

H) KNOW YOUR CUSTOMER (KYC) DETAILS

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

	Document for proof of Identity	Document Identification No.	Issuing Authority	Place of issue
PRIMARY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
JOINT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Document for proof of Address	Document Identification No.	Issuing Authority	Place of issue
PRIMARY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
JOINT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For Salary Accounts (Any one of the following)

- Letter from Employer verifying identity and permanent address OR
- Introduction by a designated Company Official AND KYC documents as above

Signature with Company Seal

For Reward Cards (Please)

4th line embossing required for Agent Company

Agent / Company Code

I) PRIMARY HOLDER'S PERSONAL INFORMATION

Education	<input type="checkbox"/> Non Matric	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Grad./ Post Grad. Gen. (B. Sc., M. Com., etc.)	<input type="checkbox"/> Grad/Post-Grad. Professional (BE,MBA,MBBS etc)
If salaried, employed with	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Pvt. Ltd. Co.	<input type="checkbox"/> Govt. Sector	<input type="checkbox"/> Multinational <input type="checkbox"/> Institution
Name of Company Grade	<input type="checkbox"/> Clerk	<input type="checkbox"/> Officer	<input type="checkbox"/> Junior Mgmt.	<input type="checkbox"/> Middle Mgmt. <input type="checkbox"/> Senior Mgmt.
If Self-Employed Profession	<input type="checkbox"/> CA	<input type="checkbox"/> Engg.	<input type="checkbox"/> Doctor	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership
Monthly Household Income (Rs.)	<input type="checkbox"/> Upto 5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 20,001-50,000	<input type="checkbox"/> 50,001-1,00,000 <input type="checkbox"/> >1,00,000

J) NOMINATION DETAILS (FORM DA1)

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

I / We (name) _____ (Address) _____

nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account, may be returned by AXIS BANK Ltd.

NOMINEE (Only one individual nominee permitted)

Name Address : Same as primary applicant :

If different from primary applicant

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

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

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

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

Signature of witness _____ ** Signature of primary depositor _____

Name _____ Name _____

Address _____ Address _____

Date: _____ Place _____ Signature of Joint holder(s) _____

*Strike out if nominee is not a minor ** Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

DECLARATION

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

Please paste Passport Size colour Photograph here

Signature of Primary Applicant

Joint Applicant

Please paste Passport Size colour Photograph here

Signature of Joint Applicant

Signature of Bank Official in whose presence signed

Date : EMP. No.

DECLARATION BY THE BRANCH

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

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

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

Camp. Code Camp. Reference Number

Special Instructions for CPU

Affix Special Scheme Sticker

For **AXIS BANK Limited**

Branch Head / Authorised Signatory

S. S. Number : _____

For CPU/HUB Use only

Received on _____

Scanned by _____

Verified on _____

Remarks _____