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The Branch Head Axis Bank Ltd.	Branch	Sol ID :	Date of Request:														
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Existing Customer*		Account Number															
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Please mention number of .	Joint Holder/Guardian/Karta/Authorized Signatory,	/LOA/POA															
2. F	OR INDIVIDUAL ACCOUNTS (Domestic & NRI)	(F	3. FOR NON-INDIVIDUAL ACCOUNTS (Proprietor, Partnership, Companies, Trusts etc)														
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	(f) Change of Signature			,													
	bmitted along with Service Request Form		Form Type	Request Number													
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3 Change of Signa		Authorized Signatory	SIE01	2.c or 2.f or 3.b													
4 Authorised Sign	natory/Partner/Proprietor/Director/POA/LOA/	Trustee/Beneficiaries/SMO	CAS02	3.a or 3.c or 3.f or 3.g													
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OR	for branch: Ensure Beneficial owner details are upo	dated in Finacle)															
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2) In case of signature mis	match, I certify that the customer has personally	met and has signed in my presenc	ce. Employee ID:														
Kindly process the reques B)We have made best effo	t. orts to identify the beneficial owner(s) of the saic	dentity. The details furnished above	Name of Official:														
	formation, wherever available, in public domain.		Designation:														
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Name of Authorised Signatory

Signature of Authorised Signatory

Personal Details (Authorised Signatory/Partner, Authorized Signatory POA LOA CIB Role (Tick any one if CIB Role Required) \*Role Type (Tick any one) Initiator Viewer Approver Initiator & Approver \*Relation Person Type: (Tick any one) Proprietor Director Promoter Trustee Partner None of these Beneficial Owner is the person holding more than 25% share capital in the company or 15% & above in Trust or more than 15% in Partnership firm. Beneficial Ownership details need not be provided if the entity is a 'Listed Company' or 15% of the company' or 15% of the company of 15% of the entity Beneficial Owner If yes, provide OR Senior Management a 'Majorly owned subsidiary of a listed company' Existing CIF ID Y If Yes, CIF ID Existing CKYC \*Name Maiden name (if any) \*Mother's Name \*Father's Name \*Nationality \*Date of Birth Female Third Gender Gender Male \*Place/City of Birth \*Country of Birth \*PAN OR FORM 60 & PAN Acknowledgment No. (Mandatory if PAN Acknowledgment No. is provided) \*Marital Status: Married Unmarried Others PAN Acknowledgment Date \*Designation #Occupation Code #To be filled by branch NRI(02) HUF(03) \*Resident Status Resident Indian(01) PIO(18) Foreign National - Non PIO(19) S-Service^ [ Private Sector Public Sector Government Sector ] ^Occupation sub-type to be selected for S-Service & O-Others \*Occupation Type O-Others<sup>^</sup> [ Professional Self Employed Retired Housewife Student] **B-Business** X-Not Categorised ŢĊ \*Mobile No \*Email Id ADDRESS (The address mentioned below will be updated as Communication & Permanent address. Same will be applicable for existing savings and current account also. The address can be changed post account opening if the customer wish to do so.) \*Line1 \*Line2 Landmark \*State \*City \*Country \*Pincode KYC OF THE INDIVIDUAL (First 14 characters of 0, Business Classic **DEBIT CARD** Y N If yes, **Business Supreme Business Platinum** the name will be \*Desired Individual Name on the Card Entity Name to be printed on Card printed on the card) **FATCA-CRS Declaration** \*Controlling Person Type Code (refer description on page 8) Same as above \*Address Type for Tax Purpose As given below \*Line1 \*Line2 \*City \*Pincode Landmark \*State \*Country \*Please tick the applicable tax resident declaration: (Any one) I am a tax resident of the country/ies mentioned in the table below I am a tax resident of india and not resident of any other country or Identification Type (TIN or Other\*, please specify) Country Tax Identification Number<sup>3</sup>

#To also include USA, where the individual is a citizen/green card holder of USA %In case Tax Identification No. is not available, kindly provide functional equivalent

sized Authorised Signatory Form/4-11-2020

Name of Authorised Signatory

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