



For Office Use: Branch Name	РНОТО				
Branch Code: Transfer in VN					
Date: D D M M Y Y	35mm X 35mm				
Customer Onboarding Section					
Name* PREFIX FIRST NAME MIDDLE NAME	LASTNAME				
Existing Customer* N If Yes, Customer ID					
Following fields Are Applicable for new customers or any KYC Modifications Only (for existing customers, address, contact details given below will be updated in all a	ccounts held with the bank)				
Date of Birth*# DDMM YYYY Gender*^ Minor** Married* Nationality INDIAN	counts field with the bally				
# If minor/ senior citizen, please provide proof of DOB **If minor please fill Minor Declaration Section ^ T stands for 'third gender'					
PAN*** or FORM 60 Fathers's Name*					
* Mother's Maiden Name In Case of minor to be mentioned	account, guardian's father name				
Address Details For all payroll accounts of defence personal, the communication address should be only of the Unit. Civilian address should not be	e mentioned				
Communication Address*					
Landmark* City*					
Pin code* State* Country*					
Ressidence Type* Owned Rented/ Leased Ancestral/Parental Company Provided					
Mobile No Email Address E.G. RKADAM@GMAIL.COM					
Please ensure to furnish correct email ID. You will be sent monthly account statements	ents at the email ID mentioned above				
Tel. No. (R) Tel. No. (O)					
Permanent Address* Same as communication address Please note the address below					
Landmark* City*					
Pin code* Country*					
Ressidence Type* Owned Rented/ Leased Ancestral/Parental Company Provided Preferred Language of of Commun	ication*				
Customer Information					
Occupation Code*# (to be filled by Branch)					
Annual Income (₹) (Only Absolute and Numeric value to be entered)					
Know Your Customer*					
Account opening through e-KYC(Aadhaar) Transaction ID					
If No, please provide KYC documents (Attach photocopies of the following documents and produce the original copies of these documents for verification of the provided HTML representation of the provided HTML re	· .				
Address Proof Document Type ID No. Issuing Authority Place of Iss	sue				
Initial Payment Details					
Min contribution Rs 1.5 Lakhs, should be multiple of 100 Initial amount ` (in words)					
A/C No. A/C No. Debit my/our existing A/C Cheque i) Transfer from Own Axis Bank Account					
ii) Transfer from Own Axis Bank Account					
Cheque No. Date D D M M Y Y Y Y					
Drawn onBankBranch Signatur	reApplicant Signature				

Frequence	y (Tick one): Monthly	Quarterly Half-Yearl	y Yearly		11.5				
Start Date DDMMMYYYYY End Date DDMMMYYYYY Start date should be post account opening date.									
Amount ₹ (in words)									
	prward: Y N		firm number of times	S: Numb	er of Time	es should be between 0 to	9		
_	es the number of re-attempts made by Axi o be debited:	is Bank in case of failure of SI transac		ovide Axis Bank Savings A	A/C number	Signature			
		Nomination (Forn	n E) *Nomination fa	cility is not applicable to	minor				
I have ui	nderstood the benefit of nomin		to nominate mentioned below to		ot wish no on of all of		of my death,		
the amou	nt standing to my credit in the Publi	ic Provident Account No			at the tim	ne of my death would be p	payable.		
Sr. No.	Names(s) of the Nominee(s)	Relationship	Full Add	Full Address (es) Date of birth (DD/MM/YYYY) of Nominee in case of Minor		Proportior for each			
As the no	minees(s) specified above is/are mir	nor. Lappoint the following as g	uardian(s)·						
Sr. No.	Name of the Minor Nominee	Name of the Gua		Guardian Relatio	nship	Cuardian	Full Address		
31.110.	Name of the Millor Normhee	Name of the Gua	ruiaii	with Minor		Guardian	ruii Address		
	he sum due under the said account								
Signature	of witness	Name and address:			-				
Signature of witness Name and address: Signature or thumb impression of subscriber/guardia				ian					
Date D		ase of thumb impression, nomination ereby decline to presently nominate	any individual and I und	derstand & acknowledge				given b	y me
FATCA-0	CRS Declaration Please tick the appl	licable tax resident declaration (Any	Additional Declar one)*	rations					
	a tax resident of India and not resi	•					:		
Please indicate the country/ies in which the entity is a resident for tax purpose and the associated Tax ID Number below: City of Birth* Country of Birth* Address Typo for Tax Purpose* Residential Business Registered Office					ice				
Coun	try# Tax Identification Number%	ldentification Ty (Tin or Other, please s		ommunication Addre		ess For Tax Purpose* manant Address Pleas	e note the a	ddress	bellow
						Landmark			
			Pin	State		Country			
	include USA, where the individua CRS Certification: I have understo	-							
FATCA- CRS Certification: I have understood the information requirements of this Form (read along with the FATCA/CRS Instruction and Terms & Condition) and hereby confirm that the information provided by me?us on this Form is true, correct, and complete and hereby accept the same.									
F 6	dlangton to be filed by on to divide		Form 60						
	declaration to be filed by an individ o any transaction specified in rule 1		mpany or firm) who	does not nave a pern	nanent acc	count number and who			
If applied for PAN and it is not yet generated enter date of application DDMMYYYYY and acknowledgement number									
If PAN not applied, fill estimate total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held Verification									
			do hereby declare t	hat what is true to t					
	ave a Permanant account Numbe d in accordance with the provisio		_						
_	chargeble to tax. Verified today, theday of20								
Jul	, Flace					Sibilatai C			

Customer P	Profile (Mandatory)*					
Constitution code: (To be filled by branch)						
Status* Blind Physically Challenged Pardanashin Normal	Is the account opened face to face* Y/N					
Occupation Salaried Self Employed Unemplo	pyed Retired Housewife Student Politician					
If occupation is Salaried:	If Occupation is Self Employed:					
Pvt Ltd Public Ltd Proprietorship	a) Nature of Business					
Partnership firm Public Sector Government	☐ Information Technology ☐ Professional Service Provider ☐ Agriculture					
Multinational Trust/Association/Society/Club	Bullion / Gold Jewellery Stock Broker Real Estate Trader Money Lender					
	*b) No. of Years in Business					
Business/Self Employed* Y N If Yes, Line of Activity						
Annual Business Turnover (₹ lakhs)* <1 >1-5 >5-10 >1	0-15 >15-25 >25-50 >50-100 >100					
Monthly Income (₹)*	Net worth (₹ lakhs)*					
	griculture Investment Income Others (Please specify)					
Education* Below SSC SSC SSC Graduate Masters P	rofessional (CA, CS, CMA, Others)					
	o minor PPF Account					
Type of Guardian: Father Mother Court Appointed Testamentary	y Guardian					
Full Name of Guardian Mr. Ms						
I hereby declare that the date of birth of the minor who is myis/orderd, dated/(copy enclosed).	/and I am his/her Undertake I will opened the account as stated above, for the					
All operation in the said account will be binding on me as the guardian of the above benefit of my minor son/daughter.	e-named minor. I agree and undertake that I will operate the account as stated above, for the					
,	Signatureeclaration					
treated as in contravention to the Scheme. iii. I further declare that I and the minor both are Resident citizen of India and undertake	of the myself/minor in any of the Post office/Bank in the country. ened in my name and in the name of minors and any deposit in excess of the ceiling will be to inform the Bank of any change in our residency/citizenship status in future. otion rules-2018 applicable on the Scheme and amendments issued thereto from time to time.					
Signature or thumb impression of subscriber/guardian Applicable only for PPF Transfer - from Post office / Bank to Axis Bank						
, , , , , , , , , , , , , , , , , , , ,	of the myself/minor in any of the Post office/Bank in the country. ened in my name and in the name of minors and any deposit in excess of the ceiling will be					
treated as in contravention to the Scheme. iii. I hereby undertake to abide by the scheme provisions and Government Savings Promotion rules-2018 applicable on the Scheme and amendments issued thereto from time to time. *Interest is calculated on the lowest balance between the close of the fifth day and the last day of every month Signature or thumb impression of subscriber/guardian						
*Interest is calculated on the lowest balance between the close of the fifth day and the la	st day of every month					
	Signature or thumb impression of subscriber/guardian					
For O	ffice Use Only					
A/C Report						
Code	Signature					
	D Convertor Code Signature					
Ledger No. A/C Manager/CSTM	For Axis Bank Limited					
Camp. Camp. Reference Num	nber Branch Head / Authorized Signatory					
Declaration by the branch						
I hereby certify that account opening form is complete in all respects and relevant of	Name of Official:					
·	documents have been obtained. ned due diligence to verify Name of Official: Designation: S. S. Number:					

	Acknowledgem	ent (to be filled by Bran	ich)	
	Application	form acknowledgement		
I have recived Application no	from			
for opening a PPf account with Axis Bank Branch				
Name of Bank Official				
Mobile no				
				Signature
	Nominatio	n acknowledgement		
I. We acknowledge receipt of nomination made by y	ou in favour of:			
Name of nominee			Age:	year with respect to your application
No				
II. No nominee for the account since nomination fac	cility not availed by the accou	nt holder.		
			Signature	of Bank Official

According to RBI's nomination guidelines, it is necessary to register a nominee on accounts opened under a single name. Appointing a nominee is beneficial for the following reasons:

- 1. If the account holder dies, the bank will easily pass on the account to the nominee $\,$
- 2. Hassale-free formalities for the nominee while claiming benefits