



CS	RF		_	l								-
ol ID :						Dat	te of Re	quest:				

The Branch Head Axis Bank Ltd. Branch Sol ID:	Date of Request:												
Please fill the form in BLOCK LETTERS only. Fields marked * (asterisk) are MANDATORY													
1. CUSTOMER DETAILS Existing Customer*	had												
Existing Customer* N If Yes, Customer ID Account Numl	ber												
Title* Account Name													
Please mention number of Joint Holder/Guardian/Karta/Authorized Signatory/LOA/POA													
2. FOR INDIVIDUAL ACCOUNTS	3. FOR NON-INDIVIDUAL ACCOUNTS												
(Domestic & NRI)	(Proprietor, Partnership, Companies, Trusts etc)												
Color Colo	(a) Addition of Authorised Signatory/Partner/Proprietor/Director/POA/LOA/Trusted (b) Change of Signature (c) CIF creation & Debit Card issuance (d) CIF creation for TD issuance (e) Update Re-KYC (Non Individual Sole proprietor) (f) Update Re-KYC and Beneficial Owner (Other Non Individual)												
(g) Add/L	Jpdate Beneficial Owner (Other Non Individual)												
Sr. No Form to be submitted along with Service Request Form	Form Type Request Number												
1 Addition of Joint Holder/Guardian/Karta	NSJ01 2.a or 2.b												
2 Addition of Joint Applicant / LOA / POA / GUARDIAN / KARTA / Authorized Signatory	NRJ02/CDJ02 2.d or 2.e												
3 Change of Signature	SIE01 2.c or 2.f or 3.b												
4 Authorised Signatory/Partner/Proprietor/Director/POA/LOA/Trustee/Beneficiaries/SMO	CAS02 3.a or 3.c or 3.f or 3												
Mode of operation	Mode of operation												
Self Either/Survivor Anyone/Survivor Jointly by all	gle Signatory Any 2 jointly Jointly by all Authorised Signa												
Minor a/c operated by guardian Others Any	vone Partner Anyone one trustee As per board resolution												
4. BENEFICIAL OWNER (BO) DECLA													
4. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, pleas pace given below and complete details to be filled in CASO2 form. /We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling controlling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In A. Listed on (Name of the Stock Exchange) Or Subsidiary of a liste (Name of the Stock Exchange) DR B. The following natural person(s) (as mentioned below) exercise control or ultimately have a co than 25% (in case of Company) or more than 15% (in case of Non-Companies) or 15% or mo through voting rights, agreement, arrangement etc.	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governors, controlling shareholders, person exercising control or histitution as declared below. ed company:												
4. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, please given below and complete details to be filled in CASO2 form. /We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling controlling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In A. Listed on (Name of the Stock Exchange) Or Subsidiary of a liste (Name of the Stock Exchange) DR B. The following natural person(s) (as mentioned below) exercise control or ultimately have a cotthan 25% (in case of Company) or more than 15% (in case of Non-Companies) or 15% or more through voting rights, agreement, arrangement etc. DR C. There are no natural person(s) who exercise control or ultimately have a controlling ownersh (for trust)/senior managing officials (for unincorporated bodies)/directors/senior management (fo	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is g persons, controlling shareholders, person exercising control or hastitution as declared below. ed company:												
4. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, pleas pace given below and complete details to be filled in CASO2 form. //We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling controlling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In A. Listed on	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governors, controlling shareholders, person exercising control or histitution as declared below. ed company:												
4. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, pleas pace given below and complete details to be filled in CASO2 form. /We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling controlling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In A. Listed on (Name of the Stock Exchange) Or Subsidiary of a liste (Name of the Stock Exchange) DR B. The following natural person(s) (as mentioned below) exercise control or ultimately have a controlling ownersh (in case of Company) or more than 15% (in case of Non-Companies) or 15% or more through voting rights, agreement, arrangement etc. DR C. There are no natural person(s) who exercise control or ultimately have a controlling ownersh (for trust)/senior managing officials (for unincorporated bodies)/directors/senior management (for Name of BO/SMO 1 Name of BO/SMO 2	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governors, controlling shareholders, person exercising control or histitution as declared below. ed company:												
4. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, pleas pace given below and complete details to be filled in CASO2 form. We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling ontrolling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In A. Listed on	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governors, controlling shareholders, person exercising control or histitution as declared below. ed company:												
4. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, pleas pace given below and complete details to be filled in CASO2 form. //We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling controlling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governors, controlling shareholders, person exercising control or histitution as declared below. sed company:												
4. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, pleas pace given below and complete details to be filled in CASO2 form. //We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling controlling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governors, controlling shareholders, person exercising control or histitution as declared below. ed company:												
4. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, pleas pace given below and complete details to be filled in CASO2 form. We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling ontrolling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In A. Listed on	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governors, controlling shareholders, person exercising control or histitution as declared below. ed company:												
4. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, pleas pace given below and complete details to be filled in CASO2 form. Whe hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling ontrolling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In A. Listed on	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governors, controlling shareholders, person exercising control or histitution as declared below. ed company:												
4. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, pleas pace given below and complete details to be filled in CASO2 form. We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling controlling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In A. Listed on	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governors, controlling shareholders, person exercising control or histitution as declared below. ed company:												
### A. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, please given below and complete details to be filled in CASO2 form. //We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling controlling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governors, controlling shareholders, person exercising control or histitution as declared below. ed company:												
## A. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, please space given below and complete details to be filled in CASO2 form. */We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling controlling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In A. Listed on	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governors, controlling shareholders, person exercising control or histitution as declared below. ed company:												
4. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, pleas space given below and complete details to be filled in CASO2 form. //We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling controlling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In A. Listed on	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governors, controlling shareholders, person exercising control or histitution as declared below. ed company:												
### A. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, pleas space given below and complete details to be filled in CASO2 form. / We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling controlling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In A. Listed on	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governous, controlling shareholders, person exercising control or histitution as declared below. ed company:												
4. BENEFICIAL OWNER (BO) DECLA Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, pleas space given below and complete details to be filled in CASO2 form. //We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling controlling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/In A. Listed on	ARATION se fill in the names of the Beneficial Owner/Senior Managing Official is governors, controlling shareholders, person exercising control or histitution as declared below. ed company:												

						6. Up	odat	e RE	_KY	'C (N	lon	Indiv	idua	Con	stit	utior	1)													
*CONSTITUTION OF T	HE ENTIT	Υ					_																		_	_			_	
Proprietorship I	Partnership	o L	imited	l Liabilit	ty Part	nershi	р	Cha	arita	ble t	rust	[]	Public	Limit	ted C	Comp	any	F	riva	ate L	imit	ed C	omp	any		Go	verr	men	t	Bank
Societies Self Help Group Trust Section 25 Companie								es [tate	Gove	rnme	nt		entr	al Go	ver	nme	nt		Oi	ne P	ersc	on C	omp	any				
Local Government	Otl	hers (s	nacify	Λ											L															
				/							_				_		_		_	_	_	_	_	_	_	_	_		_	
COMMUNICATION/LO Change in communicati				dated i	n Banl	< reco	rd	☐ Y	es /	□N	O. (If	Yes, plo	ease fill	the det	ails b	elow. N	ew ad	dress v	/ill ge	t upd	ated a	ıt Accı	ount r	numb	er me	ntion	ed on	Servi	e Req	uest For
*Line1			Τİ					T	Т	T		Ť							Ť	Ť			Τ	Τ			Т			
*Line2			$\overline{\Box}$			$\overline{\Box}$	$\overline{}$	$\overline{}$	T			$\overline{}$	$\overline{}$			$\overline{}$		$\overline{}$	$\overline{}$	$\overline{}$	Ť	Ť	Ť	T	T	T	T	П		$\overline{}$
Landmark			+			+	\pm	+	+	_		\pm	+	*Ci	+	+		\Box	\pm	\pm	\pm	\pm	+	+	+	+	+		\pm	+
		1	\perp				\pm	+	+	<u> </u>				CI	ty		1		_	+	\pm	+	+	+	+	 	\vdash		\dashv	+
*Pincode		*Stat	e														*C	ount	ry											
REGISTERED / RESIDE			Г			٦				****																				
Same as Communicatio	n / Local A	Addres	S	Yes	5 <u> </u>	No	(If N	lo, ple	ease	fill t	he d	etails	belo	w. Ad	ldres	ss will	get	upda	ted	at C	usto	mer	· ID)							
*Line1																														
*Line2																								Т						
Landmark														*Cit	ty				T	T	T	T	T	T		Т				
*Pincode		*Stat	p			$\overline{\Box}$	\pm	\pm	T			$\overline{}$	+		+		*C	ount	rv		$^{+}$	Ť	Ť	Ť	T	T	Ħ		$\overline{}$	+
Tilleduc		Jotat													_			- Carre	., _				_	_					_	
BUSINESS DETAILS																														
Date of Incorporation					Date	of Cor	nme	encen	nent	of B	usin	ess							Cou	ntry	of I	ncor	pora	ation	n					
Registration No. /CIN															Pla	ace/C	ity o	f Inco	orpo	rati	on	T	T	Τ						
PAN			Ħ							#(Occi	upatio	on Co	de [Т				To b	e fi	lled	by bi	ranc	h)						
Nature of Business	(Please ti	ick if th	ere is c	change i	n any o	f the fi	eld m	nentic	oned	belo	w)			L																
	Man	ufactu	ring	Ser	rvice P	rovide	er [St	ock	Brok	cer	F	Real E	state		Trac	ling (Reta	ils/\	Who	lesa	ıle)		Trar	nspo	ort				
	Educ	ation		Tru	ıst			N	GO			Пв	Bullio	1		Reg	ulato	orv						Oth	er (s	spec	ifv)			
	_			_																							,			
Annual Turnover (in Rs.)				(I	Please ente umeric vali	r ues only)						Num	ıber o	f Yea	rs in	Busin	ess													
Source of funds:	Busin	ness Inc	come		Don	ation	/Gra	int		F	ron	n Gro	up Co	mpai	ny		Equ	ity Ir	ives	tme	nt			Oth	her (spe	cify)			
								7	7.*K	YC	OF 1	THE	ENTI	ГΥ																
Identity Proof Docum					_	No.							ing A									ssue								
Address Proof Document					_	No.						Issuing Authority Issuing Authority								Place of Issue Place of Issue										
(Applicable for FCRA a		nly)			ID	110.						1330	IIII S /	atrio	ПГУ					iacc	OI IS	suc								
MHA License Issuance	'Renewal I	Date														MHA	Lice	ense	Ехр	iry I	Date			Τ						
MHA Regd. No.						\pm	\pm	\exists			F	victi	ng FC	ΡΔ Δ	/c [Т	\top		Ť	Ť	Ť		Ħ	Ħ		=	
Milliot Regultio.											٠		1510	10, 1, 1	, c				_	_										
/ We (In this context, "I available on the website Managing Committee, a declarations made here the Application form (ar	/we,"my/o www.axi are author under by i d all docui	urs" ar sbank. ized to me/us i ments	nd "me com o o oper is inco referr	only. I/V rate the orrect, f red or p	fers to Ve cor accou alse or rovide	all ho ofirm t unt. I/\ misle d ther	older hat t We h adin ewit	rs of the autherebring in a th) are	he ad utho y ago ny o e tru	ccou rized ree t fits p e, co	int) l d sig to in part errec	nave r nator demr icular t, con	read a ries as nify A rs. I/W nplete	nd ur appr kis Ba le ded and	nder rove ank a clare upto	stood d by r and th e, conf date	the ne/or eir s irma in all	T&C ur Bo ucce and a aspe	and ard ssor gree	und / all rs or e tha and	lerst the assi at all	and part gne the the	that ners es if part enc	any of t any icula	the for the formal of the fore	irm/ he ro and i	all epre epre nfor ny ir	mem esent mat nforr	bers atio ion g natio	of the ns and iven in on.
For Companies: I/ We a that all other KYC docur Note for Re-KYC & BO	nents pert	taining	tothe	compa rship/L	any and . LP/A (d its au OP/So	ithor ciet	rised y/ Tr u	sign: ust/0	atori Club	ies a / Un	s info ivers	rmed i ty/In	to the stitu e ciety	e Bai tion:	nk fro	m tir decla	ne to aratio	tim on sl	e co noul	ntin d be	ue to	be v	/alid by ar	l. n act	tive/	/des	igna	ted p	artne versity
and Institution. For Cor	npanies: T	he dec	larati	on to b	e signe	d by t	he of	fficial			zed t	_						omp	any	Sec	reta	ry/P	erso	on si	gnin	ngth	e Bo	oard		
and Institution.For Cor Disclaimer: Bank will prespect alongwith all re	npanies: T rocess you levant do	he dec ur Serv cumen	larati vice Re ots as	on to be equest per the	e signe within e interr	ed by t 10 w nal gui	he of orkir idelir	fficial ng da nes o	ys (T f the	Turn e Baı	zed t Aro nk a	und T	Γime · e reg	· TAT ulatoi) fro ry re	m the	dat men	omp e of ts. T	any subi AT r	Sec niss nay	reta ion o not	ry/P of Se be a	erso	onsi e Re	gnin eque	ng th est F	e Bo	oard n con	nplet	e in al
and Institution. For Cor Disclaimer: Bank will p respect alongwith all re circumstances which an	npanies: T rocess you levant do	he dec ur Serv cumen	larati vice Re ots as	on to be equest per the	e signe within e interr	ed by t 10 w nal gui	he of orkir idelir	fficial ng da nes o	ys (T f the	Turn e Baı	zed t Aro nk a	und T	Time e reg nsible	TAT ulator) fro ry re dela	m the	dat men	omp e of ts. T	any subi AT r	Sec niss nay	reta ion o not	ry/P of Se be a	erso	onsi e Re	gnin eque	ng th est F	e Bo	oard n con	nplet	e in al
and Institution. For Cor Disclaimer: Bank will p respect alongwith all re circumstances which ar Signature 1	npanies: T rocess you levant do	he dec ur Serv cumen	larati vice Re ots as	on to be equest per the	e signe within e interr	ed by t 10 w nal gui	he of orkir idelir	fficial ng da nes o	ys (T f the	Turn e Baı	zed t Aro nk a	und T	Fime e reg nsible Sigi	TAT ulator for o) fro ry re dela	m the	dat men	omp e of ts. T	any subi AT r	Sec niss nay	reta ion o not	ry/P of Se be a	erso	onsi e Re	gnin eque	ng th est F	e Bo	oard n con	nplet	e in al
in case of Partnership I and Institution. For Cor Disclaimer: Bank will p respect alongwith all re circumstances which ar Signature 1	npanies: T rocess you levant do	he dec ur Serv cumen	larati vice Re ots as	on to be equest per the	e signe within e interr	ed by t 10 w nal gui	he of orkir idelir	fficial ng da nes o	ys (T f the	Turn e Baı	zed t Aro nk a	und T	Fime e reg nsible Sigi Nar	TAT ulator e for c natur me 2	ry re dela e 2	m the	dat men	omp e of ts. T	any subi AT r	Sec niss nay	reta ion o not	ry/P of Se be a	erso	onsi e Re	gnin eque	ng th est F	e Bo	oard n con	nplet	e in al
and Institution. For Cor Disclaimer: Bank will p respect alongwith all re circumstances which ar Signature 1	npanies: T rocess you levant do	he dec ur Serv cumen	larati vice Re ots as	on to be equest per the	e signe within e interr	ed by t 10 w nal gui	he of orkir idelir	fficial ng da nes o	ys (T f the	Turn e Baı	zed t Aro nk a	und T	Fime reg e reg nsible Sigi Nar Sigi	TAT ulator for o	ry re dela e 2	m the	dat men	omp e of ts. T	any subi AT r	Sec niss nay	reta ion o not	ry/P of Se be a	erso	onsi e Re	gnin eque	ng th est F	e Bo	oard n con	nplet	e in al

.....