

Please fill the form in BLOCK letters only. Fields marked in * are MANDATORY

Branch Name _____

* Application Date **APPLICANT DETAILS***Existing Customer Y N #If yes, CIF ID #Account Number #Title #Account

MANDATORY for Existing to Bank customers

GSTIN DETAILSGST Registration Y N * If yes, Single * Multiple * PAN: 1) GSTIN (Default) 2) GSTIN 3) GSTIN 4) GSTIN 5) GSTIN 6) GSTIN 7) GSTIN 8) GSTIN 9) GSTIN 10) Mobile No

11) Email-ID _____

Terms and Conditions

Consent from Mr. /Ms. [_____] ("Account Holder"):

1. I/We hereby provide my/our express consent to Axis Bank Limited ("Bank") and authorise:

(a) the Bank to use, access, process and store my/our PAN Number, namely [●] for the purposes of sharing the same with Karza Technologies Private Limited ("Karza"), a service provider engaged by the Bank, to enable Karza to retrieve my GSTN Number, GSTN Status, , Address ("GSTN Data") from GSTN Portal, and [to share, transfer and disclose GSTN Data with the Bank and its group subsidiaries].

(b) the Bank and its group subsidiaries [to use, access, process, store, verify, profile, analyse, share, transfer and disclose] the GSTN Data for the purposes of [monitoring, evaluating & improving the quality of the products & services of the Bank and its group subsidiaries, for credit appraisal, credit bureau checks, developing credit scoring models and business strategies, for fraud detection and anti-money laundering obligations, and also for sharing and disclosing the GSTN Data to credit information companies, information utilities, other Banks and Financial Institutions and with regulatory authorities, investigation agencies, judicial, quasi-judicial and statutory authorities].

2. I/We will not hold Bank liable or responsible for any breach or misuse by Karza of the GSTN Data in any manner whatsoever and I/We, agree, confirm and acknowledge that Bank is not obligated to audit, monitor, review and assess the use of my/our GSTN Data by Karza in any manner.

In case of multiple GST Registration number, applicant may detail the GST registration of the particular state for every transaction or else the default address mentioned in the form shall be selected by the bank for issuance of invoice

| | |
|---|-------------------|
| Name of Authorized Signatory/Primary Holder _____ | Signature: _____ |
| Name of Authorized Signatory1/Joint Holder 1: _____ | Signature1: _____ |
| Name of Authorized Signatory2/Joint Holder 2: _____ | Signature2: _____ |
| Name of Authorized Signatory3/Joint Holder 3: _____ | Signature3: _____ |

Declaration by the Branch

I hereby certify that the form is complete in all respects and relevant document has been obtained and the details furnished above have been verified. Kindly process the request.

| | |
|--|---------------------------|
| For Axis Bank Limited | |
| Signature: _____ Branch Head / Authorized Signatory | |
| Name of Official: _____ | |
| Designation: _____ | |
| S. S. Number: _____ | |
| EMP No. <input type="text"/> | Date <input type="text"/> |