

Name and Signature of Branch official:\_



| The Branch Head<br>Axis Bank Ltd.  | Branch   | Sol ID :   | :   |   | Da  | te of Request:   |  |  |  |                         |
|--|--|--|---|---|---|--|--|--|--|-------------------------|
| Please fill the form in BLOCK  | LETTERS only. Fields marked * (asterisk) are MA  |  |   |   |   |  |  |  |  |                         |
|  |  | 1. CUSTOM  | IER DETAILS   |   |   |  |  |  | _  |                         |
| Existing Customer*   N   | If Yes, Customer ID  |  | Account Numb  | er  |   |  |  |  |  |                         |
| Title* Accour  | nt Name  |  |   |   |   |  |  |  | $\top$                                     | $\top$                  |
|  |  |  |   |   |   |  |  | +++  | $\pm$                                      | +                       |
|  |  |  |   |   |   |  |  |  |  |                         |
| Please mention number of Jo  | oint Holder/Guardian/Karta/Authorized Signatory  | y/LOA/POA  | CKY   | Cnumber   |   |  |  |  |  |                         |
| 2. FC  | OR INDIVIDUAL ACCOUNTS (Domestic & NRI)  |  |   | 3.<br>(Propi  | . FOR NON-II<br>rietor, Partne  | NDIVIDUAL AC<br>ership, Compani  | COUNT<br>es, Trus                                  | S<br>ts etc)   |  |                         |
| Domestic Customer  NRI Customer  | (a) Individual CIF Creation (b) Addition of Joint Holder/Guardian/k (c) Change of Signature  (d) NRI CIF Creation (e) Addition of NRI Joint Holder   | Karta  | (b) Change<br>(c) CIF cre<br>(d) CIF cre<br>(e) Update<br>(as app   | e of Signar<br>ation & De<br>eation for T<br>e RE-KYC,<br>licable for               | ture<br>ebit Card issua<br>TD issuance<br>Deaf/Dorman<br>Non-Individua  | t account activat  | ion and E  | Benefici   | al Own                                     | er                      |
|  | (f) Change of Signature  |  |   |   |   | Other Non Indiv  |  | n-inaivi   | auais)                                     |                         |
| Deaf/Dormant Account   | Activation (Non Individual) *Reason for not operating the  | he Account   |   |   |   |  |  |  |  |                         |
|  |  |  |   |   | Form To   | ino  | Dan  | ulost N  | unala                                      |                         |
|  | mitted along with Service Request Form   |  |   | A 10.15 = 1   | Form Ty   | •  |  | uest N   | lumber                                     |                         |
| <ol> <li>Field &amp; Contact \</li> <li>Addition of Joint</li> </ol>   | Verification Form Holder/Guardian/Karta  |  |   | NSJ01   |   | solidated Annexur  |  | or 2.b   |  |                         |
|  | Applicant / LOA / POA / GUARDIAN / KARTA   | / Authorized   | d Signatory   |   | 2/CDJ02   |  |  | or 2.e   |  |                         |
| 4 Change of Signat   |  | ., , , , , , , , , , , , , , , , , , ,   |   | SIE01   | 700302  |  |  | or 2.f or  | 3.b  |                         |
|  | atory/Partner/Proprietor/Director/POA/LOA/   | /Trustee/Ben   | eficiaries/SMO  | CAS02   | )   |  |  |  | r 3.f or 3                                 | <br>3.g                 |
| 9  |  |  | operation   | 07.002  |   |  |  |  |  |                         |
| Self Either/Su   | urvivor Anyone/Survivor Jointly y guardian Anyone one trustee As per   | by all   | Single Signatory  | у ПА  | any 2 jointly   | Jointly by a   | ıll [  | Anyo   | one Pari                                   | tne                     |
|  | 4 RENEEL   | CIAL OWNE  | ER (BO) DECLA   | PATION  |   |  |  |  |  |                         |
| Where the customer or the Central Government and list of any shareholder or benedor.  B. The following naturation than 10% (in case of controlling through vocal C. There are no naturation (for trust)/senior man | (Name of the Stock Exchange) e owner of the controlling interest is (i) an entited on stock exchanges in such jurisdictions, official owner of such entities.  ral person(s) (as mentioned below) exercise core Company) or more than 15% (LLP, AOP/Socyoting rights, agreement, arrangement etc.  ral person(s) who exercise control or ultimately laging officials (for unincorporated bodies) /directions with the control of the contr | ty listed on a or (iii) it is a sintrol or ultimaticity,Club, U y have a contoctors/senior r | stock exchange ubsidiary of such ately have a cont niversity,) or 10 crolling ownershimanagement (for 5MO 2 | in India, or<br>I listed ent<br>rolling own<br>% or more<br>p interest,<br>company) | r (ii) it is an ent<br>ities; it is not r<br>nership interes<br>e (in case of Tr<br>, therefore det<br>who are natura | ity resident in jur<br>necessary to iden<br>st i.e. having own<br>rust) of shares/ca<br>tails of all partner<br>al person(s) are sta | isdiction<br>tify and v<br>ership/er<br>apital/pro | s notified<br>verify the<br>ntitlement<br>ofits/preservers | ed by th<br>ne ident<br>ent of m<br>operty | ne<br>tity<br>ore<br>or |
|  |  |  |   |   |   |  | -  |  |  |                         |
| Name of BO/SMO 5<br>OR_  | %N   | Name of BO/S   | SMO 6   |   |   | %  | -  |  |  |                         |
| D. No Change (Note fo  | or branch: Ensure Beneficial owner details are up  |  | cle)  |   |   |  |  |  |  |                         |
| 1) I haraby cartify that this  | ح<br>service request form is complete in all respect   |  |   | re heen   |   |  |  |  |  |                         |
| obtained as per the KYC gu<br>customer.  | idelines of the Bank and performed due delige<br>natch, I certify that the customer has personally   | ence to verify   | the genuinenes  | s of the  | _   |  |  |  |  | _                       |
| Kindly process the request.<br>3)We have made best effor   | ts to identify the beneficial owner(s) of the sai  | id entity. The   | , ,   |   | Name of Off   | icial:   |  |  |  |                         |
|  | ormation, wherever available, in public domain.<br>cked if the Current Account/s is linked to a  |  | n In case the Ci  | ırrent  | Designation   | :  |  |  |  | _                       |
|  | for grouping post removal of Key Manage  |  |   |   | SS Number   | :  |  |  |  |                         |
|  | SA grouping process, steps for delinking C   |  |   |   | J.J. INGILIDEL  | •  |  |  |  | _                       |
| or out will be littlated.  |  |  | ount/s from the   | railily/  | Date:   |  |  |  |  |                         |
|  |  |  |   |   | Date:   |  |  |  |  |                         |
|  |  |  |   |   |   |  |  |  |  |                         |
| Account Number:  |  |  |   |   |   | ame:   |  |  |  |                         |

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| Proprietorship   Percentralip   Limited Lability Partnership   Chartable irus   Public Limited Company   Pricate Limited Company   Government   Societies   Script Government   Central Government   C |  |  |
|--|--|--|
| Country   Country  | p Charitable trust Public Limited Company Private Limited Company Governme   | ent Ba   |
| OMMUNICATION LOCAL ADDRESS  Interest in communication focal address as updated in Bank record   Yes f   No. If Yes pice if the each select whom where will get potents a cultaror in recisione in Service in Service in Interest   Yes   No. If Yes pice if the each select whom where will get potents a cultaror in recisione in Service in Service in Interest   Yes   No. If Yes pice if the each select whom which are selected in Interest   Yes   No. If Yes pice if the each selected in Interest   Yes   Yes   No. If Yes pice if the each selected in Interest   Yes   Yes   No. If Yes pice if the each selected in Interest   Yes   Yes   No. If Yes pice if the each selected in Interest   Yes pice if Yes pice  | 5 Companies State Government Central Government One Person Compan  | У  |
| hange in communication/focal address as updated in Bank record [Yest] No. If Yar, phose till modes house. Now advenced part updated or inclusion to include a minimum to investigate and mark.    Incol.   |  |  |
| Line 2 Line 2 Line 2 Line 2 Line 2 Line 3 Line 4 Line 2 Line 3 Line 4 Line 4 Line 4 Line 5 Line 5 Line 6 Line 5 Line 6 Li |  |  |
| And Sussess DETAILS  Su | rd Yes / No. (If Yes, please fill the details below. New address will get updated at customer Id mentioned on Service  | e Request F  |
| andmark   State   Country  |  |  |
| Princede  State   Stat |  | $\Box$   |
| GISTERED/RESIDENCE ADDRESS  me as Communication / Local Address  | *City  |  |
| GISTERED / RESIDENCE ADDRESS  ame as Communication / Local Address   | *Country   | $\overline{\Box}$  |
| Ine 1  Ine 2  Ine 3  Ine 4  Ine 4  Ine 4  Ine 5  Ine 5  Ine 6  Ine 6  Ine 6  Ine 7  Ine 7  Ine 7  Ine 7  Ine 7  Ine 8  Ine 8  Ine 8  Ine 9  Ine 8  Ine 9  In |  |  |
| Line 2  andmark   "Country   "Cou | ) (If No. please fill the details below. Address will get updated at Customer ID)  |  |
| And survey of Incorporation   Date of Commencement of Business   Country of Incorporation   Date of Commencement of Business   Country of Incorporation   Date of Commencement of Business   Place Active of Incorporation   Place Active of Incorporation   Place Active of Incorporation   Date of Commencement of Business   Place Active of Incorporation   Place Active of Incorporation   Date of Commencement of Business   Place Active of Incorporation   Date of Commencement of Business   Place Active   Date of Incorporation   Date of Commencement of Business   Place Active   Date of Incorporation   Date of Commencement of Business   Place Active   Date of Incorporation   Date of Commencement of Business   Date of Incorporation   Date of I |  |  |
| And a state of Business   Country   City   Country      Pincode   State   Country   Country  |  |  |
| BUSINESS DETAILS  Date of Incorporation   Date of Commencement of Business   Country of Incorporation    Place/City of Incorporation   Place/City of Incorporation    Place/City of Incorporation   Place/City of Incorporation    Place/City of Incorporation   Place/City of Incorporation    Place/City of Incorpor |  |  |
| BUSINESS DETAILS  Date of Incorporation    Date of Commencement of Business   Country of Incorporation   | *City  |  |
| Date of Commencement of Business   Country of Incorporation  | *Country   |  |
| Date of Commencement of Business   Country of Incorporation   Country of Incorporation   Cepistration No./CIN   Place/City of Incorporation   Place/City of Incorporation   Cepistration No./CIN   Cepist |  |  |
| registration No./CIN   Place/City of Incorporation   Place/City of |  |  |
| ### ACcupation Code  | nmencement of Business Country of Incorporation  |  |
| Address Proof Document Type   ID No.   Issuing Authority   Place of Issue  | Place/City of Incorporation  |  |
| Manufacturing   Service Provider   Stock Broker   Real Estate   Trading (Retails/Wholesale)   Transport  | #Occupation Code (To be filled by branch)  |  |
| Manufacturing   Service Provider   Stock Broker   Real Estate   Trading (Retails/Wholesale)   Transport  | iald montioned helan)  |  |
| unual Turnover (in Rs.)    Continued   Con |  |  |
| Annual Turnover (in Rs.)    In the content of the c | er Stock Broker Real Estate Trading (Retails/Wholesale) Transport  |  |
| is uniformer (in Ks.) Business Income Donation/Grant From Group Company Equity Investment Other (specify)    Control of Huds:   Donation   Dona | NGO Bullion Regulatory Other (specify)   |  |
| Identity Proof Document Type   |  |  |
| Identity Proof Document Type  ID No.  Issuing Authority  Place of Issue  Address Proof Document Type  ID No.  Issuing Authority  Place of Issue  Applicable for FCRA accounts only)  MHA License Issuance/Renewal Dote  MHA Regd. No.  S. TERM'S & CONDITIONS (To be signed by the existing signatory/teswith Rubber Stamp, as applicable)  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&V vailable 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 memb danaging Committee, are authorized to operate the account. I/We hereby agree to indemnify Axis Bank and their successors or assignees if any of the representa eclarations made here under by me/us is incorrect, false or misleading in any of its particulars. I/We declare, confirm and all documents referred or provided therewith) are true, correct, complete and upto date in all aspects and I/We have not withheld any inform or 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. What 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.  KYC 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 inforn y 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 cell falble 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 rough SMS/Email on the above registered number/email address."  Iota for Re-KYC & BO updation: For Partnership/LLP/AOP/Society/Trust/Club/University/Institution: The declaratio |  |  |
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| lame 3 Name 4  | Existing FCRA A/c  e signed by the existing signatory/ies with Rubber Stamp, as applicable)  olders of the account) have read and understood the T&C and understand that any changes to the that the authorized signatories as approved by me/our Board/ all the partners of the firm/ all mer. We hereby agree to indemnify Axis Bank and their successors or assignees if any of the represent ading in any of its particulars. I/We declare, confirm and agree that all the particulars and informative with) are true, correct, complete and upto date in all aspects and I/We have not withheld any informative extracts of MCA website pertaining to our company. We confirm that the same is up-to-date upthorised signatories as informed to the Bank from time to time continue to be valid. The date of submission of Service Request Form control of the Bank and the regulatory requirements. TAT may not be applicable under certain thank shall not be held responsible for delay due to such circumstances.  Signature 2  Name 2  | mbers of<br>ntations a<br>ation give<br>rmation.<br>e. We conf<br>aform you<br>/we may<br>YC Regis<br>ated part<br>of Univer:<br>d Resolut<br>pmplete in<br>n unfores  |



| *Role Type (Tick any one)   |        | Aut    |        |            |        |          | Ť    |       |           |       |       |          |       |           |             | Tick (   |        | one if                    |       | { □      |           | itia ( |       | _          |       |       |       | Арр    | Ť         |             |        |            |         |         | Арі      | prov   | ver   |              |        |                   |
|---|--------|--------|--------|------------|--------|----------|------|-------|-----------|-------|-------|----------|-------|-----------|-------------|----------|--------|---------------------------|-------|----------|-----------|--------|-------|------------|-------|-------|-------|--------|-----------|-------------|--------|------------|---------|---------|----------|--------|-------|--------------|--------|-------------------|
| *Relation erson Type: (7  | Tick a | any o  | ne)    |            | Pro    | prie     | tor  |       | Dire      | ctor  |       | Pro      | mot   | er        | _           |          |        | Paı                       |       | _        | G         | uara   | anto  | r [        | \     | lone  | e of  | thes   | e         |             |        |            |         |         |          |        |       |              |        |                   |
| Beneficial Owner (BO  | ) If   | yes,   | prov   | ride       | %      | Sha      | ire  | OR    |           |       | Seni  | or M     | 1ana  | agen      | nent        |          | 1      | O is th<br>5% in<br>ompai | Parti | nersh    | ip/Ll     | LP/As  | ssoci | ation      | /BO   | I/Soc | iety. | BO d   | letai     | ls ne       | ed no  | ot be      | pro     | vide    | d if t   | he e   | ntity | is a '       | Liste: | d                 |
| Existing CI ID  | If Ye  | es, C  | IF IC  | ) [        | T      | T        |      |       |           |       |       |          |       |           |             |          |        |                           |       | Exist    | ing       | СК     | С     |            |       |       |       |        |           |             |        |            | T       | Ī       | $\equiv$ |        |       |              |        |                   |
| *Name   | Р      | RE     | FLX    |            |        | F        | ı    | R     | S         | Т     |       |          |       |           |             |          |        |                           |       |          | М         | 1      | D     | D          | L     | Е     |       |        |           |             |        | Τ          | T       | T       | L        | А      | S     | Т            |        |                   |
| Maiden name (if any)  | Р      | RE     | FL)    |            |        | F        | 1    | R     | S         | Т     |       |          |       |           |             |          |        |                           |       |          | М         | 1      | D     | D          | L     | Е     |       |        | ]         | Г           | T      | T          | Ť       | Ť       |          | А      | S     | Т            |        |                   |
| *Mother's Name  | Р      | RE     | F1)    |            |        | F        | ı    | R     | S         | Т     |       |          |       |           |             |          |        |                           |       |          | М         | 1      | D     | D          | L     | Е     |       |        | ]         | Ē           | T      | Ť          | Ť       | Ť       | L        | А      | S     | Т            |        |                   |
| *Father's Name/Spouce Name  | Р      | RE     | FT)    |            |        | F        | ı    | R     | S         | Т     |       |          |       |           |             |          |        |                           |       |          | М         | 1      | D     | D          | L     | Е     |       |        |           |             |        | T          | T       | T       | L        | А      | S     | Т            |        |                   |
| *DOB/DOI<br>(DOI is for HUF only)   |        |        |        |            |        |          |      |       | *G        | ende  | er    |          | Ma    | le        |             | Fer      | nale   | • [                       |       | Thi      | rd G      | end    | er    | *N         | latic | nal   | it    |        |           |             |        |            | Ι       | $\prod$ |          |        |       |              |        |                   |
| *Place/City of Birth  |        |        |        |            |        |          |      |       |           |       |       |          |       | П         |             |          |        |                           | *C    | ount     | ry c      | of Bir | rth   |            |       |       |       |        |           |             |        | Τ          |         | Т       | Т        | П      |       |              |        |                   |
| *PAN  |        |        |        |            |        |          |      |       |           |       | С     | )R       | Г     | FC        | RM          | 60       | & F    | PAN                       | 4ckı  | now      | ledg      | gmer   | nt N  | lo.        |       |       | T     |        | T         | T           | T      | Ť          | Ť       | Ť       | T        | T      |       | П            |        | ī                 |
| PAN Acknowledgment Date   |        |        |        |            |        |          |      |       | (M        | anda  | itory | ∕ if P   | AN.   | _<br>Ackr | nowl        | edgn     | nent   | No.                       | is pı | rovid    | ed)       |        | *1    | ∕lari      | tal S | tatı  | ıs:   | Г      | М         | arrie       | ed     | T          | _<br>\_ | Jnm     | narri    | ed     |       |              | Oth    | ners              |
| *Designatio   |        |        |        |            |        |          |      |       | ,<br>     |       |       |          |       |           |             |          |        |                           |       |          | #(        | Эссі   | ınat  | ion        | 00    | le    |       |        | _         | Т           | 7 .    | ت<br>To#To | _<br>be | fille   | ed b     | ıv bı  | ranc  | <br>h        | ı      |                   |
| *Resident Status  |        | Res    | ider   | nt Ind     | diar   | (01)     |      |       |           | NR    | I(O2  | <u>ا</u> |       | $\vdash$  | HU          | IF(03    | 3)     |                           |       | <br>] oc | "<br>I(17 |        | арич  |            | 7     | O(1   | 8)    |        | Г         | <br> <br> F | _      |            |         |         |          |        |       | )<br>(19)    | )      |                   |
| _   |        | ]      | ervi   |            | ا ا    | _        |      | ate ( | L<br>Sect | J     | T(02  | 1        | hlic  | Sec       |             |          | ·      | overi                     | nme   | J        |           |        | ٨     | Occ        | _     |       |       | - vn   | L<br>e to | _           | •      |            |         |         |          |        |       | O-C          |        | rs                |
| *Occupation Type  |        | ]      |        | rs^        | ۱۱,    | ╡        |      |       | onal      | Г     |       | J        |       | ploy      |             | <b>-</b> | ۲.     | Reti e                    |       |          | 1         | ouse   |       | Г          | П     |       | den   |        |           | 7           | -Bus   |            |         | л<br>Г  | $\neg$   |        |       | ateg         |        |                   |
| *Mobile No  |        |        |        |            | , L    |          | 101  |       |           | L     |       | nail     |       | Picy      |             |          |        |                           |       |          | 1110      | Juse   |       | - <u>[</u> |       |       |       | [<br>  |           | ] <u> </u>  | T      | T          |         | 十       |          |        |       |              | 50113  |                   |
| ADDRESS (The address ment<br>The address can be                                       | ion d  | belov  | v will | be up      | odat   | ed as    | Con  | mur   | icati     | on &  | ern   | aner     | nt ad | dress     | . San       | ne wil   | l be d | applic                    | able  | for ex   | istin     | g sav  | ings  | and        | cur e | nt a  | ccoul | nt als | 0.        |             |        | _          | _       | _       | _        | _      | _     | _            |        | _                 |
| *Line1  | Criar  | igeu p |        |            | iii oj | Jeilli I | 3110 | ne ce | 131011    | ICI W | 311 ( | 103      | ,0.,  |           |             |          |        |                           |       |          |           |        |       |            |       |       |       |        |           |             | Τ      | Τ          | Τ       | Т       | Т        | $\Box$ |       |              |        |                   |
| *Line2  |        |        |        | i          |        |          |      |       |           |       |       |          |       |           |             |          |        | $\overline{\Box}$         |       |          |           |        |       |            |       |       | T     |        |           | T           | T      | Ť          | Ť       | Ť       | Ť        | T      |       |              |        | 一                 |
| Landmark  | T      |        |        | Ì          |        |          |      |       |           |       |       |          |       | T         |             |          |        | $\overline{\Box}$         |       |          |           |        |       |            |       |       | T     |        | T         | T           | T      | Ť          | Ť       | Ť       | Ť        | T      |       | П            |        | 一                 |
| *City   | T      |        |        | Ť          |        |          |      |       |           |       |       |          |       | T         |             | *St      | ate    |                           |       |          |           |        |       |            |       |       |       |        |           |             | T      | Ť          | Ť       | Ť       | Ť        | T      |       |              |        | 一                 |
| *Country  |        |        |        |            |        |          |      |       |           |       |       |          |       |           |             |          |        |                           |       |          |           |        |       | *P         | inco  | de    |       |        |           |             |        | Ī          |         |         |          |        |       |              |        |                   |
| KYC OF THE INDIVIDUAL   |        |        |        |            |        |          |      |       |           |       |       |          |       |           |             |          |        |                           |       |          |           |        |       |            |       |       |       |        |           |             |        |            |         |         |          |        |       |              |        |                   |
| Identity Proof Document   |        |        |        |            | DN     |          |      |       |           |       |       |          |       | hori      |             |          |        |                           |       |          |           | f Iss  |       |            |       |       |       |        |           | of Is       |        |            |         |         |          |        |       | Exp          |        |                   |
| Address Proof Document  |        | e L    | 1_     |            | D N    |          |      |       | _         | _     |       |          |       | hori      | Ly          |          |        | 1_                        |       |          |           | f Iss  | ue    |            |       |       |       |        | ate       | of I        | ssue   |            |         |         |          | Dat    | e of  | Exp          | oiry   |                   |
| DEBIT CARD Y N If ye  |        |        | J      | sines<br>آ | ss S   | upre     | me   |       | L         | E     | Busii | ness     | Pla   | tinu      |             |          |        | Busi                      | nes   | s Cla    | assi      | c<br>  | _     |            |       |       |       |        |           |             | •      |            |         |         |          |        |       | char<br>will |        | ers o             |
| *Desired Individual Name  | on th  | ne Ca  | ard    |            | _      |          |      |       |           |       | _     |          |       | FAT       | CA-         | CRS      | De     | clara                     | ti n  |          | _         |        | En    | itit       | Nar   | ne t  | o be  | prii   | ntec      | on          | Car    | ď          | Υ       |         | ן pr     | inte   | ed o  | n th         | e ca   | rd)               |
| *Address Type for Tax Purp  | ose    |        |        | San        | ne a   | s ab     | ove  |       |           | As    | give  | n be     | elov  |           |             |          |        |                           |       | ntrol    | ling      | Pers   | on -  | Гуре       | Co    | de    |       |        |           | (re         | efer ( | des        | cript   | tion    | on       | ра     | e 8)  |              |        |                   |
| *Line1  |        |        |        |            |        |          |      |       |           |       |       |          |       |           |             |          |        |                           |       |          |           |        |       |            |       |       | Ī     |        |           |             |        | T          |         | T       | Т        | П      |       |              |        |                   |
| *Line2  |        |        |        | j          |        |          |      |       |           |       |       |          |       |           |             |          |        | $\overline{\Box}$         |       |          |           |        |       |            |       |       |       |        |           | T           | T      | Ť          | Ť       | Ť       | Ť        | T      |       | П            |        | 一                 |
| Landmark  | T      |        |        | Ť          |        |          |      |       |           | *c    | ity   |          |       |           |             |          |        |                           |       |          |           |        |       |            |       |       |       |        |           |             | *F     | Pino       | ode     | •       | T        | T      |       |              |        | 一                 |
| *State  |        |        |        |            |        |          |      |       |           |       |       |          |       |           |             | *C       | oun    | try                       |       |          |           |        |       |            |       |       |       |        |           | Ī           | Ī      | Τ          | Τ       | Ť       | Ī        | Ī      |       |              |        | $\overline{\Box}$ |
| *Please tick the applicable   |        |        |        |            |        |          |      |       |           | ıntrı | , ,   | or.      |       | 71:       | ım a        | tav      | reci   | dent                      | of t  | he c     | OUR       | ntrv/  | ies   | men        | tion  | ed    | in th | e a    | hle       | held        | 2/4/   |            |         |         |          |        |       |              |        | _                 |
| Country#  | uia a  | iiiu i | iot i  |            |        |          | _    |       |           | mbe   |       | ,,       |       |           | alli a      |          |        | ica d                     |       |          |           |        |       |            |       |       |       |        |           | Deid        |        | [          |         |         |          |        |       |              |        |                   |
|   | -      |        |        |            |        |          |      |       |           |       |       |          |       |           | -           |          |        |                           |       |          |           |        |       |            |       |       |       |        |           |             | +      |            |         |         |          |        |       |              |        |                   |
| #To also include USA, where   |        |        |        |            |        |          | _    |       |           |       |       |          |       |           |             |          |        |                           |       |          |           |        |       |            |       |       |       |        |           |             |        |            |         |         |          |        |       |              |        |                   |
| %In case Tax Identifi ation o. is not available, kindly provide functional eq ivalent |        |        |        |            |        |          |      |       |           |       |       |          |       |           |             |          |        |                           |       |          |           |        |       |            |       |       |       |        |           |             |        |            |         | to      |          |        |       |              |        |                   |
|   |        |        |        |            |        |          |      |       |           |       |       |          |       |           |             |          |        |                           |       |          |           |        |       |            |       |       |       |        |           |             |        |            |         |         |          |        |       |              |        |                   |
|   |        |        |        |            |        |          |      |       |           |       |       |          |       |           | 35mm X 35mm |          |        |                           |       |          |           |        |       |            |       |       |       |        |           |             |        |            |         |         |          |        |       |              |        |                   |

Name of Authorised Signatory

Signature of Authorised Signatory



| *Role Type (Tick any one)                              |                  | Aut            |        |       |               |       | Ŭ     |               | •               | AI L          | ] LC         |                 |         |              |        | Tick o |        | one if C<br>quired)           |           |           | Ini   | tia d     |       | _     |                      | wer          |                           | Арј    | Ū         |           |          | ,         |       | or 8  | ς Αp   | prc  | ver   |          |       |                      |
|--|------------------|----------------|--------|-------|---------------|-------|-------|---------------|-----------------|---------------|--------------|-----------------|---------|--------------|--------|--------|--------|-------------------------------|-----------|-----------|-------|-----------|-------|-------|----------------------|--------------|---------------------------|--------|-----------|-----------|----------|-----------|-------|-------|--------|------|-------|----------|-------|----------------------|
| *Relation erson Type: (                                | Tick a           | ny o           | ne)    |       | Pro           | prie  | etor  |               | Dire            | ctor          |              | Pro             | mot     | er [         | _ Tı   | ruste  | e_     | Part                          | nei       | r [       | G     | uara      | nto   | r [   | 1                    | Non          | e of                      | the    | se        |           |          |           |       |       |        |      |       |          |       |                      |
| Beneficial Owner (BO                                   | )) If            | yes,           | prov   | /ide  | %             | ś Sha | are   | OF            | R [             |               | Seni         | or M            | 1ana    | igem         | nent   |        | 15     | O is the<br>5% in P<br>ompany | artn      | ershi     | ip/LL | .P/As     | soci  | atior | /BC                  | I/So         | ciety                     | .BO    | deta      | ils ne    | ed r     | not k     | ре рі | rovid | led if | the  | entit | y is a   | 'List | ed                   |
| Existing CI ID Y                                       | If Ye            | es, C          | IF IE  | ) [   |               |       |       |               |                 |               |              |                 |         |              |        |        |        |                               | E         | Exist     | ing   | CK        | С     |       |                      |              |                           |        |           |           |          |           |       |       |        |      |       |          |       |                      |
| *Name  | Р                | RΕ             | FLX    |       |               | F     | 1     | R             | S               | Т             |              |                 |         |              |        |        |        |                               |           |           | М     | 1         | D     | D     | L                    | Е            |                           |        |           |           | T        | T         |       |       | L      | А    | S     | Т        |       | Т                    |
| Maiden name (if any)                                   | Р                | R E            | F1)    | (     |               | F     | 1     | R             | S               | Т             |              |                 |         |              |        |        |        |                               |           |           | М     | 1         | D     | D     | L                    | Е            |                           |        |           |           | Ī        | Ī         |       |       | L      | А    | S     | Т        |       |                      |
| *Mother's Name   | Р                | RΕ             | FLX    |       |               | F     | ı     | R             | S               | Т             |              |                 |         |              |        |        |        |                               | [         |           | М     |           | D     | D     | L                    | E            |                           |        |           |           | T        | Ī         |       |       | L      | А    | S     | Т        |       |                      |
| *Father's Name/Spouce Name                             | e P              | RΕ             | FL     | (     |               | F     | 1     | R             | S               | Т             |              |                 |         |              |        |        |        |                               |           |           | М     | 1         | D     | D     | L                    | Е            |                           |        |           |           |          |           |       |       | L      | А    | S     | Т        |       |                      |
| *DOB/DOI<br>(DOI is for HUF only)                      |                  |                |        |       |               |       |       |               | *G              | end           | er           |                 | Ma      | le           |        | Fer    | nale   |                               |           | Thir      | d G   | end       | er    | *N    | latio                | onal         | it                        |        |           |           |          |           |       |       |        |      |       |          |       |                      |
| *Place/City of Birth                                   |                  |                |        |       |               |       |       |               |                 |               |              |                 |         |              |        |        |        |                               | *Cc       | ount      | ry o  | f Bir     | th    |       |                      |              |                           |        | Τ         |           | T        | Т         |       |       |        |      | Г     | Т        |       | Т                    |
| *PAN   |                  |                |        |       |               |       |       |               |                 |               | (            | DR              |         | FO           | RM     | 60     | & F    | PAN A                         | ckr       | nowl      | edg   | mer       | nt N  | lo.   |                      |              |                           |        |           |           | Ť        | Ť         |       |       |        |      |       |          |       |                      |
| PAN Acknowledgment Date                                |                  |                |        |       |               |       |       |               | (M              | and           | ator         | y if F          | AN.     | Ackr         | nowl   | edgn   | ıent   | No. is                        | pr        | ovide     | ed)   |           | *1    | ∕lari | tal S                | Stat         | us:                       |        | М         | arri      | ed       |           |       | Unı   | marı   | ried |       |          | 01    | thers                |
| *Designatio  |                  |                |        |       |               |       |       |               |                 |               |              |                 |         |              |        |        |        |                               | Т         |           | #0    | Осси      | ıpat  | ion   | 00                   | de           |                           | T      | Τ         |           | 7        | #T        | o b   | e fil | led l  | by ŀ | ran   | ch       |       |                      |
| *Resident Status                                       |                  | Res            | ider   | nt In | diar          | n(01  | )     |               |                 | NF            | L<br>(02     | <u>'</u><br>2)  |         |              | HU     | IF(03  | 3)     | T                             | ╗         | OC!       | I(17  | )         |       |       | PI                   | O(1          | .8)                       |        | T         | F         | _<br>ore | ign       | Na    | tion  | ıal -  | 10   | n Plo | 0(19     | 9)    |                      |
| *Occupation Type 🖁                                     | ·Ē               | s-s            | ervi   | ce^   | [             |       | Priv  | ate :         | Sect            | or            |              | Pu              | blic    | Sect         | tor    |        | G      | overn                         | me        | nt Se     | ecto  | or]       | ٨     | Осс   | _<br>upa             | tior         | suk                       | )- YI  | ∟<br>oe t | _<br>o be | se       | lect      | ted   | for   | S-Se   | ervi | ce &  | O-0      | Oth   | ers                  |
| *Occupation Type                                       |                  | 0-0            | Othe   | ers^  | נ             |       | Prof  | essi          | onal            | . [           | ٦            | Self            | Em      | ploy         | ed     | Τ      | ]<br>R | leti ed                       | ı         |           | Но    | use       | wife  |       |                      | Stu          | ıden                      | ıt]    |           | В         | -Bu      | ısin      | ess   | , [   |        | X-N  | lot ( | Cate     | gor   | ised                 |
| *Mobile No   | ` <u> </u>       |                |        |       |               |       |       |               |                 |               | <br>] *E     | mail            | ld      |              |        |        |        |                               |           |           |       |           |       |       |                      |              |                           |        | Ĺ         | Ī         | Ι        |           |       |       |        |      |       |          |       |                      |
| ADDRESS (The address mental The address can be         | tion d<br>e char | belov<br>ged p | v will | be u  | pdat<br>int o | ed as | s Cor | nmur<br>the c | nicati<br>uston | on &<br>ner w | ern<br>ish t | naner<br>o do s | nt ad   | dress        | . Sarr | ne wil | be c   | applica                       | ble f     | or ex     | istin | g sav     | ings  | and   | cur (                | ent a        | ссои                      | nt als | 50.       |           |          |           |       | _     | _      |      |       |          |       |                      |
| *Line1   |                  |                |        |       |               |       |       |               |                 |               |              |                 |         |              |        |        |        |                               |           |           |       |           |       |       |                      |              |                           |        |           |           |          |           |       |       |        |      |       |          |       |                      |
| *Line2   |                  |                |        |       |               |       |       |               |                 |               |              |                 |         |              |        |        |        |                               |           |           |       |           |       |       |                      |              |                           |        |           |           |          |           |       |       |        |      |       |          |       |                      |
| Landmark   |                  |                |        |       |               |       |       |               |                 |               |              |                 |         |              |        |        |        |                               |           |           |       |           |       |       |                      |              |                           |        |           |           |          |           |       |       |        |      |       |          |       |                      |
| *City  |                  |                |        |       |               |       |       |               |                 |               |              |                 |         |              |        | *Sta   | ate    |                               |           |           |       |           |       |       |                      |              |                           |        |           |           |          |           |       |       |        |      |       |          |       |                      |
| *Country   |                  |                |        |       |               |       |       |               |                 |               |              |                 |         |              |        |        |        |                               |           |           |       |           |       | *P    | inco                 | ode          |                           |        |           |           |          |           |       |       |        |      |       |          |       |                      |
| KYC OF THE INDIVIDUAL                                  |                  |                |        |       |               |       |       |               |                 |               | Inc          |                 | Λ       | l            |        |        |        |                               |           | D.        |       |           |       |       |                      |              |                           |        |           |           |          |           |       |       |        | _    | _     |          | _     |                      |
| Address Proof Document                                 |                  |                |        |       |               |       |       |               |                 |               |              |                 |         | hori<br>hori |        |        |        |                               |           | Plac      |       |           |       |       |                      |              |                           |        |           | of I      |          |           |       |       |        |      |       | of Ex    |       |                      |
| DEBIT CARD Y N If y                                    |                  |                | Bu     | sine  |               |       | eme   |               | Г               | 7             |              | ness            |         |              |        |        | Ť      | Busir                         |           |           |       |           |       |       |                      |              |                           |        |           |           |          |           |       |       |        |      |       |          |       |                      |
| *Desired Individual Name                               |                  | e Ca           | J      |       |               |       |       |               |                 |               |              |                 |         |              |        |        |        |                               |           |           |       |           | En    | tit   | Naı                  | me t         | to be                     | e pri  | nte       | d or      | Ca       | ard       |       | Υ     | _ t    | he r | nam   | e wi     | ll be | ters of<br>e<br>ard) |
| *Address Type for Tax Pur                              | nose             |                |        | San   | ne a          | as ab | oove  | <u> </u>      |                 | As            | give         | en b            |         |              | CA-    | CRS    | Dec    | clarati<br>*                  |           | ntroll    | ling  | Pers      | on -  | Турє  | e Co                 | de           |                           |        |           | ] (r      | efer     | · de:     | scri  | ptio  | n on   | n pa | e 8   | )        |       |                      |
| *Line1   | 1                |                |        | - 561 |               | - u.  |       |               |                 | ]             | ]            |                 |         |              |        |        |        |                               | Т         |           |       |           |       |       |                      |              | $\frac{L}{L}$             | T      | T         | <u> </u>  | Τ        | Т         |       |       |        |      |       | Т        | Τ     | Т                    |
| *Line2   |                  |                |        |       |               |       |       |               |                 |               | H            |                 |         | H            |        |        |        |                               | $\pm$     | _         |       |           |       |       | $\frac{\perp}{\Box}$ |              | $\frac{\perp}{\parallel}$ | T      | T         | $^{+}$    | t        | $\dagger$ |       |       |        |      | H     | H        | T     | T                    |
| Landmark   | $\frac{1}{1}$    |                |        |       |               |       |       |               |                 | *(            | City         |                 |         |              |        |        |        | $\forall$                     | $\exists$ | ${}$      |       |           |       |       |                      | <del> </del> |                           | T      | T         | $^{+}$    | 7        | *Pir      | ncod  | de    |        |      | H     | $\vdash$ | T     | T                    |
| *State   |                  |                |        |       |               |       | T     | T             |                 |               |              | T               |         |              |        | *C     | oun    | try                           | T         | $\exists$ |       | $\exists$ |       |       | T                    | T            | T                         | T      | T         | T         | Ť        | Т         |       |       | _      | F    | T     | T        | T     | T                    |
| *Please tick the applicable  I am a tax resident of ir |                  |                |        |       |               |       |       |               |                 | ınt           |              |                 | <u></u> | 71-          | m c    | tov    | roo!   | dent o                        | √f +      | he s      | 01:5  | tn./      | ios   | mer   | tio                  | 704          | in t                      | 1      | hla       | bol       | - L      |           |       |       |        |      | _     |          | -     |                      |
| Country*   | idia a           | na r           | iot r  |       |               |       |       |               | ı u             |               |              | or              |         |              | ım a   |        |        | ica oi                        |           |           |       |           |       |       |                      |              |                           |        |           | bei       | Jw.      | ſ         |       |       |        |      |       |          |       |                      |
|  | 1                |                |        |       |               |       |       |               |                 |               |              |                 |         |              | 1      |        |        |                               |           |           |       |           |       |       |                      |              |                           |        |           |           |          |           |       |       |        |      |       |          |       |                      |
| #To also include USA, where                            |                  |                |        |       |               |       | _     |               |                 |               |              |                 |         |              |        |        |        |                               |           |           |       |           |       |       |                      |              |                           |        |           |           |          |           |       |       |        |      |       |          |       |                      |
| %In case Tax Identifi ation                            | o. is            | not (          | avail  | able  | , Kin         | ialy  | prov  | ide j         | unct            | tion          | ai eq        | ıva             | ient    |              |        |        | _      |                               |           |           |       |           |       |       |                      |              |                           |        | 1         |           |          |           |       |       |        | Pho  | oto   |          |       |                      |
|  |                  |                |        |       |               |       |       |               |                 |               |              |                 |         |              |        |        |        |                               |           |           |       |           |       |       |                      |              |                           |        |           |           |          |           |       |       |        |      |       |          |       |                      |
|  |                  |                |        |       |               |       |       |               |                 |               |              |                 |         | A            | 25     |        | Sig    | natur                         | e of      | f Aut     | tho   | isec      | l Sig | gnat  | ory                  |              |                           |        |           |           |          | İ         |       |       |        | m X  |       |          |       |                      |

Name of Authorised Signatory