

SAVINGS BANK ACCOUNT

OPENING FORM FOR **RESIDENT INDIVIDUALS**

Date:				Sala area Carala		A/c. Re	port Code	
For Office Use : A/c	. to be opened at		Branch Code	Scheme Code				
Ledger No.	A/c. Label		SE Code		A/c. Ma	nager		
'			Bank Account. Please fill the form					
APPLICANT TITLE	FULL NAME	Please leave on	e space between words e. g.	R A J E N D R	A R A	J K	A D A	M
PRIMARY								
JOINT								
DATE	OF BIRTH #	GENDER A	MARRIED MINOR** PAN N	IUMBER***		(Plea	se 🗸)	
PRIMARY D D M					or	FORM 6	60 / 61 att	ached
JOINT D D M					or	FORM 6	60 / 61 att	ached
# If Senior C	Citizen, provide proof of D	Date of Birth **I	f Minor, please fill-up minor declar	ation section below *** If PA	N No. is not ava	ailable, pleas	e attach fo	rm 60 or 61
Existing Cus	stomer If Yes, Cust. ID		Salaried Self Employed	Business Retired	Student H	Housewife	Others (Pl	lease Specify
PRIMARY Y			P A T					
JOINT Y			I O N					
B) DEBIT CARD D	DETAILS *							
•		ne as desired on D	ebit Card					
PRIMARY				PLATINUM#	VISA	MASTER	GC)LD
JOINT				PLATINUM#	VISA	MASTER		
Mother's PRIMARY	Maiden Name		Debit Card Nomine	e's Name	IMA	GE CARD [Desired Im	age Code
JOINT						y N		
			If Minor, Date of Birth	Name of Guardian				
Nominee's Relationship PRIMARY	o with the cara holder		D D M M Y Y Y Y	Name of Guardian				
JOINT								
		ly available only to	Priority Banking Account Holder	s at applicable charges.				
C) MINOR DECL	_ARATION							
	Eathor	Mathan	aurt Ammaintad					
appointed by court ordeminor attains majority.	ne date of birth of the mirer, dated/	nor who is my ./ (copy enc	ourt Appointed is closed). I shall represent the said n the above minor for any withdraw	/ / and linor in all future transactional / transactions made by m	s of any descrip ne in his / her a	tion in the al ccount.	awful guar bove accou	dian / guard unt until the s
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This form is processed through automated system. Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

Pro	ovide KYC doc	cument (Attach	photocopies of the fo	ollowing documents and pro	oduce the o	riginal copie	es of these documer	nts for verifica	ation.)	
	Document f	for proof of Iden	tity	Document Identifica	tion No.	Issuing Aut	thority	PI	lace of issue	
PRIMAR	Υ									
JOINT										
		for proof of Addr	ress	Document Identifica	tion No.	Issuing Aut	thority	Pl	lace of issue	
PRIMAR	Y									
JOINT										
	For Salary Ac	ccounts - Employ	yee Code				Ref	erence Details		
	` '	٠,	identity and permanen	nt address OR		Ref	errer's cust id			
	Introduction b	w a designated (Company Official			Rel	ationship			
		uments as above		C:	C 1	- Ref	errer's Signature			
				Signature with Compa	ny seai					
I) PRIA	MARY HOLI	DER'S PERSO	ONAL INFORMA	TION						
Educatio	on		Non Matric Und	lergraduate Grad./ Post	Grad. Gen. (I	3. Sc., M. Con	n., etc.) Grad/Po	st-Grad. Profes	ssional (BE,MBA,MBBS e	etc)
If salarie	ed, employed v	vith	Public Ltd. Co.	Pvt. Ltd. Co.	Gov	t. Sector	Multinat	ional	Institution	
If Self-Er	mployed Profess	sion	CA	Engg.	Doc	tor	Proprieto	orship	Partnership	
Monthly	Household Inco	ome (Rs.)	Upto 5,000	5,001-10,000	20,0	001-50,000	50,001-	1,00,000	>1,00,000	
I) INF	ORMATION	I ON OTHER	R PRODUCTS AN	ID OFFERINGS						
•				lucts/special features of existin	g products/p	romotional o	offers which are of sig	nificant benefit	t to its customers.	
				informed about such benefits.			Your Cor		Yes No	
K) NC	MINATION	DETAILS (FO	ORM DA1) (Only	one individual nominee	permitted)				
		•		1949 and Rule 2(1) of the Bar	•		tion) Rules 1985 in res	pect of bank de	eposits.	
I / We (r	name)			(Address	·)					
nominat	e the following	person to whom	in the event of my $/$ ou	ur / minor's death the amount	of deposit in	the above ac	ccount, may be returne	ed by AXIS BAN	NK Ltd.	
Name							Ac	ldress : Same c	as primary applicant :	
If differe	ent from primar	ry applicant								
Relations	ship with depos	itor, if any		Age Years If no	ominee is a n	ninor, his / he	er date of birth :			
* As the	nominee is a n	ninor on this dat	e, I / We appoint (nam	ne)			Relatio	nship with the	minor*	
		nary applicant :	If different from prin							
		, , ,	'	e in the event of my / our / m	inor's death	during the m	pinority of the nomine	<u> </u>		
		·		e in the event of thy / out / it	illior 3 acairi	dorning into it	intorny of the northine	. .		
Signatur	o of witness									
	e or williess				** Sig	nature of prir	mary depositor			_
					Name					
					Name					
Address					Name Addre	ss				_
Address		Place			Name Addre Signa	ss	older(s)			
Address		Place		made in the name of a minor, t	Name Addre Signa ne nomination	ss	older(s)			
Address Date: *Strike of	ut if nominee is any Applicant ase paste art Size colour	Place not a minor I/We have read a including but not including those exto me/us. I agree	** Where deposit is a nd understood the Terms ar limited to ATMs / Debit Ca xcluding/limiting the Bank's e that the Bank may debit r	made in the name of a minor, t DECLARA nd Conditions (a copy of which I am ard / Mobile Banking / Phone Banki s liability. I/We understand that the B my account for service charges as a n this, the current Schedule of Char	Name Addre Signa ne nomination ATION in possession on ong / Net Bankii ank may, at its of pplicable from one ges has been recommended.	ss	older(s) gned by a person lawfu opening of an account wi ility. I/We accept and agri on, discontinue any of the and I agree with the sam ntain AQB of Rs	ully entitled to a th Axis Bank and t se to be bound by services complete e.	ct on behalf of the minor. those relating to various servi y the said Terms and Conditi ely or partially without any no in my accoun	ices ons tice
Address Date: *Strike of	ut if nominee is by Applicant ase paste	Place not a minor I/We have read a including but not including those exto me/us. I agree	** Where deposit is and understood the Terms are limited to ATMs / Debit Caculding/limiting the Bank's that the Bank may debit reidents of India. Apart from	made in the name of a minor, t DECLARA nd Conditions (a copy of which I am ard / Mobile Banking / Phone Banki sliability. I/We understand that the B my account for service charges as a n this, the current Schedule of Char Signature of	Name Addre Signa ne nomination ATION in possession on ong / Net Bankii ank may, at its of pplicable from one ges has been recommended.	ss	older(s) gned by a person lawfu opening of an account wi ility. I/We accept and agri on, discontinue any of the and I agree with the sam ntain AQB of Rs	ully entitled to a th Axis Bank and t se to be bound by services complete e.	ct on behalf of the minor. those relating to various servi y the said Terms and Conditi ely or partially without any no	ices ons tice
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