Personal Identification Number) to anyone, nor shall make claims on the bank for any unauthorized use. I/We shall take all precautions to protect my/our account details so as to avoid any unauthorized use. Personal Information: a. Any updation of my details including personal information, change of address etc. will be provided by me to the bank, along with documents of proof within 2 weeks. I agree to indemnify Axis Bank for any fraud, loss or damage, due to my providing wrong information or not updating the information that may occur to me and to Axis Bank and based on which the bank may act as true and correct. b. All information provided by me of any nature (including personal & sensitive information) will be used in the provision of services or facilities, facilitation of transactions, providing information and updates, research and analytics, credit scoring, verification, participating in telecommunication or electronic clearing network as may be required by law/customary practice by the bank c. All information provided by me of any nature (including personal & sensitive information) can be shared with agencies/service providers who have an agreement with Axis Bank for 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. If I intend to revoke 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 I shall be required to initiate closure of such products/services. d. The bank may disclose information about customer's account, if required or permitted by law, rule or regulations, or at the request of any public or regulatory authority or if such disclosure is required for the purpose of preventing frauds, or in public interest, without specific consent of the account holder/s. e. Wherever mobile numbers of joint account holders are provided, they will receive One Time Password (OTP) and transaction alerts on these numbers for transactions initiated by them on ATM, Internet Banking and Mobile Banking (as applicable). Aadhaar : I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and consent to providing my Aadhaar number, Biometric Information 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. I understand that the Biometric Information and/or OTP and/or any other authentication mechanism I may provide for authentication shall be used only for authenticating my identity through the Aadhaar Authentication system for obtaining eKYC from UIDAI for that specific transaction and for no other purposes. I understand that Axis Bank shall ensure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication. I also hereby authorize the bank to use my linked Aadhaar enabled bank account for receiving government payments across schemes that I am eligible using the Aadhaar based authentication. I/We authorize Axis Bank to verify and authenticate my/our Aadhaar number during processing my/our application for legitimate business purposes. I/We further authorize the Bank to share my Aadhaar related details/information with regulatory / statutory bodies as and when required. I undertake to submit the Aadhaar number to the Bank as when the same is allotted to me for updation in my account. I am well aware that submission of Aadhaar is mandatory and understand the Bank would cease operations in my account if I fail to submit the Aadhaar Number within six months from the date of account opening. I agree to indemnify and keep indemnified the Bank at all times from and against all costs, charges, damages, penalties suffered and/or incurred by for any act done or omitted to be done on account of the above declaration. Additional Information: All relevant policies including Code of Commitments to Customers and Grievance redressal policy are available at the branches. Each depositor in a bank is insured upto a maximum of 1,00,000 (Rupees One Lakh) for both principal and interest amount held by him in the same right and same capacity as on the date of liquidation/cancellation of bank's licence or the date on which the scheme of amalgamation/merger/reconstruction comes into force I am aware that the products and services of the bank shall be provided subject to the applicable rules and regulations. I have received a copy of the Rules & Regulations and an acknowledgment from the bank for the Application and Nomination Form submitted. Limited Liability of a Customer - a. I/We shall be liable for the entire loss occurring due to unauthorised transactions in cases where the loss is due to my/our negligence such as where I/we have shared the payment credentials, until I/we report the unauthorised transaction to the bank. Any loss occurring after the reporting of the unauthorised transaction shall be borne by the bank. b. In cases where the responsibility for the unauthorised electronic banking transaction lies neither with the bank nor with me/us, and lies elsewhere in the system and when there is a delay (of four to seven working days after receiving the communication from the bank) on the part of the customer in notifying the bank of such a transaction, the per transaction liability for me/us shall be limited to the transaction value or the amount mentioned as Maximum Liability of a Customer defined under respective guideline, whichever is lower.

I am interested to know more about OneAssist Plan and hereby provide the consent to Axis Bank and / or its representative or their agents or OneAssist Consumer Solutions Pvt. Ltd. or any third party in relation to OneAssist to contact me for the same. I understand that OneAssist is an offer from OneAssist Consumer Solutions Pvt. Ltd. and that the particulars contained in this form shall be shared with OneAssist Consumer Solutions Pvt. Ltd. and / or with any other third party pursuant to Axis Bank arrangement with OneAssist Consumer Solutions Pvt. Ltd., as may be required or as Axis Bank may deem fit. This consent shall be deemed as specific waiver on any DNC registration that I may have done, for contacting me pertaining to the information on OneAssist. Y ____ N ____ *This will override the DNC waiver for 90 days for customer to receive communication.

"I/we hereby authorize the Bank to retain my single Customer id and link all my active relationships to the retained Customer id as per RBI guidelines and suspend other Customer ids held by me."
"I/we hereby agree to update my latest demographic details which are mentioned on the AOF i.e. Mobile number, Email ID, Address along with the new signature in the existing CIF Id for all banking relationship."
"In case of nil average balance for 2 consecutive months, your existing Savings A/c shall be auto migrated to Basic Savings A/c. Visit- https://www.axisbank.com/retail/accounts/savings-account/basic-savings-account"

FATCA-CRS Terms and Conditions
The Central Board of Direct Taxes has notified on 7th August 2015 Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies/ withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days.

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number$. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

"I / We give my / our consent to receiving a welcome call from Axis Bank from the number 022-61202800 within 15 days of my / our account getting opened"

Acknowledgement (to be filled by Branch)

Application form acknowledgement

I have received Application no. _____ from _____

for opening an account with Axis Bank Branch _____

Name of Bank Official _____

Mobile no._____

Signature_____

Nomination acknowledgement

I. We acknowledge receipt of nomination made by you in favour of:

Name of nominee _____ Age: _____ year with respect to your application

no._____

II. No nominee for the account since nomination facility not availed by the account holder.

Signature of Bank Official _____

According to RBI' nomination guidelines, it is necessary to register a nominee on accounts opened under a single name. Appointing a nominee is beneficial for the following reasons:

1. If the account holder dies, the bank will easily pass on the funds in the account to the nominee

2. Hassle-free formalities for the nominee while claiming benefits

Terms & Condition for Usage of Channel Facilities

Debit Card: The usage of the Debit card will be in accordance with the Exchange Control Regulation and in the event of any failure, the card holder will be liable for action under the Foreign Exchange Management Act 1999 and the amendments there of stipulated by the Reserve Bank of India. The usage of the Debit card will be governed by the Terms & Conditions specified from time to time as decided by the Bank. The cardholder needs to accept full responsibility for the Debit card and agree not to make any claim against Axis Bank, in respect thereto.

*Please visit www.axisbank.com to know about your debit card variant and charges. *The property that is situated in the communication address registered with the Bank Shall only considered for coverage under the Fire & Burglary insurance. For updating the communication address the customer needs to apply for the same with the Bank with relevant address proof. The insurance shall be subject to the terms and conditions as prescribed by the insurance company from time to time. **Debit Card is provided only for accounts where Mode of Operation is Self/Either or Survivor/Anyone or Survivor. For mode of operation - "All Jointly" debit cards will not be issued. PAN is mandatory for international transactions. The nominee of the account will be considered for nomination of debit cards also. The debit card by default will have the contactless option, however, basis your preference, the same can be enabled / disabled through various channels like Mobile App, Internet Banking, Call Centre or Axis Bank Branches. The contactless option is not applicable to Rupay Debit cards. Your card comes activated with facility of using at domestic contact based ATMs and POS merchant outlets within India only. The card not present (domestic and international) and card present (international) transactions on your card can be enabled/disabled through various channels like Mobile App, Internet Banking, Call Centre or Axis Bank Branches . The usage options opted will have default limits set at the bin level and can be changed. The default limits will be a discretion of the bank or regulatory guidelines and are subject to change. The limits for Online, POS, and Contactless will be a cumulative limit and not an individual limit.

ATM Card: The usage of the ATM Card called the TRUST 24 Card issued to special categories of customers will be in accordance with the rules and regulations concerning the TRUST 24 CARD. The Bank reserves the right to suspend the services of TRUST 24 Card unilaterallywithout any prior notice or assigning any reason.

Axis Bank Internet Banking: The account holder on usage of the Axis Bank Internet banking facility will be bound by the terms and conditions in force from time to time as set forth on the website www.axisbank.com. It is the duty of the account holder to protect and keep the User Id and password protected, safe and secured. The account holder shall be fully responsible for any of the linked accounts getting debited based on the instructions given through the Axis Bank Internet Banking Used ID and password. The Bank will not be held responsible. The fees, duties or other charges associated with these services will be as applicable. All the linked accounts (including any new account that ne be opened) will be covered under the Funds Transfer facility as per rules in force from time to time.

Mobile Banking: The account holders are responsible for the correctness of the Mobile Number provided for registration in the form. Transactional Alerts and One-Time Passwords will be sent on this registered mobile number. In the event of customer availing additional transactional facility through different channels viz. Mobile/SMS/USSD etc., the account holder shall be fully responsible for the account being debited on instruction from the registered mobile Number/s directly or indirectly. The fees, duties or other charges associated with these services will be as applicable. In case of mistake on part of the account holder or that of the mobile service provider in respect of these services, the Bank will not be responsible and the account holder agrees that no claim will be made against the Bank. The Bank shall at its own discretion at any time may discontinue/alter/modify the facility and the terms and conditions as specified herein and the same shall be updated from time to time at www.axisbank.com. Further this facility shall subject to the terms and conditions governing mobile banking of Axis Bank as displayed on the website of Axis Bank.

E-statement: The E-statement provided is an optional facility provided to the account holders and not a compulsion by the Bank for availing such a facility. On agreeing to subscribe through the E-statement, Account Holder(s) agree to be bound by all the Terms and Conditions that may be specified by the Bank at the time availing such facility and such other conditions as specified by the Bank from time to time. On agreeing to avail the facility of E-statements, Account Holder(s) agree, and understand that the Bank shall discontinue the physical statements being sent to the Account Holder(s). Axis Bank shall not be liable or responsible for any breach of secrecy caused as a result of the E Statements being sent to the registered email with the Bank. Axis Bank is not liable to verify the any authenticity of the emails. The facility being an optional one the Account Holder (s) shall not hold the Bank liable if any problem arises with the Account holder(s) computer network as result of receiving Statements from the Bank. In case of Joint Account Holders, the Joint Account Holders shall not hold liable the Bank for receiving the E statement to the Designated email address of one of the Account Holder. The Account Holder(s) shall at all times be responsible for updating the details with the Bank from time to time to receive this service uninterrupted of the Bank. Account Holder shall not hold Axis Bank responsible if they do not receive Statements due to incorrect Email address and technical reasons beyond the control of the Bank. The Account Holder confirm to have read and understood the Terms & Conditions pertaining to usage of this Channel Facility. The Bank shall at its own discretion at any time may discontinue/alter/modify the facility at the terms and conditions as specified therein at the sole discretion of the Bank.

Telebanking and Phone Banking: It is the responsibility of the account holder to protect and safe-keeping of the Telebanking PIN (TPIN) and any other information/details which may be required by the Bank to establish the identity of the customer through Phone Banking. The bank shall be acting as per the confidential details provided by the account holder. In such cases, the Bank presumes that information has been received from the genuine customer and provides the services. As far as the Bank is concerned, we solely go by the confidential TPIN number and/or any other confidential details and in such cases the bank will not be liable. It is advised that the account holder is solely liable for confidentiality of the TPIN and the customer will not make any claims on the bank if the bank bonafidely acts on the TPIN number and/or any other confidential details. The customer is free to change the TPIN number through the IVR system as per extant procedure. The customers are required to cooperate for the safe custody of TPIN number."

Disclaimer: "I/We hereby request for Axis Bank Internet Banking facility with respect to this account and all the linked accounts (including any new accounts that may be opened). I acknowledge that the issue and usage of the above services is governed by the term & conditions in force from time to time as set forth on the website www.axisbank.com and agree to abide by the same. I/We am/are aware that Axis Bank Ltd does not seek any information relating to login id/Password in any form including through e-mails from its customers. I/W e agree and undertake that I/We shall never part with any sensitive information of my/our account especially through internet/email/phone medium. I/We further agree and confirm that Axis Bank shall not be liable for any losses arising from my/our sharing/disclosing of login id, password, cards, card numbers or PIN (Personal Identification Number) to anyone, nor shall make claims on the bank for any unauthorized use. I/We shall take all precautions to protect my/our account details so as to avoid any unauthorized use.

*Exclusively available only on Priority Banking Accounts. Charges as applicable at the time of issuance.

Credit Card Most Important Document

Dear Customer,

Thank you for applying for Axis Bank Credit Card!

Please note:

- Our representatives will contact you for verification of your residence/office address and contact details
- You can check your application status on the bank's website **with your Application ID which will be sent to you shortly.**
- The Credit Card decision would be communicated within 21 working days

Declaration – Confirmation of Application and Acceptance of Fees

I, _____, confirm that I have applied for an Axis Bank Credit Card and the sales personnel have explained the product and its features in detail.

I agree to be levied Joining & Annual Fees (plus GST as applicable) as mentioned below:

Card Type	Joining Fees	Annual Fee (2nd year onwards)	Condition/Waivers/Vouchers
Privilege Card (for priority customers) ☐	Waived	₹1500	Annual Fees waived on spends o f ₹ 2.5 lakhs in 1 year
Privilege Card (with unlimited travel benefits) ☐	₹ 1500	₹ 1500	Complimentary 2 Yatra vouchers (of ₹ 2500 each) on activation on 3 transactions within 60 days, Annual fee waived on spends o f ₹ 2.5 lakhs in 1 year
My Zone ☐	₹ 500	₹ 500	Joining Fee waived on spends o f ₹ 5000 in 45 da ys
Neo ☐	Waived	₹ 250	

I the undersigned declare, confirm and agree: That I hereby acknowledge that the credit limit on my Credit Card will be decided by Axis Bank and no commitment has been made to me in this regard.

V3.0/Saving AOF & Credit Card/30-01-2018

AXIS BANK

Non-individual:FATCA-CRS Form NTB

(Mandatory for HUF Account Opening)

Form Type FCA02

Details of ultimate beneficial owner including additional FATCA & CRS information

1) Name of the entity*

2) Existing Customer[1] ☐ Y ☐ N If Yes, Customer ID 3)PAN Or ☐ FORM 60 & 49A

4) Address for Tax purpose* ☐ Communication/Local ☐ Registered/Residence ☐ other if other, fill address details belo w

5) Other Address:

City State Country Pin code

6) Address type f or tax purpose* ☐ Residential ☐ Business ☐ Registered Offic e

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

☐ Entity is a tax resident fo India and not resident of any other country OR

☐ Entity is a tax resident fo 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 N umber below:

Country	Tax Identification Number%	Identification Type (TIN or Other%, please specify)

% In case Tax Identification Number is not a vailable, kindly provide functional equivalent$

In case the Entity's Country of incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code[1] here: _____

Owner-documented FFI's[2] should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8-BEN-E

Fatca-CRS declaration (Please consult your professional tax advisor for further guidance on FATCA-CRS classification

Part A (to be filled by Financial Institutions or Direct Reporting NFEs)

1	We are a ☐ Financial institution[3] or ☐ D irect reporting NFE[4] (please tick as appropriate)	*GIIN:* _____ *Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's provide your sponsor's GIIN above and Indicate your sponsor's name below:* *Name of sponsoring entity:* _____	GIIN: not available (please tick as applicable): ☐ ***Applied for*** Following options available only for Financial Institutions: ☐ ***Not required to apply for*** (Please specify sub-category[5]) Please provide with Form W8-BEN-E, duly filled in ☐ ***Not obtained - Non-participating FI***

Part B (please fill an y one as appropriate t o be filled by NFEs of other than Direct R eporting NFEs)

1	Is the Entity a publicly traded company[5] (that is, a company whose shares are regularly traded on an established securities market)	☐ Yes (If yes, please specify any one stock exchange upon which the stock is regularly tr aded) Name of the stock exchange _____
2	Is the Entity a related entity of a publicly traded company[6] - a company whose share are regularly traded on an established securities market	☐ Yes Name of the Listed company, the stock of which is regularly traded_____ (If yes, please specify any one stock exchange upon which the stock is regularly tr aded) Name of the stock exchange _____ Nature of relation: ☐ Subsidiary of the listed company ☐ Controlled by a listed company
3	Is the Entity an active NFE[7]	☐ Yes Nature of business_____ Please specify the sub-category of Active NFE: _____ (mention code - refer 2c of Part D)
4	Is the Entity a passive NFE[8]	☐ Yes Nature of business_____

[1]Refer 3(VIII) of Part D, [2]Refer 1 of Part D, [3]Refer 3(VII) of Part D, [4]Refer 1A. of Part D, [5]Refer 2a of Part D, [6]Refer 2b of Part D, [7]Refer 2c of Part D, [8]Refer 3(II) of Part D, [9]Refer 3(VII) of Part D

Certifications

I/We have understood the information requirements of this Form (read along with the F ATCA-CRS Instructions & Definitions under Part D) and hereby confirm that the information provided by us on this Form is True, Correct, and Complete. I/We also confirm that I/We ha ve read and understood the F ATCA-CRS Terms and Conditions above and hereby accept the same.

Authorised Signatory Name : _____ Authorised Signatory Signature

Authorised Signatory Designation : _____

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

Branch Declaration :

We have made best efforts to identify the beneficial owners/controlling persons of the said Company. The details furnished above have been verified from information available through constitutional documents, public domain.

Signature, Name of Official & S.S. Number

Field Verification Form

Name of the customer

Date.:_____

Residential Address

(Write Land Mark)

Contact Nos. : Res: Off: Mob:

Distance of the residence from the Branch

Date & time of Visit

Name of the Person contacted

The following information is based on observations of Officer doing Field Verification:

Residential Status :

Self owned ☐ Owned by Relative ☐
Owned by Parents ☐ Rented ☐
Company Accom. ☐ Owned by Friend ☐
Lodging ☐ Paying Guest ☐
Others_____ ☐

*** Employed at this office/firm.**

Family Members:

Total No ☐
Working ☐
Children ☐
Adult ☐

Assets Noticed:

Car ☐
Two-wheeler ☐
AC/Fridge ☐
DVD/TV/PC ☐

Other Info.

No. of Yrs lived* at this Place ☐
Area Sq.Ft Approx.. ☐

Type of Residence :

Flat ☐ Row House ☐
Independent House ☐ Chawl ☐
Bunglow/Row House. ☐ Hutment ☐
Temporary Shed ☐ Part of Ind. House ☐
Janta Flat ☐ Others_____ ☐

Details verified from :

Watchman ☐
Name Plate ☐
Neighbor ☐
Society Board ☐
Company Board ☐

Locality of Residence:

Posh Locality ☐ Metro ☐
Upp. Middle Class ☐ Urban ☐
Middle Class ☐ S-Urban ☐
Low. Middle Class ☐ Rural ☐
Slums ☐

If the applicant add. is locked, the following info. to be obtained from neighbor

Does app. stay at this residence Yes No

Customer's age ☐ No. of family members in his house ☐

Appox. time, when app. Is available at home ☐

Ease of locating add

Easy ☐ Difficult ☐
Not found ☐

Comments on the verification

_____

_____

I hereby confirm that I have personally visited and verified the address of the customer as per the address mentioned in Account Opening Form, or checked with the Employer Corporate, as the case may be. The above information which has been completed by me is true and correct.

_____

Name of the Official_____

Designation_____

Place:

S.S. No. / Emp. No._____

Final Recommendation: **Accepted** **Rejected** **Another FV required.**

Certified by : **Branch Head / Operations Head**

Branch Head / Operations Head to ensure that no space is left blank and all details are filled in.

V1.0\Customer Profile Sheet\7-10-2014

Guidelines for the staff for completing the Field Verification

1)Address verifications has to be conducted independent of the customer. In other words, the visit has to be undertaken without prior intimation.

2)Customer assistance should not be taken even if the branch official is unable to locate the address. In extreme cases of difficulty, the nearest Post Office may be approached for assistance in locating the address.

3)If the applicant is a tenant, the landlord has to be compulsorily contacted in order to ascertain the bonafides of the arrangement and also to know whether the landlord has done his due diligence.

4)The photocopies of the KYC documents should not be certified without physical verification of the originals and comparing the same with the copies submitted by the applicant.

5)Call all the contact numbers provided in order to satisfy yourself about their bonafides/authenticity.

6)Where the mailing address is that of the employer, comments have be invariably given by the Branch verifying official on the status of the employee i.e. permanent / temporary / outsourced.