

6. Update RE_KYC (Non Individual Constitution)

***CONSTITUTION OF THE ENTITY**

- Proprietorship Partnership Limited Liability Partnership Charitable trust Public Limited Company Private Limited Company Government Bank
 Societies Self Help Group Trust Section25 Companies State Government Central Government One Person Company
 Local Government Others (specify) _____

COMMUNICATION/LOCAL ADDRESS

Change in communication/local address as updated in Bank record Yes / No. (If Yes, please fill the details below. New address will get updated at customer Id mentioned on Service Request Form)

*Line1 _____
 *Line2 _____
 Landmark _____ *City _____
 *Pincode _____ *State _____ *Country _____

REGISTERED / RESIDENCE ADDRESS

Same as Communication / Local Address Yes No (If No, please fill the details below. Address will get updated at Customer ID)

*Line1 _____
 *Line2 _____
 Landmark _____ *City _____
 *Pincode _____ *State _____ *Country _____

***BUSINESS DETAILS**

Date of Incorporation _____ Date of Commencement of Business _____ Country of Incorporation _____
 Registration No./CIN _____ Place/City of Incorporation _____
 PAN _____ #Occupation Code _____ (To be filled by branch)
Nature of Business (Please tick if there is change in any of the field mentioned below)
 Manufacturing Service Provider Stock Broker Real Estate Trading (Retails/Wholesale) Transport
 Education Trust NGO Bullion Regulatory Other (specify) _____
 Annual Turnover (in Rs.) _____ (Please enter numeric values only) Number of Years in Business _____
Source of funds: Business Income Donation/Grant From Group Company Equity Investment Other (specify) _____

7. *KYC OF THE ENTITY

Identity Proof Document Type	ID No.	Issuing Authority	Place of Issue
Address Proof Document Type	ID No.	Issuing Authority	Place of Issue
Legal Proof Document Type	ID No.	Issuing Authority	Place of Issue

(Applicable for FCRA accounts only)

MHA License Issuance/Renewal Date _____ MHA License Expiry Date _____
 MHA Regd. No. _____ Existing FCRA A/c _____

8. TERMS & CONDITIONS (To be signed by the existing signatory/ies with Rubber Stamp, as applicable)

I/We (In this context, "I/we,"my/ours" and "me/us" refers to all holders of the account) have read and understood the T&C and understand that any changes to the T&C will be available on the website www.axisbank.com only. I/We confirm that the authorized signatories as approved by me/our Board/ all the partners of the firm/ all members of the Managing Committee, are authorized to operate the account. I/We hereby agree to indemnify Axis Bank and their successors or assignees if any of the representations and declarations made here under by me/us is incorrect, false or misleading in any of its particulars. I/We declare, confirm and agree that all the particulars and information given in the Application form (and all documents referred or provided therewith) are true, correct, complete and upto date in all aspects and I/We have not withheld any information.

For Companies: I/We are enclosing herewith relevant self-certified extracts of MCA website pertaining to our company. We confirm that the same is up-to-date. We confirm that all other KYC documents pertaining to the company and its authorised signatories as informed to the Bank from time to time continue to be valid.

CKYC Declaration: 1) 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. 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. 2) My/ Our personal/KYC details may be shared with Central KYC Registry 3) I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address"

Note for Re-KYC & BO updation: For Partnership/LLP/AOP/Society/Trust/Club/University/Institution: The declaration should be signed by an active/designated partner in case of Partnership Firm/LLP, a trustee in case of Trust, a senior member in case of AOP, Society, Club and member of the Managing Committee in case of University and Institution. **For Companies:** The declaration to be signed by the official authorized to sign the Board Resolution/Company Secretary/ Person signing the Board Resolution.

Disclaimer: Bank will process your Service Request within 10 working days (Turn Around Time - TAT) from the date of submission of Service Request Form complete in all respect alongwith all relevant documents as per the internal guidelines of the Bank and the regulatory requirements. TAT may not be applicable under certain unforeseen circumstances which are beyond the control of the Bank. The Bank shall not be held responsible for delay due to such circumstances.

Signature 1 _____ Signature 2 _____
 Name 1 _____ Name 2 _____
 Signature 3 _____ Signature 4 _____
 Name 3 _____ Name 4 _____

*Place of verification _____ *KYC verification date _____ *KYC date of Declaration _____

Applicable for Request type 3.e and 3.f

CSR/25.07.2023



CASO2

Personal Details (Authorised Signatory/Partner/Proprietor/Director/POA/LOA/Trustee/Beneficiaries/Senior Management/Guarantor)

*Role Type (Tick any one) Authorized Signatory POA LOA CIB Role (Tick any one if CIB Role Required) { Initia or Viewer Approver Initia or & Approver

*Relation erson Type: (Tick any one) Proprietor Director Promoter Trustee Partner Guarantor None of these

Beneficial Owner (BO) If yes, provide % Share OR Senior Management

BO is the person holding more than 10% share capital in the company or 10% & above in Trust or more than 15% in Partnership/LLP/Association/BOI/Society. BO details need not be provided if the entity is a 'Listed Company' or a 'Majorly owned subsidiary of a listed company' in India or jurisdiction notified by Central Govt.

Existing CI ID Y N If Yes, CIF ID Existing CK C

*Name PREFIX FIRST MIDDLE LAST

Maiden name (if any) PREFIX FIRST MIDDLE LAST

*Mother's Name PREFIX FIRST MIDDLE LAST

*Father's Name/Spouce Name PREFIX FIRST MIDDLE LAST

*DOB/DOI (DOI is for HUF only) *Gender Male Female Third Gender *Nationalit

*Place/City of Birth *Country of Birth

*PAN OR FORM 60 & PAN Acknowledgment No.

PAN Acknowledgment Date (Mandatory if PAN Acknowledgment No. is provided) *Marital Status: Married Unmarried Others

*Designatio #Occupation ode #To be filled by branch

*Resident Status Resident Indian(01) NRI(02) HUF(03) OCI(17) PIO(18) Foreign National - on PIO(19)

*Occupation Type Tick any one { S-Service^ [Private Sector Public Sector Government Sector] ^Occupation sub- ype to be selected for S-Service & O-Others O-Others^ [Professional Self Employed Reti ed Housewife Student] B-Business X-Not Categorized

*Mobile No *Email Id

ADDRESS (The address mention d below will be updated as Communication & ermanent address. Same will be applicable for existing savings and cur ent account also. The address can be changed post account opening if the customer wish to do so.)

*Line1

*Line2

Landmark

*City *State

*Country *Pincode

KYC OF THE INDIVIDUAL

Table with 6 columns: Identity Proof Document Type, ID No., Issuing Authority, Place of Issue, Date of Issue, Date of Expiry. Includes rows for Address Proof Document Type.

DEBIT CARD Y N If yes, Business Supreme Business Platinu Business Classic

*Desired Individual Name on the Card Entit Name to be printed on Card Y N (First 14 characters of the name will be printed on the card)

FATCA-CRS Declarati n

*Address Type for Tax Purpose Same as above As given below *Controlling Person Type Code (refer description on pa e 8)

*Line1

*Line2

Landmark *City *Pincode

*State *Country

*Please tick the applicable tax esident declaration: (Any one) 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 able below

Table with 3 columns: Country*, Tax Identifi cation umber*, Iden fication Type (TIN or Other*, please specify)

#To also include USA, where the individual is a citi en/green card holder of USA %In case Tax Identifi cation o. is not available, kindly provide functional eq ivalent

Signature of Authorised Signatory

Photo 35mm X 35mm Sign across the Photo

Name of Authorised Signatory



CASO2

Personal Details (Authorised Signatory/Partner/Proprietor/Director/POA/LOA/Trustee/Beneficiaries/Senior Management/Guarantor)

*Role Type (Tick any one) Authorized Signatory POA LOA CIB Role (Tick any one if CIB Role Required) { Initia or Viewer Approver Initia or & Approver

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Landmark

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*Country *Pincode

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Signature of Authorised Signatory

Photo 35mm X 35mm

Name of Authorised Signatory

Sign across the Photo

V 5.0/A4 sized Authorised Signatory Form/29-5-2023