

D) DEBIT CARD DETAILS *

PRIMARY APPLICANT

CARD REQUIRED Y N (Please ✓ one)

Name as desired on Debit Card VISA MASTER GOLD

Mother's Maiden Name Debit Card Nominee's Name (for insurance cover)

Nominee's Relationship with the card holder If Minor, Date of Birth Name of Guardian

JOINT APPLICANT

CARD REQUIRED Y N (Please ✓ one)

Name as desired on Debit Card VISA MASTER GOLD

Mother's Maiden Name Debit Card Nominee's Name (for insurance cover)

Nominee's Relationship with the card holder If Minor, Date of Birth Name of Guardian

E) REMITTANCE DETAILS *

Payment by : DD Cheque TT TC FC Amount Rs. /FC

Currency Type : INR FC (Please specify Foreign Currency) _____ Remitted Through _____

F) CHANNEL FACILITIES *

CHEQUE BOOK Required Y Email statements/alerts Y
MOBILE BANKING Required Y iConnect (Net Banking) Required Y (If Yes, Please ✓ below)
Auto Cheque Replenishment Required Y Inquiry only Inquiry and Fund Transfer

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

Signature of Applicant

G) OTHER DOCUMENT DETAILS (KYC) *

PAN, if available: PRIMARY JOINT

Document for proof of Address Document Identification No. Issuing Authority Place of Issue

PRIMARY

JOINT

For Salary Account (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

H) PRIMARY HOLDER'S PERSONAL INFORMATION

Education Non Matric Undergraduate Grad./ Post Grad. Gen. (B. Sc., M. Com., etc.) Grad/Post Grad. Professional (BE,MBA,MBBS etc)

If salaried, employed with Public Ltd. Pvt. Ltd. Govt. Sector Multinational Institution Others _____

Name of Company Grade Clerk Officer Junior Mgmt. Middle Mgmt. Senior Mgmt. Others _____

If Self-employed, Profession CA Engg. Doctor Proprietorship Partnership Others _____

Monthly Household Income (Rs.) Upto 25,000 25,001-50,000 50,001-1,00,000 >1,00,000

I) NOMINATION DETAILS (FORM DA1)

Nomination Required: Y NPrint Nominee Name: Y N

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 : Please if same as primary applicant

If different from primary applicant _____

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

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

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

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

Signature of witness _____ ** 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.

J) DETAILS FOR MINOR ACCOUNTS (If applicant is minor, please fill and sign minor declaration)

Type of Guardian: Father Mother Court AppointedFull Name of Guardian Mr. Ms. _____

K) PERSON OF INDIAN ORIGIN (PIO) If yes, please and sign the PIO declaration

L) MARINER If yes, please and sign the MARINER declaration

Date: _____
Primary Applicant Name: _____

DECLARATION

I/We have read and understood the Terms and Conditions relating to various services. I/We have specifically requested above, from AXIS BANK Ltd. I/We accept and agree to be bound by the said terms and conditions including those limiting / excluding the Bank's liability. I/We understand that the Bank may at its absolute discretion discontinue any of the services completely or partially with prior notice to me/us. I/We confirm that I/We am/ are the sole account holder(s) or have the required mandate to operate all the respective accounts linked to these services.

I/We authorize the bank to send Correspondence/ Documents/ Statement of Accounts/ Deliverables through courier/postal service at its discretion and such courier/postal service shall be deemed as my agent.

FOR DEBIT CARD: I/We undertake that the usage of the Debit Card will be in accordance with the exchange Control Regulation and in the event of any failure, I/We will be liable for action under the Foreign Exchange Management Act 1999 and the amendments thereof, stipulated by the Reserve Bank of India. I/We accept full responsibility for my/our Debit Card and agree not to make any claims against AXIS BANK, in respect thereto.

FOR iConnect: I/We have read and understood and hereby agree to abide and be bound by the terms and conditions governing iConnect and the various services including but not limited to Funds Transfer Facility(FTF) through iConnect. I/We understand and agree that it is my/our duty to protect and keep the user id and password protected, safe and secured. I/We shall be fully responsible for any of the linked accounts getting debited based on the instruction(s) given through my/our iConnect User Id and Password and I/We also agree that the Bank will not be responsible or held responsible and agree not to make any claim or demand against the Bank in this regard. I/We have no objection to the fees, duties or any other charges which is associated with this service. I/We understand and agree that all my/our linked accounts (including any new accounts that may be opened) will be covered under the Funds Transfer Facility as per rules in force time to time.

FOR JOINT MODE OF OPERATION: In consideration of the Bank providing us with all the above mentioned facilities of banking, at our request, we hereby agree and confirm that notwithstanding what is stated in the account operating mandate given by us for manual operations of the said account, we hereby authorize Shri/Smt _____ one of the joint account holders and/or one of the person who is duly authorized to operate the said account jointly in terms of the earlier mandate to operate the above facilities. The said person shall have full authority to operate the said Bank account solely for iConnect, Mobile Recharge and Bill Payments Facility.

We further confirm that all or any operations of the said banking accounts by the said person in terms of the above shall be binding on us and be deemed to have been carried out in terms of our mandate given for operating the account manually. It is further clarified that the above instructions shall be valid only for the purpose of availing iConnect, Mobile Recharge, Bill Payments facilities and except for the existing mandate i.e. joint operation shall be applicable.

FOR NON-RESIDENT ACCOUNTS: I/We hereby declare that I/We am/are non-resident Indian(s)/ Person(s) of Indian origin. I/We understand that the above account will be opened on the basis of the statements/declarations made by me/us, and I/We also agree that if any of the statements/declarations made herein is found to be non correct in material particulars, you are not bound to pay any Interest on the deposit made by me/us. The account will be put into use for bonafide transactions not involving any violations of the provisions of any Government/Exchange Control Regulation.

I/We agree that no claim will be made by me/us for any Interest on the deposit/s for any period after date/s of maturity of the deposit/s. I/We agree to abide by the provisions of the Foreign Currency (Non Resident) Account Scheme, Non Resident (External) Account Scheme, Non Resident (Ordinary) Account Scheme as the case may be. I/ We hereby undertake to intimate you about my/our return to India for permanent residence, immediately on arrival. I/We agree that the premature withdrawal is permitted at my/our request. The payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by the Reserve Bank of India in this regard. I/We shall not make available to any person resident in India, foreign currency against reimbursement in Rupees or any other manner in India. I/We would confirm that all debits to my/our accounts for the purpose of investment in India and credits representing sale proceeds of investments in India are covered either by general or special permission of the Reserve Bank of India.

I/We undertake to inform AXIS BANK regarding change in my/our residence/employment and provide further information that AXIS BANK may require from time to time.

FOR JOINT ACCOUNTS:

The Bank may, on receipt of a written application from Either or Survivor of us/ Anyone of Survivors of us/ the Former/ the Latter of us, grant a loan/advance against the security of FD to be issued to us or make prepayment or part payment of the proceeds of the said deposit to any one of us.

Signature of
Primary Applicant_____
Signature of
Joint Applicant-1_____
Signature of
Joint Applicant-2_____
Signature of
Joint Applicant-3

DECLARATION :- 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. I/We accept and agree to abide by the same, 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 after giving prior notice. Apart from this, the current Schedule of Charges has been received by me/us and I/We agree with the same.

Primary	Signature of Primary Applicant	Joint Applicant	Signature of Joint Applicant	Signature of Bank Official in whose presence signed
Please paste Passport Size colour Photograph here	Signature of Primary Applicant	Please paste Passport Size colour Photograph here	Signature of Joint Applicant	Date : <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	Signature of Primary Applicant		Signature of Joint Applicant	EMP. No. <input type="text"/>

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 :

For Office Use :

Ledger No. <input type="text"/>	A/c. Label 1 <input type="text"/>
SE Code <input type="text"/>	A/c. Label 2 <input type="text"/>
REP. Code <input type="text"/>	A/c Manager <input type="text"/>
A/c. Report Code <input type="text"/>	Camp. Reference Number <input type="text"/>
Camp. Code <input type="text"/>	

Special Instructions
for CPU

Affix Special
Scheme Sticker

DECLARATION BY THE BRANCH

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

Send the welcome kit to branch (✓ here if welcome kit to be sent to branch)

For **AXIS BANK Limited**

Branch Head / Authorised Signatory
S. S. Number : _____

For CPU/HUB Use only : Received on _____ Received by _____
Scanned on _____ Scanned by _____ Verified on _____ Verified by _____
Remarks _____

LETTER OF AUTHORITY (To be signed, if the customer desires to give letter of authority/mandate to a third party for operating the account)

ACCOUNT No. _____
I/We hereby authorize you to honour all cheques or drafts on the above account, and to accept and act upon receipt for money deposited with or owing by the Bank on any account or accounts at any time or times kept or to be kept in the above account with the Bank provided such cheques or drafts are signed by Mr./Mrs. _____, whose specimen signature is attested by me/us below, notwithstanding that such cheques or drafts may create overdraw or to increase it to any extent. Mr./Mrs. _____ is also authorized on my/our behalf to make, draw, accept, endorse and negotiate or otherwise sign any Hundies, Bills of Exchange and Promissory Notes or other Negotiable Instruments, to operate or overdraw on the above account with your Bank, to receive payments of all money due to me/us, to acknowledge debt or debts due from me/us, or to me/us, as to bind me/us to pledge or hypothecate to the Bank any stocks or other form of securities belonging to me, any one or more of us on my/our behalf to borrow either with or without security to withdraw necessary documents relating to my/our business with your Bank including guarantees, to issue guarantees on my/our behalf with or without security, to apply for and obtain ATM/Debit Card or such other instruments linked to my above account, and operate the above account through ATM or any other delivery channels, I hereby agree to ratify and confirm all and whatsoever this letter of authority holder shall lawfully do or cause to be done in the premises by virtue of this letter of authority, and hold the bank indemnified from all such transactions. This authority shall continue to be in force until I/We revoke it by a notice in writing delivered to you.

Yours faithfully

Signature of Primary Applicant Signature of Joint Applicant-1 Signature of Joint Applicant-2 Signature of Joint Applicant-3

Signature of letter of authority Holder

Counter signature by account holders

Signature of Primary Applicant Signature of Joint Applicant-1 Signature of Joint Applicant-2 Signature of Joint Applicant-3

Place : _____ Date : _____

PERSON OF INDIAN ORIGIN (PIO) DECLARATION (To be signed if the customer is a PIO)

I hereby declare that I am a person of Indian origin and I satisfy one of the following conditions. (Please select from the below mentioned choices as applicable to you)

- I held an Indian passport.
- My father/mother/grandfather/grandmother (name) _____ is/was a citizen of undivided India.
- I am the spouse of an Indian citizen.
- I am the spouse of a PIO.

I am attaching herewith, supporting documents to satisfy the above declaration/ I do not hold any document in support of my declaration. I am providing below details in support of my claim _____

Signature of Primary Applicant Signature of Joint Applicant-1 Signature of Joint Applicant-2 Signature of Joint Applicant-3