AXIS BANK

Central KYC Registry

Know Your Customer (KYC) Application Form for Individual

Form Type CK001

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

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

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

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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

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

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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

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

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

Signature of 3rd Joint Applicant

For Office Use only

Documents Received ☐ Certified Copies

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