


Date          
**Personal & Employment Details (Fields in\* represent mandatory fields)**

| Please tick (✓) as applicable                                          | Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Co-Applicant / Guarantor/GPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are you an existing customer. If yes, please provide Customer ID       | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Account No.                                                            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CKYC Number (If any)                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Title (Mr/Mrs/Ms/Dr/Others)/First Name*                                | T I T L E F I R S T N A M E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | T I T L E F I R S T N A M E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Middle Name*                                                           | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Last Name*                                                             | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Maiden Name                                                            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Relation with Applicant                                                | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Constitution*                                                          | Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other<br><input type="checkbox"/> Resident Indian <input type="checkbox"/> Foreign Nationals<br><input type="checkbox"/> Overseas Citizen India <input type="checkbox"/> Non-Resident Indian<br><input type="checkbox"/> Person of Indian Origin                                                                                                                                                                                                                                                                                                                                                                         | Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other<br><input type="checkbox"/> Resident Indian <input type="checkbox"/> Foreign Nationals<br><input type="checkbox"/> Overseas Citizen India <input type="checkbox"/> Non-Resident Indian<br><input type="checkbox"/> Person of Indian Origin                                                                                                                                                                                                                                                                                                                                                                         |
| Aadhaar Number*                                                        | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| PAN Card*                                                              | <input type="text"/> Form 60 Furnished <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/> Form 60 Furnished <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Passport No.                                                           | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Passport Expiry date* (if collected)                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Voter ID Card No.                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Driving License No.                                                    | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Driving License Expiry Date* (if collected)                            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Date of Birth*                                                         | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Gender*                                                                | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Nationality*                                                           | <input type="checkbox"/> Indian <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Indian <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Community*                                                             | <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh<br><input type="checkbox"/> Jain <input type="checkbox"/> Parsi <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh<br><input type="checkbox"/> Jain <input type="checkbox"/> Parsi <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Catagory*                                                              | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Minority <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Minority <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Education                                                              | <input type="checkbox"/> Matriculate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate<br><input type="checkbox"/> Postgraduate <input type="checkbox"/> Others (Pls specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Matriculate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate<br><input type="checkbox"/> Postgraduate <input type="checkbox"/> Others (Pls specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Institute/University*                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Marital Status and No. of Dependents*                                  | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others No. of Dependents <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others No. of Dependents <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Father's Name*                                                         | T I T L E F I R S T N A M E<br>M I D D L E L A S T N A M E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T I T L E F I R S T N A M E<br>M I D D L E L A S T N A M E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Mother's Name*                                                         | T I T L E F I R S T N A M E<br>M I D D L E L A S T N A M E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T I T L E F I R S T N A M E<br>M I D D L E L A S T N A M E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| E-mail Address*                                                        | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Phone Details                                                          | Tel. No. <input type="text"/><br>Mobile No.* <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tel. No. <input type="text"/><br>Mobile No.* <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Residence Ownership*                                                   | <input type="checkbox"/> Self Owned <input type="checkbox"/> Self Owned mortgaged <input type="checkbox"/> Rental<br><input type="checkbox"/> Parental <input type="checkbox"/> Co. Provided <input type="checkbox"/> Paying Guest                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Self Owned <input type="checkbox"/> Self Owned mortgaged <input type="checkbox"/> Rental<br><input type="checkbox"/> Parental <input type="checkbox"/> Co. Provided <input type="checkbox"/> Paying Guest                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Whether registered under GST (If yes, following details are mandatory) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GST Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exemption Reason (if yes) <input type="text"/><br>Exemption Valid till (if yes) <input type="text"/><br><input type="checkbox"/> Single <input type="checkbox"/> *Multiple Special Economic Zone <input type="text"/><br>Special economic zone code (if Y) <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="checkbox"/> Same as Residence /Communication Address<br><input type="checkbox"/> Same as Permanent Address <input type="checkbox"/> Others fill the field | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GST Exemption <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exemption Reason (if yes) <input type="text"/><br>Exemption Valid till (if yes) <input type="text"/><br><input type="checkbox"/> Single <input type="checkbox"/> *Multiple Special Economic Zone <input type="text"/><br>Special economic zone code (if Y) <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="checkbox"/> Same as Residence /Communication Address<br><input type="checkbox"/> Same as Permanent Address <input type="checkbox"/> Others fill the field |
| <b>GSTIN DETAILS</b>                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| GST Registration                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| *GST Annexure for multiple GST Registration                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| GSTIN (Default)                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| GSTIN Registration Date                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Address registered for GSTIN                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Udyam Registration Certificate                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Residential Communication Address*                                     | <input type="text"/><br><input type="text"/><br><input type="text"/><br>Pin* <input type="text"/> City* <input type="text"/><br>State* <input type="text"/> Country* <input type="text"/><br>Years at present Address <input type="text"/><br>Years in the same city <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/><br><input type="text"/><br><input type="text"/><br>Pin* <input type="text"/> City* <input type="text"/><br>State* <input type="text"/> Country* <input type="text"/><br>Years at present Address <input type="text"/><br>Years in the same city <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                     |

|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------|--|--|--|--|----------|--|--|--|--|
| Nearest Landmark at Present Address                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Permanent Address*                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Pin*                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  | City*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  | Pin*                                                     |  |  |  |  | City*    |  |  |  |  |
| State*                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  | Country*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  | State*                                                   |  |  |  |  | Country* |  |  |  |  |
| Years in the same city                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  | Years in the same city                                   |  |  |  |  |          |  |  |  |  |
| Person with disability*                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |          |  |  |  |  |
| Employment Nature / Occupation Type*                                                                            | <input type="checkbox"/> Pvt Ltd <input type="checkbox"/> Public Ltd <input type="checkbox"/> Proprietorship<br><input type="checkbox"/> Partnership firm <input type="checkbox"/> Government <input type="checkbox"/> Public Sector<br><input type="checkbox"/> Multinational <input type="checkbox"/> Trust/Association/Society/Club                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  | <input type="checkbox"/> Pvt Ltd <input type="checkbox"/> Public Ltd <input type="checkbox"/> Proprietorship<br><input type="checkbox"/> Partnership firm <input type="checkbox"/> Government <input type="checkbox"/> Public Sector<br><input type="checkbox"/> Multinational <input type="checkbox"/> Trust/Association/Society/Club                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Nature of Business (if self employed)*                                                                          | <input type="checkbox"/> Information Tehnology <input type="checkbox"/> Professional Service Provider<br><input type="checkbox"/> Agriculture <input type="checkbox"/> Bullion/Gold Jewellery <input type="checkbox"/> Stock Broker<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Trader <input type="checkbox"/> Money Lender                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  | <input type="checkbox"/> Information Tehnology <input type="checkbox"/> Professional Service Provider<br><input type="checkbox"/> Agriculture <input type="checkbox"/> Bullion/Gold Jewellery <input type="checkbox"/> Stock Broker<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Trader <input type="checkbox"/> Money Lender                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Occupation*                                                                                                     | <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed<br><input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife<br><input type="checkbox"/> Politician <input type="checkbox"/> Others (specify)_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  | <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed<br><input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife<br><input type="checkbox"/> Politician <input type="checkbox"/> Others (specify)_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Source of Funds*                                                                                                | <input type="checkbox"/> Salaried <input type="checkbox"/> Investment <input type="checkbox"/> Professional Fees<br><input type="checkbox"/> Business Earnings <input type="checkbox"/> Commission <input type="checkbox"/> Agriculture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  | <input type="checkbox"/> Salaried <input type="checkbox"/> Investment <input type="checkbox"/> Professional Fees<br><input type="checkbox"/> Business Earnings <input type="checkbox"/> Commission <input type="checkbox"/> Agriculture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Nature as Constitution                                                                                          | <input type="checkbox"/> Hindu Undivided Family <input type="checkbox"/> Trust <input type="checkbox"/> Private Ltd Companies<br><input type="checkbox"/> Public Ltd Companies <input type="checkbox"/> Co-operative Societies<br><input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust-PF/GOVT/DEFENCE<br><input type="checkbox"/> Trust-NGO <input type="checkbox"/> Association <input type="checkbox"/> Other Financial Instiutions<br><input type="checkbox"/> University <input type="checkbox"/> Limited Liability Partnerships <input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Government <input type="checkbox"/> Trust-CLUBS/ASSN/SOC/SEC-25 CO<br><input type="checkbox"/> Trust-Educational Institution <input type="checkbox"/> Banks |  |  |  |  | <input type="checkbox"/> Hindu Undivided Family <input type="checkbox"/> Trust <input type="checkbox"/> Private Ltd Companies<br><input type="checkbox"/> Public Ltd Companies <input type="checkbox"/> Co-operative Societies<br><input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust-PF/GOVT/DEFENCE<br><input type="checkbox"/> Trust-NGO <input type="checkbox"/> Association <input type="checkbox"/> Other Financial Instiutions<br><input type="checkbox"/> University <input type="checkbox"/> Limited Liability Partnerships <input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Government <input type="checkbox"/> Trust-CLUBS/ASSN/SOC/SEC-25 CO<br><input type="checkbox"/> Trust-Educational Institution <input type="checkbox"/> Banks |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Nature of Profession, if Self Employed Professional                                                             | <input type="checkbox"/> Doctor <input type="checkbox"/> CA <input type="checkbox"/> CS <input type="checkbox"/> Architect <input type="checkbox"/> Others_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  | <input type="checkbox"/> Doctor <input type="checkbox"/> CA <input type="checkbox"/> CS <input type="checkbox"/> Architect <input type="checkbox"/> Others_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Designation                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| *Source of wealth:<br>(For individual applicant/co applicant who is a PEP)                                      | <input type="checkbox"/> Inherited funds <input type="checkbox"/> Property <input type="checkbox"/> Investment <input type="checkbox"/> NIL<br><input type="checkbox"/> Others (Please Specify: _____)<br><b>Wealth (In absolute Fig):</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  | <input type="checkbox"/> Inherited funds <input type="checkbox"/> Property <input type="checkbox"/> Investment <input type="checkbox"/> NIL<br><input type="checkbox"/> Others (Please Specify: _____)<br><b>Wealth (In absolute Fig):</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| *Declaration of Preferred Language                                                                              | I confirm my preferred language of communication is<br><input type="checkbox"/> English <input type="checkbox"/> Hindi <input type="checkbox"/> Marathi <input type="checkbox"/> Punjabi <input type="checkbox"/> Bengali <input type="checkbox"/> Odia<br><input type="checkbox"/> Gujarati <input type="checkbox"/> Kannada <input type="checkbox"/> Malayalam <input type="checkbox"/> Tamil <input type="checkbox"/> Telegu                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  | I confirm my preferred language of communication is<br><input type="checkbox"/> English <input type="checkbox"/> Hindi <input type="checkbox"/> Marathi <input type="checkbox"/> Punjabi <input type="checkbox"/> Bengali <input type="checkbox"/> Odia<br><input type="checkbox"/> Gujarati <input type="checkbox"/> Kannada <input type="checkbox"/> Malayalam <input type="checkbox"/> Tamil <input type="checkbox"/> Telegu                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Period in Current Employment/Business*                                                                          | ____ Years ____ Months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  | ____ Years ____ Months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Total Employment/Business Period*                                                                               | ____ Years ____ Months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  | ____ Years ____ Months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Name of Organisation and Address<br>(HUF Trust/Principal Office/Regd. Office)                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Pin*                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  | City*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  | Pin*                                                     |  |  |  |  | City*    |  |  |  |  |
| State*                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  | Country*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  | State*                                                   |  |  |  |  | Country* |  |  |  |  |
| Country*                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  | Country*                                                 |  |  |  |  |          |  |  |  |  |
| Phone (STD/ISD/Tel Off.)                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Date of incorporation*                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Director Identification number                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| Office E-mail Address                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |
| If total employment with current employer is less than 1 year then please provide details of previous employer: | Name of Organisation _____<br>Designation _____<br>Period in previous employment/business ____ Years ____ Months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  | Name of Organisation _____<br>Designation _____<br>Period in previous employment/business ____ Years ____ Months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |                                                          |  |  |  |  |          |  |  |  |  |

| FINANCIAL DETAILS                             |                                                                                                      | Applicant |                                                                                                      | Co-Applicant/Guarantor/GPA |                                                                                                      |  |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|--|
| Financial Status<br>(Financial/non-financial) |                                                                                                      |           |                                                                                                      |                            |                                                                                                      |  |
| Income (₹., Monthly)                          | Gross                                                                                                |           | Net                                                                                                  |                            | Gross                                                                                                |  |
|                                               | Other Income                                                                                         |           | Total                                                                                                |                            | Other Income                                                                                         |  |
| Income (₹., Annual)                           | Gross                                                                                                |           | Net                                                                                                  |                            | Gross                                                                                                |  |
|                                               | Other Income                                                                                         |           | Total                                                                                                |                            | Other Income                                                                                         |  |
| Bank Account Details                          | Account I                                                                                            |           | Account II                                                                                           |                            | Account I                                                                                            |  |
| Bank                                          |                                                                                                      |           |                                                                                                      |                            |                                                                                                      |  |
| Branch                                        |                                                                                                      |           |                                                                                                      |                            |                                                                                                      |  |
| Type of A/c                                   | <input type="checkbox"/> Current <input type="checkbox"/> Saving <input type="checkbox"/> Other_____ |           | <input type="checkbox"/> Current <input type="checkbox"/> Saving <input type="checkbox"/> Other_____ |                            | <input type="checkbox"/> Current <input type="checkbox"/> Saving <input type="checkbox"/> Other_____ |  |
| A/c No.                                       |                                                                                                      |           |                                                                                                      |                            |                                                                                                      |  |

| Loan Details                   | Loan I        | Loan II       | Loan I        | Loan II       |
|--------------------------------|---------------|---------------|---------------|---------------|
| Bank                           |               |               |               |               |
| Type of Loan (HL/PL/AL/OTHERS) |               |               |               |               |
| Loan Amount                    |               |               |               |               |
| EMI                            |               |               |               |               |
| Loan Tenure                    |               |               |               |               |
| No. of EMI Paid                |               |               |               |               |
| Credit Card Details            | Credit Card 1 | Credit Card 2 | Credit Card 3 | Credit Card 4 |
| Name of the issuing Bank       |               |               |               |               |
| Credit Card No.                |               |               |               |               |

#### Details of Applicant(s)/Co-Applicant(s)/Guarantor/GPA (Non Individual)

1. Name

2. Nature ☐ Partnership ☐ HUF ☐ Trust ☐ Society ☐ Private Company ☐ Public Company ☐ LLP ☐ If other:(please Specify) \_\_\_\_\_

3. Whether registered under GST ☐ Y ☐ N (If yes, following details are mandatory) GST Exemption ☐ Y ☐ N Exemption Reason (If Yes)

4. \*GSTIN DETAILS Exemption Valid Till (if Yes)

\*GST Registration  Single  Multiple (Please fill GST Annexure for multiple GST Registration) \*Special Economic Zone ☐ Y ☐ N Special Economic Zone Code (if Y)

GSTIN ( Default)  GSTIN Registration Date

Address registered for GSTIN ☐ Same as residence /communication address ☐ Same as Permanent address ☐ Others (Use GSTAnnexure)

\*E-mail ID:

\*Mobile No.

5. Names of other partners/trustees/directors/adult members of the HUF:

Name  Nationality

Address

Name  Nationality

Address

Signature of Applicant

Signature of Co-Applicant

#### Details of Applicant(s)/Co-Applicant(s)/Guarantor/GPA (Non Individual)

6. Principal Office/Regd. Office\*

PIN\*  Landmark\*  Tel  Fax

City\*  State\*  Country\*

7. Branch or Local Office Address\*

PIN\*  Landmark\*  Tel  Fax

City\*  State\*  Country\*

#### 8. Authorised Signatories details

(a) Name  Tel.

Designation  Aadhaar

(a) Name  Tel.

Designation  Aadhaar

9. Nature of Business: ☐ Manufacturing ☐ Service Provider ☐ Stock broker ☐ Real estate

☐ Trading (Retail/Wholesale) ☐ Transport ☐ Education ☐ Bullion

10. No of Years in Business

11. Industry Details  Annual Turnovr\*

Corporate Identification No: (CIN)

National Industrial Classification Code (NIC):\*  Legal Entity Identifier (LEI) No:

Importer Exporter Code (IEC Code)  Country of Incorporation:\*

|                                                                                                                                                                                                            |                                |                                                                                            |                                 |                                                                                                                                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Farm Credit and Allied Activities</b><br><input type="checkbox"/> Loan for Agriculture and Allied Activities (dairy, fishery, animal husbandry, poultry, bee-keeping, Sericulture (upto cocoon stage)). |                                | <b>Farm Credit</b><br><input type="checkbox"/> Loan for transportation of own farm produce |                                 | <b>Farmers with Land</b><br><input type="checkbox"/> Upto 2.5 Acres<br><input type="checkbox"/> Between 2.5 to 5 Acres<br><input type="checkbox"/> Above 5 Acres (1Acre - 0.40 Hectare) |  |
| Manufacturing & Services                                                                                                                                                                                   | <input type="checkbox"/> Micro | <input type="checkbox"/> Small                                                             | <input type="checkbox"/> Medium |                                                                                                                                                                                         |  |
| Investment in Plant & Machinery/ Equipment                                                                                                                                                                 | Upto Rs 1 Crore                | Upto Rs 10 Crores                                                                          | Upto Rs 50 Crores               |                                                                                                                                                                                         |  |
| Turnover                                                                                                                                                                                                   | Upto Rs 5 Crores               | Upto Rs 50 Crores                                                                          | Upto Rs 250 Crores              |                                                                                                                                                                                         |  |

**Declaration:** I/We hereby declare / confirm that the vehicle purchased / to be purchased by me /us shall be used for: Purchase of Business Farm Credit and Allied Activities and/or assist the transport of gricultural input and farm products.

**BUSINESS PURPOSE DECLARATION**

I/We hereby declare / confirm that the vehicle purchased / to be purchased by me /us shall be used of Business Purpose. ☐ YES ☐ NO



Declaration: I am aware that on the faith of this representation, declaration and confirmation, Axis Bank may tag the unsecured loans/facilities offered up-to 10 Lacs to Small/Micro enterprise borrowers under Shishu, Kishor or Tarun category as per Pradhan Mantri MUDRA Yojana (PMMY) guidelines. I shall indemnify the Bank to make the loss good in the event of any loss or damage that may arise on account of false /incorrect declaration by me

|                        |                           |
|------------------------|---------------------------|
| Signature of Applicant | Signature of Co-Applicant |
|------------------------|---------------------------|

| Existing Vehicle Details | Applicant 1 |                                                         |           |                                                         | Co-Applicant/Guarantor/GPA |                                                         |           |                                                         |
|--------------------------|-------------|---------------------------------------------------------|-----------|---------------------------------------------------------|----------------------------|---------------------------------------------------------|-----------|---------------------------------------------------------|
|                          | Vehicle 1   | <input type="checkbox"/> 2W <input type="checkbox"/> 4W | Vehicle 2 | <input type="checkbox"/> 2W <input type="checkbox"/> 4W | Vehicle 1                  | <input type="checkbox"/> 2W <input type="checkbox"/> 4W | Vehicle 2 | <input type="checkbox"/> 2W <input type="checkbox"/> 4W |
| Manufacturer / Model     |             |                                                         |           |                                                         |                            |                                                         |           |                                                         |
| Month of Purchase        |             |                                                         |           |                                                         |                            |                                                         |           |                                                         |
| Hypothecated to          |             |                                                         |           |                                                         |                            |                                                         |           |                                                         |

**Applicant Reference Details (To be filled by the applicant) One reference has to be non-relative/non colleague**

| Please tick (✓) as applicable | Reference I | Reference II |
|-------------------------------|-------------|--------------|
| Name of the reference         |             |              |
| Relationship with Applicant   |             |              |
| Postal Address                |             |              |
|                               |             |              |
|                               |             |              |
|                               |             |              |
| Pin                           |             |              |
| City                          |             |              |
| State                         |             |              |
| Country                       |             |              |
| Phone (STD/ISD/Tel Off.)      |             |              |
| Mobile                        |             |              |
| E-Mail ID                     |             |              |

**ADDITIONAL DETAILS REQUIRED FOR NRI APPLICANT**

Country Name:
Country code:

If applicant resident for tax purposes in Jurisdiction outside India:
Yes
No
Jurisdiction of residence:

Tax Identification Number or equivalent (If issued by jurisdiction)
Country of Birth:
City/Place of Birth:

If address in jurisdiction where application is resident is same as Current/ Permanent/ Overseas or Correspondence/ Local address details:
Yes
No

Address in Jurisdiction:

City/Town/Village:
State:
Country:
ZIP/Post Code:

ISO 3166 Country Code

\*Note - Where the client is non-individual, Aadhaar number issued to person holding an attorney to transact on its behalf is required to be submitted.

**Enrollment under Max Life Group Credit Life Secure Plan**
Yes
No

Please note: Axis Bank has tied-up with Max Life Insurance Company Ltd. for "Max Life Group Credit Life Secure" policy that offers protection to 2W Loan customers of Axis Bank against loan liability in case of an eventuality. Coverage is voluntary for all eligible members of the scheme and by signing this Application you agree to enroll yourself within the Group Policy. Coverage is not active while this application is under process. Insurance cover shall commence only on issuance of Certificate of Insurance by Max Life.

Declaration: I/We authorize Max Life to appropriately adjust the amount of sum insured and/or coverage tenure depending upon the final premium amount remitted to Max Life by the Master Policyholder. I understand that the final coverage terms will be as per COI issued by Max Life. I hereby authorize Max Life Insurance Company Limited ("Max Life") to pay the outstanding loan balance as provided in the Credit Account Statement (to be provided by the Master Policyholder) to Axis Bank Limited ("Master Policyholder"), in respect of the loan availed of by me from the Master Policyholder (the application number of which is mentioned herein), by deducting the same from the claim proceeds payable to [my nominee/beneficiary] under this group policy on the happening of the insured event. "I further give my consent to and authorized Max Life to pay other processed, if any, in favour of Master Policy Holder."

**Nominee/Beneficiary Details:**

Name of Beneficiary:
Relationship:

Date of Birth:
Gender:
Male
Female
Third Gender
Others

In case beneficiary is minor:

Name of Appointee:
Relationship with Beneficiary

DOB of Appointee:
Gender of Appointee:
Male
Female
Third Gender
Others

**Customer Declaration in respect of relationship with Director/Senior Officer of the Bank/any other bank**

I/We am/are director(s) of Axis Bank Limited and also a director(s) / partner(s), manager(s), managing agent (s), employee (s), or guarantor(s) or holder(s) of substantial interest of the borrower or its subsidiary or its holding company.
Yes
No

I/We am/are director(s) of any other bank or the subsidiaries of any of the banks or trustees of mutual funds / venture capital funds set up by the banks and also a director(s) / partner(s), manager(s), managing agent(s), employee(s) or guarantor(s) or holder(s) of substantial interest of the borrower.
Yes
No

I/We am/are the relative(s) of the director(s) of Axis Bank Limited or any other Bank, as defined by extant guidelines of RBI from time to time, and also a director(s) / partner(s) or guarantor(s) or major shareholder(s) or in control of the borrower or a major shareholder(s) or in control of the holding or subsidiary company of the borrower.
Yes
No

I/We am/are senior official(s) of the Bank or relative of the senior official of the Bank , as defined by extant guidelines of RBI from time to time, and also a director(s) / partner(s), or guarantor(s) or holder(s) of substantial interest of the borrower.
Yes
No

If any of the above clause is applicable, then please furnish the details. In case if any of the above stated declarations are breached during the tenor of the facility, the borrower shall inform the bank immediately. In case of non-compliance with the undertaking or giving wrong undertaking in relation to the provisions Connected Lending/Section 20 of the BR Act, at any time during the currency of loan, the Bank reserves the right to recall the loan immediately

In the event that the Applicant / Co-applicant are related to any of Director of Axis Bank/ Director of other bank/ Senior officer(s) of Axis Bank:

I/We declare(s) that the I/we am/are related to the director(s) and / or Senior Officer(s) of Axis Bank or of any other bank as specified hereto\*:
Signature

| Sr. No. | Name of Director(s)/Senior Officer(s) | Designation | Relationship |
|---------|---------------------------------------|-------------|--------------|
| 1       |                                       |             |              |
| 2       |                                       |             |              |
| 3       |                                       |             |              |

\*Including directors of Scheduled Co-operative Bank , director of subsidiaries/trustees of mutual fund/venture capital fun. If the above declaration is found to be false then the Bank will be entitled to revoke and/or recall the credit facility.

**Customer consent**

I hereby give my consent to and agree and authorize Axis Bank Ltd. to fetch my personal details from UIDAI. I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and I voluntarily consent to providing my Aadhaar number / VID number, Biometric information and/or One Time Pin(OTP) data (and/or any similar authentication data) for the purpose of Two Wheeler Loan application. I understand that the biometric and/or OTP and/or any other authentication data I may provide for authentication shall be used only for authenticating my identity through the Aadhaar authentication system for the specific transaction or as per requirement of law and for no other purposes. I confirm that I have been informed about the alternatives to submission of identity information and I have agreed to authenticate myself through Aadhaar based authentication system with full understanding of alternatives to submission of identity information. I understand that Axis Bank shall ensure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication. I authorize Axis Bank to verify and authenticate my Aadhaar during processing my Two Wheeler Loan. I further authorize the Bank to share my Aadhaar related details/information with regulatory / statutory bodies as and when required.

I confirm that the Bank has explained and provided me the above information in my local language before collecting my personal details for the purpose of Aadhaar based authentication I hereby expressly consent to and authorize the Bank (whether acting by itself or through any of its service providers, and whether in automated manner or otherwise), to collect, store and process my application details, personal data and sensitive information about me, information, papers and data relating to know your customer (KYC), credit information, and any other information about me/pertaining to me or not as may be deemed relevant by the Bank (collectively, "Information") and I hereby also expressly consent to and authorize the Bank to download KYC details from the CKYC registry using my CKYC ID for the purpose of Two Wheeler Loan application. I expressly consent Bank to share and disclose the Information to service providers, consultants, credit information companies, information utilities, other banks and financial institutions, affiliates, group companies, subsidiaries, regulators, investigating agencies, judicial, quasi-judicial and statutory authorities, or to other persons/ institutions/entities as may be necessary in connection with the contractual or legal requirements or in the legitimate interests of the Bank or as per the consent, undertake to process information including by way of storing, structuring, organizing, reproducing, copying, using, profiling, etc. as may be deemed fit by the Bank and for the purposes of credit appraisal, fraud detection, anti-money laundering obligations, for entering into contract, for direct marketing, for cross selling, for developing credit scoring models and business strategies, for monitoring, for evaluating and improving the quality of services and products, or for any purposes as the Bank may deem fit. I expressly agree to the Bank, its service providers, agents and/or its affiliates for using the Information and for marketing, promotion and cross-selling to me their various products and services of the Bank from time to time via telephone, SMS and/or email.

YES
NO

Applicant Signature
Co-Applicant Signature
Co-Applicant Signature

5

## For Office Use Only

## Vehicle Details

|                       |                                                                                                                                                           |                                                |                                 |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------|
| Name of Manufacturer: |                                                                                                                                                           | Category:                                      |                                 |
| Asset make            |                                                                                                                                                           | (For official use as per Bank's approved list) |                                 |
| Variant:              |                                                                                                                                                           | Model                                          |                                 |
| Asset type:           | <input type="checkbox"/> New Asset <input type="checkbox"/> Used Asset <input type="checkbox"/> Refinance Asset <input type="checkbox"/> Balance Transfer | Asset Life                                     | <input type="checkbox"/> Months |
| Name of the Dealer:   |                                                                                                                                                           | Dealer Code                                    |                                 |

## Vehicle Cost Break up (in ₹)

|                    |  |                              |  |
|--------------------|--|------------------------------|--|
| Ex-show-room price |  | Octroi / other taxes, if any |  |
| Registration cost  |  | Discount                     |  |
| Motor Insurance    |  | Total on - road price        |  |

Type of loan structure ☐ EMI in Arrears ☐ EMI in advance ☐ is EMIs in Advance, number of Advance of EMIs ☐

## Loan Application Details

|                            |                                                                                                                                                                                                                              |                  |                                                                                        |                |                      |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|----------------|----------------------|
| Application Date           | <input type="text"/>                                                                                                                                                                                                         | Load ref. IDL    | <input type="text"/>                                                                   | Application ID | <input type="text"/> |
| Loan Variant / Type        | (Please fill the sub-schemes/variant details)                                                                                                                                                                                |                  |                                                                                        |                |                      |
| Scheme                     | <input type="checkbox"/> AL_LNAUL_BRE <input type="checkbox"/> AL_PREAPPROVED_BRE <input type="checkbox"/> UC_LNUCL_BRE <input type="checkbox"/> AU_CORP_BRE <input type="checkbox"/> TW_LAA <input type="checkbox"/> Others |                  |                                                                                        |                |                      |
| Location (Name of the ASC) | <input type="text"/>                                                                                                                                                                                                         | Promotional Code | <input type="text"/>                                                                   |                |                      |
| Loan Amount (₹)            | <input type="text"/>                                                                                                                                                                                                         | Tenure (Months)  | <input type="text"/>                                                                   |                |                      |
| Processing Fee (₹)         | <input type="text"/>                                                                                                                                                                                                         | Repayment Mode*  | <input type="checkbox"/> SI <input type="checkbox"/> NACH <input type="checkbox"/> PDC |                |                      |
| Credit Life Insurance (₹)  | <input type="text"/>                                                                                                                                                                                                         |                  |                                                                                        |                |                      |

Sourcing Details ☐ DSA ☐ Dealer ☐ Cross Sell ☐ Direct ☐ Digital ☐ Insta Sanctions ☐ Bank Bazaar ☐ OtherChannel Code ☐ ATM ☐ SMS ☐ Website ☐ Outbound ☐ Email ☐ Mobile App ☐ Phone Banking ☐ Net Banking ☐ CIBIL ☐ OthersName of the sourcing Channel Name of the Axis Bank Relationship Officer DSA Code  Referrer Name DME Code  Team Leader Name Dealer Sales Executive / Account Officer Name & Code 

Signature of the Sourcing agent

Please specify marketing programme, if any:

Axis Bank Employee ID 

(Please enter the employee ID of the Axis Bank branch staff sourcing the case)

Signature of Relationship Officer

## I/ We also confirm that I have been explained the following:

- Axis Bank will convey its decision (within 2 weeks for credit limit up to ₹ 5 lakh and within 3 weeks for credit limit above ₹ 5 lakh and up to ₹ 25 lakh for Micro & Small enterprises borrowers) and (within 30 working days for other borrowers) from the date of receipt of the application provided the application is complete in all respects and is submitted along with all the documents as per 'check list' provided in the application for loan and/or any additional documents as may be required by the bank for proper appraisal of the application. The computation of timelines shall start from the day on which
- The bank may at its sole discretion sanction or decline the application. The bank shall convey, the reasons, which in its opinion after due consideration, have led to rejection of the application.
- The bank will decide and assign the loan limit and no commitment has been given to me/ us for the same.
- The DSA/ DST has not collected any commission/ brokerage or any other fee by way of cash or cheque other than the cheque no. \_\_\_\_\_ towards \_\_\_\_\_ in favour of Axis Bank Ltd.
- Prepayment options are available. The details of the prepayment charges are given below.
- Prepayment clause \_\_\_\_\_
- Processing fees of ₹ \_\_\_\_\_ will not be refunded in case of rejection/ withdrawal of the case.
- Axis Bank Ltd. reserves the right to retain the photographs and documents submitted with this applications and will not return the same to the applicant
- Axis Bank Ltd. reserves the right to retain the photographs and documents submitted with this applications and will not return the same to the applicant My personal / KYC details may be shared with Central KYC Registry
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address
- I/We further authorise the Bank to share my Aadhaar related details/information with regulatory / statutory bodies as and when required.
- I/We authorize Axis Bank to verify and authenticate my/our Aadhaar number during processing my/our application for legitimate Business purposes.
- I/we authorize Axis Bank to Verify/Authenticate my/our KYC OVDs/Aadhaar number/loan documents during processing my/our loan application through third party agencies via digitally/physically for legitimate business purpose.
- I/We 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.
- I/We hereby authorized Axis Bank to share the details regarding loan application status intimation letters with Dealer/DSA/Channel.
- 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
- I/We undertake to inform the Bank in case of any update in the information provided or documents submitted by me/us for the grant of facility/Loan by the Bank at the time of establishment of business relationship / account-based relationship and thereafter, as necessary; I/we shall submit to the Bank the update of such information/documents. I/We agree to do the aforementioned within 30 days of the update to any such information/documents for the purpose of updating the records at the Banks' end.

Applicant/Co-Aplicant/  
Guarantor/GPA PhotographPlease sign across  
the photographApplicant/Co-Aplicant/  
Guarantor/GPA SignatureApplicant/Co-Aplicant/  
Guarantor/GPA PhotographPlease sign across  
the photographApplicant/Co-Aplicant/  
Guarantor/GPA Signature

## For Bank Use Only

|                              |                                                                                                                                                    |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Document Received :          | <input type="checkbox"/> Self-Certified <input type="checkbox"/> True Copies <input type="checkbox"/> Notary                                       |
| KYC OVD:                     | <input type="checkbox"/> Digitally Verified <input type="checkbox"/> Manually Verified <input type="checkbox"/> Digital Verification Ref no. _____ |
| Identity Verification Done : | <input type="checkbox"/>                                                                                                                           |

## IN PERSON VERIFICATION CARRIED OUT BY

|                          |                      |
|--------------------------|----------------------|
| Employee Name            | <input type="text"/> |
| Employee Code            | <input type="text"/> |
| Emp. Organisation & Code | <input type="text"/> |
| Place                    | <input type="text"/> |
| Date                     | <input type="text"/> |
| Employee Designation     | <input type="text"/> |
| Employee Branch          | <input type="text"/> |
| Employee Signature       | <input type="text"/> |

(Filling of all the fields is mandatory and No. field should be left Blank. User should either provide details or should mention NA to avoid any data fudging in blank spaces)

# CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application form for Legal Entity / Other than Individuals

## ENTITY Details\*

Name\*

Entity Constitution Type \*

Date of Incorporation / Formation\*

Place of Incorporation / Formation\*

Country of Incorporation / Formation\*

## Proof of Identity (POI)\*

- ☐ Officially valid document(s) in respect of person authorised to transact
- ☐ Certificate of Incorporation / Formation \_\_\_\_\_
- ☐ Registration Certificate No. \_\_\_\_\_
- ☐ Memorandum and Articles of Association ☐ Partnership Deed ☐ Trust Deed
- ☐ Resolution of Board/ Managing Committee
- ☐ Power of attorney granted to its manager, officers or employees to transact on its behalf
- ☐ Activity Proof 1 (for Sole Proprietorship only) \_\_\_\_\_
- ☐ Activity Proof 2 (for Sole Proprietorship only) \_\_\_\_\_

## Address\*- Registered office address / Place of Business

Proof of Address\* ☐ Certificate of Incorporation/ Formation ☐ Registration Certificate  
☐ Other Document \_\_\_\_\_

Line 1\*

Line 2

Line 3

City / Village / Town\*  District\*

Pin Code\*  State / U.T\*

Country\*

## Address\*- Local address in India (if different from Above)\*

Line 1\*

Line 2

Line 3

City / Village / Town\*  District\*

Pin Code\*  State / U.T\*

Country\*

## Contact Detail (All communications will be sent to Mobile number/ Email-ID provided" may be used)

Tel. (off)

Mobile

Email ID

Mobile

Email ID

## APPLICATION DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my 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 am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

(Signature/Thumb Impression)

Signature/Thumb Impression of Authorised Person(S)

## Details of Related Person\*

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KYC Number of Related Person (if available\*)

Related Person Type\* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee  
☐ Partner ☐ Court Appointment Official ☐ Beneficiary ☐ Authorised Signatory  
☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Proprietor ☐ Other (Please specify)

DIN (Director Identification Number)  (Mandatory if Related Person Type is Director)

## Personal Details

[illegible]**Proof of Identity and Address\***

(I) Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

[illegible]

|                        |                      |  |  |  |  |  |  |  |  |  |             |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Line 1*                | <input type="text"/> |  |  |  |  |  |  |  |  |  |             |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 2                 | <input type="text"/> |  |  |  |  |  |  |  |  |  |             |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 3                 | <input type="text"/> |  |  |  |  |  |  |  |  |  |             |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City / Village / Town* | <input type="text"/> |  |  |  |  |  |  |  |  |  | District*   | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pin Code*              | <input type="text"/> |  |  |  |  |  |  |  |  |  | State / UT* | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country*               | <input type="text"/> |  |  |  |  |  |  |  |  |  |             |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

☐ Same as above mentioned address (In such cases address details as below need not be provided)

## Address

|                        |  |  |  |  |  |  |             |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Line 1*                |  |  |  |  |  |  |             |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 2                 |  |  |  |  |  |  |             |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 3                 |  |  |  |  |  |  |             |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City / Village / Town* |  |  |  |  |  |  |             |  |  |  | District* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pin Code*              |  |  |  |  |  |  | State / UT* |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country*               |  |  |  |  |  |  |             |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## CONTACT DETAILS (All communication will be sent on provided mobile no. / Email ID)

[illegible]

## APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my 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 am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- I/We have confirmed that I/we have received a copy of the "Code of Bank's Commitment to Customers". I/We have been confirmed the contents of the same and also understand that it is available online at the Bank's website, 'www.axisbank.com'. I/We understand that the proceeds of this facility shall not be used for investments in the capital market.

Date   -

Place

Signature/Thumb Impression of Applicant

## ATTESTATION/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

### KYC VERIFICATION CARRIED OUT BY

Date   -      
 Emp. Name   
 Emp. Code   
 Emp. Designation   
 Emp. Branch

(Employee Signature)

### INSTITUTION DETAILS

Name   
 Code

(Institution Stamp)

## Legal Entity Identifier (LEI Declaration) (Applicable for Non - Individuals only)

Name of borrower: \_\_\_\_\_

- ☐ I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is above Rs. 10 Crore. The Legal Entity Identifier (LEI) is applicable to our firm/company and the details of the same are as under:

1) LEI No.:   
 2) LEI Issuer:   
 3) LEI Issuance Date: (DDMMYYYY)   
 4) LEI Expiry Date:

- ☐ I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is between Rs.5 Crore to Rs. 10 Crore. We will endeavour to obtain the LEI at the earliest and agree to provide the LEI details to Axis Bank once we obtain the same
- ☐ I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is below Rs. 5 Crore. The Legal Entity Identifier (LEI) is not applicable to us.
- ☐ I/we confirm that if total banking exposure of our firm/company goes beyond Rs. 5 Crore during the tenure of the loan/credit facility, we will endeavour to obtain the LEI at the earliest and agree to provide the LEI details to Axis Bank once we obtain the same.
- ☐ I/We declare that the particulars and information given above are true, correct and up to date in all aspects.

Signature

**FATCA- CRS DECLARATION**

(Please tick the applicable tax resident declaration (Any one)\*)

**APPLICANT**☐ 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 Number below:

City of Birth\* 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Country of Birth\* 

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Address Type for Tax Purposes\* ☐ Resident ☐ Business ☐ Registered office

| Country# | Tax Identification Number % | Identification Type (TIN or Other, please specify)% | Address for Tax Purpose*                                                                                                                             |                   |                               |  |  |  |  |             |               |
|----------|-----------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------|--|--|--|--|-------------|---------------|
|          |                             |                                                     | Communication Address                                                                                                                                | Permanent Address | Please note the address below |  |  |  |  |             |               |
|          |                             |                                                     |                                                                                                                                                      |                   |                               |  |  |  |  |             |               |
|          |                             |                                                     | Landmark _____                                                                                                                                       |                   |                               |  |  |  |  |             |               |
|          |                             |                                                     | PIN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |                   |                               |  |  |  |  | State _____ | Country _____ |
|          |                             |                                                     |                                                                                                                                                      |                   |                               |  |  |  |  |             |               |

#To also include USA, where the individual is citizen/green card holder of USA % In case 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 &amp; Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature \_\_\_\_\_

**CO-APPLICANT**☐ 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 Number below:

City of Birth\* 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Country of Birth\* 

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Address Type for Tax Purposes\* ☐ Resident ☐ Business ☐ Registered office

| Country# | Tax Identification Number % | Identification Type (TIN or Other, please specify)% | Address for Tax Purpose*                                                                                                                             |                   |                               |  |  |  |  |             |               |
|----------|-----------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------|--|--|--|--|-------------|---------------|
|          |                             |                                                     | Communication Address                                                                                                                                | Permanent Address | Please note the address below |  |  |  |  |             |               |
|          |                             |                                                     |                                                                                                                                                      |                   |                               |  |  |  |  |             |               |
|          |                             |                                                     | Landmark _____                                                                                                                                       |                   |                               |  |  |  |  |             |               |
|          |                             |                                                     | PIN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |                   |                               |  |  |  |  | State _____ | Country _____ |
|          |                             |                                                     |                                                                                                                                                      |                   |                               |  |  |  |  |             |               |

#To also include USA, where the individual is citizen/green card holder of USA % In case 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 &amp; Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature \_\_\_\_\_

**Politically Exposed Person (PEP) Declaration**

Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

☐ I declare that I am not a Politically Exposed Person (PEP) nor I am related to any Politically Exposed Person (PEP)**For Individuals**☐ I declare that I am not a Politically Exposed Person (PEP) nor I am related to any Politically Exposed Person (PEP)**For non- Individuals**☐ I/We declare that there is no Politically Exposed Person (PEP) either as a Director/Partner/Trustee/Office Bearer/Promoter/Authorised Signatory/Beneficial owner in my/our organisation, and neither of them are related to any Politically Exposed Person (PEP)

| Two Wheeler Loan Document Submitted (Pls. tick (ii) boxes where appropriate and write N.A. if not applicable )         |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| GENERAL                                                                                                                | Application Form                                                                                                                                                                                                                                                                                                                                                                                              | Proforma Invoice                                                                                                                                                                                                                                                                                                                                                                             |  |
| Document Required                                                                                                      | INDIVIDUAL BORROWER                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                        | Salaried                                                                                                                                                                                                                                                                                                                                                                                                      | Self - Employed                                                                                                                                                                                                                                                                                                                                                                              |  |
| Application form with photograph duly signed by all applicant <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Identity & Address Proof                                                                                               | <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Voters ID <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> PAN Card (only as ID proof) Other (Pls. specify) _____<br>Any Other document (please specify) <input type="checkbox"/> Address Proof _____ <input type="checkbox"/> ID Proof _____                                               |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Office / Business Proof                                                                                                | NA                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Shop & Establishment Act Certificate<br><input type="checkbox"/> SSI or MSME Registration Certificate <input type="checkbox"/> Sales Tax or VAT Certificate<br><input type="checkbox"/> Current A/c Statement <input type="checkbox"/> Regd. Lease with utility bill Others _____ |  |
| Income Proof                                                                                                           | <input type="checkbox"/> Latest Salary Slip & Latest Form 16                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Latest ITR Others (Pls. specify) _____                                                                                                                                                                                                                                                                                                                              |  |
| Bank Statement                                                                                                         | <input type="checkbox"/> Latest 3 months Bank Statement                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Latest 3 months Bank Statement                                                                                                                                                                                                                                                                                                                                      |  |
| Age Proof                                                                                                              | <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> PAN Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Others (Pls. specify) _____                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Sign Verification Proof                                                                                                | <input type="checkbox"/> Passport <input type="checkbox"/> PAN Card <input type="checkbox"/> Mankers Cerification                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Employment / Business Continuity Proof                                                                                 | <input type="checkbox"/> Copy of appointment Letter <input type="checkbox"/> Date of joining mentioned on salary slip or Form 16<br><input type="checkbox"/> ITR or Form 16 of completed 1 year <input type="checkbox"/> Work Experience Certificate<br><input type="checkbox"/> Relieving Letter                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Documents required                                                                                                     | Non Individual Borrower                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                        | Partnership Firm / Trust / Society                                                                                                                                                                                                                                                                                                                                                                            | Private Limited / Limited Companies                                                                                                                                                                                                                                                                                                                                                          |  |
| Application form with photograph duly signed by all applicant <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Identity & Address Proof                                                                                               | <input type="checkbox"/> Copy of Partnership Deed <input type="checkbox"/> Trust Deed <input type="checkbox"/> Society Deed <input type="checkbox"/> Copy of Latest MOA/AOA <input type="checkbox"/> Certificate pf Incorporation<br>Others (Pls. specify) _____                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Address Proof                                                                                                          | <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Shop & Establishment Act Certificate <input type="checkbox"/> SSI or MSME Certificate Sales Tax or VAT Certificate<br><input type="checkbox"/> Current A/c Statement <input type="checkbox"/> Registered Lease with utility bill Others (Pls. specify) _____ |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Income Proof                                                                                                           | <input type="checkbox"/> Audited Balance Sheet <input type="checkbox"/> P&L Account & ITR for latest 2 years <input type="checkbox"/> Others (Pls. specify) _____                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Bank Statement                                                                                                         | <input type="checkbox"/> Latest Three Months Bank Statement                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Employment / Business Continuity Proof                                                                                 | <input type="checkbox"/> Shop & Establishment Act Certificate <input type="checkbox"/> SSI or MSME Registration Certificate <input type="checkbox"/> Sales Tax or VAT Certificate<br><input type="checkbox"/> Current A/c Statement <input type="checkbox"/> Others (Pls. specify) _____                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Additional Document                                                                                                    | <input type="checkbox"/> PAN Cards <input type="checkbox"/> Authority letter by all partners & Board <input type="checkbox"/> List of Directors & Shareholding Pattern <input type="checkbox"/> PAN Cards <input type="checkbox"/> Board Resolution<br><input type="checkbox"/> Resolution for Trust / Society <input type="checkbox"/> Certificate of Commencement of Business for Ltd.                      |                                                                                                                                                                                                                                                                                                                                                                                              |  |

\*Axis Bank Limited may request for additional documents other than requested above in connection with the Two Wheeler Loan application

#### Details of Charges

- Stamp Duty- At actuals
- Cheque bouncing charges - ₹ 339/-
- Penal Charges - ^Financial Default: 8% p.a. above applicable interest rate on the overdue amount (subject to the aggregate not exceeding 24% per instance)
- Cheque swapping charges- ₹ 500/-
- Loan cancellation / Re-booking charges - ₹ 550/-
- Statement charges - ₹ 250/-
- Duplicate No dues Certificates / NOC - ₹ 50/-
- Foreclosure Charges : - 5% of Principal Outstanding
- Part Payment charges: 5% of the Part Payment Amount
- Duplicate Repayment Schedule Charges - ₹ 250/-
- Documentation Charges - ₹ 750/-
- PDD Collection charges - ₹ 200/-

\*All of the above charges are subject to change as per the Bank's discretion from time to time.

\*Goods and Services tax (GST) will be charged extra as per the applicable rates, on all the charges and fees (wherever GST is applicable)

\*^Financial Default includes all types of payment or financial defaults/irregularities with respect to your Loan Account. There shall be no capitalisation of Penal Charges.

#### Repayment Mode Details

**For SI Cases:** 03 undated EMI cheques & 01 undated cheque for entire loan amount to be provided

**For NACH Cases:** 01 EMI Cheque for 1st EMI banking, 03 undated EMI cheques , 01 undated cheque for entire loan amount & 01 cancelled cheque along with 2 NACH Mandate to be provided.

#### Note:

- 3 Undated Security cheques equivalent to EMI amount. Amount to be filled in words & figures.
- 1 undated cheque with full loan amount "Not exceeding Amount «Sanction Loan Amount» to be written on cheque.
- Cheques to be drawn in favor of Axis Bank Ltd Loan A/c «Customer Name»
- On backside of all cheques customer's Loan account number to be mentioned
- All cheques to be A/c Payee only.

#### Acknowledgment for Receipt of Application Form

Date

To \_\_\_\_\_

Axis Bank will convey its decision (within 2 weeks for credit limit up to ₹ 5 lakh and within 3 weeks for credit limit above ₹ 5 lakh and up to ₹ 25 lakh for Micro & Small enterprises borrowers) and (within 30 working days for other borrowers) from the date of receipt of the application provided the application is complete in all respects and is submitted along with all the documents as per 'check list' provided in the application for loan and/or any additional documents as may be required by the bank for proper appraisal of the application. The computation of timelines

For Status / Inquiry please contact us on

1860419555/1860500555 (Local charges applicable) OR visit [www.axisbank.com/support](http://www.axisbank.com/support)

Serial No.

For Axis Bank Ltd.,  
Authorised Official