

***To be filled if card pack ref. no. is not available**

Date Card No.

Insta ☐ Non-Insta ☐ Card Pack Ref. No.*

Prepaid Instrument Type: Smart City ☐ KMRL ☐ Smart Pay ☐ Meal ☐ Product Code

Corp. ID Prepaid RM Emp. Code

Company Company Name

Existing Customer* If yes, Customer ID

If not existing customer, I confirm if found otherwise, bank reserves the right to consolidate the customer IDs as it may decide, without any prior notice to me.

Personal Details: Please fill the form in BLOCK LETTERS only. Fields marked (*) are MANDATORY.

Name* (Same as ID proof)

Date of Birth* Gender* Nationality* Married*

Mobile No.* E-mail Address

Maiden Name* (Mandatory for married females)

Spouse Name*

Father Name*

Mother Name*

Mother's Maiden Name* (Max. 16 Characters)

Address Details: For all payroll accounts of defence personnel, the communication address should be only of the Unit. Civilian address should not be mentioned

Communication / Residence Address*

Landmark* City*

Pin Code* State* Country*

Residence Type Owned ☐ Rented / Leased ☐ Ancestral / Parental ☐ Company provided ☐ Preferred language of communication*

Permanant Address* ☐ Same as communication address ☐ Please note the address below

Landmark* City*

Pin Code* State* Country*

Residence Type Owned ☐ Rented / Leased ☐ Ancestral / Parental ☐ Company Provided ☐

Know Your Customer*

Account opening through e-KYC Transaction ID CKYC No.

If No, please provide KYC document (Attach photocopies of the following documents and produce the original copies of these documents for verification)

Aadhaar Card Number PAN No.* Or ☐ Form 60 / 61 ***If PAN is not available, please fill up additional Declaration Form 60 to 61

Mention Last four digits

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

Passport Issue Date Passport Expiry Date Required if Passport provided as Identity / Address Proof

Driving License Issue Date Driving License Expiry Date Required if Driving License provided as Identity / Address Proof

Other Document for DOB Updation

☐ Birth Certificate issued by Municipal Corporation or Zilla Parishad or Gram Panchayat or Private Nursing Home or Church ☐ School leaving certificate ☐ Job Card by NREGA

☐ Mark sheet issued by Educational Institution / Colleges / Examination Boards / University ☐ Transfer certificate issued by School / College / University ☐ Voter ID

☐ Passing Certificate issued by School / College / Examination Boards / University ☐ Letter from National Popular Register ☐ Baptism Certificate issued by Church

Form 60

If applied for PAN and it is not yet generated enter date of application

D

D

M

M

Y

Y

Y

Y

 and Acknowledgement number

If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income Tax Act, 1961) for the financial year in which the above transaction is held

a

Agricultural Income (₹)

b

Other than Agricultural Income (₹)

I, _____do hereby declare that what is stated above is true to the best of knowledge and belief. I further declare that I do not have a Permanent Account Number and my / our estimated total income (including income of spouse, minor child etc. as per section 64 of Income Tax Act, 1961) computed in accordance with the provisions of Income Tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax. Verified today, the _____day of _____ 20_____

Customer Profile (Mandatory)*

Occupation*

☐ Salaried

☐ Self-Employed

☐ Unemployed

☐ Retired

Constitution Code* (To be filled by branch)

☐ Housewife

☐ Student

☐ Politician

Occupation Code* (To be filled by branch)

Education*

☐ Below SSC

☐ SSC

☐ HSC

☐ Graduate

☐ Masters

☐ Professional (CA, CS, CMA, Others)

Status*

☐ Blind

☐ Physically Challenged

☐ Pardanashin

☐ Normal

Source of Fund*

☐ Salary

☐ Business Income

☐ Agriculture

☐ Investment Income

☐ Others (please specify) _____

Net worth (₹ lakhs)*

Monthly Income (₹)*

Salaried*

Y

N

Business / Self-Employed*

Y

N

If Yes, Line of Activity _____

Job Role*

Designation*

Employer Name*

*If occupation is Salaried:

☐ Pvt. Ltd.

☐ Public Ltd.

☐ Proprietorship

☐ Partnership Firm

☐ Public Sector

☐ Government

☐ Multinational

☐ Others

☐ Trust / Association / Society / Club

a) No. of years in Employment*

0

0

Annual Income* (₹)

(Only Numeric & Absolute value to be filled)

*If occupation is Self Employed: a) Nature of Business

☐ Information Technology

☐ Professional Service Provider

☐ Agriculture

☐ Bullion / Gold Jewellery

☐ Stock Broker

☐ Real Estate

☐ Trader

☐ Money Lender

☐ Others

b) No. of years in Business*

0

0

Annual Income* (₹)

(Only Absolute and Numeric value to be filled)

Nomination (DA 1 Form)* (Only one individual nominee permitted and to be signed also in case of no nomination)

☐ I wish to nominate

☐ I do not wish to nominate***

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits

I / We (Name) _____ (Address) _____

Nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account may be returned by Axis Bank Ltd.

Name Address: Same as Primary Applicant

☐ If different from Primary Applicant

Relationship with depositor, if any _____ Age Years If nominee is minor, date of birth

D

D

M

M

Y

Y

Y

Y

As nominee is minor I / we appoint (name) _____ Relationship with minor _____

Address

☐ Same as Primary Applicant

☐ If different

To receive the amount of deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee

Signature of Witness*** _____ Signature of Primary Applicant** _____

Name _____ Name _____

Address _____ Address _____

Date _____ Place _____

*Strike out if nominee is not minor

***In case of thumb impression, nomination to be filled in as an annexure

**Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

****I have understood the benefits of nomination and still do not wish to nominate

Beneficiary Details for Fund Transfer

Beneficiary Name	Beneficiary Account No.	IFSC Code
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PRE-DESIGNATED BANK ACCOUNT DETAILS INCASE OF ACCOUNT CLOSURE

Bank Account No.

Bank IFSC Code-

Bank Name

FATCA - CRS Declaration: Please tick the applicable tax resident 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 table below:

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

Country of Birth*

City of Birth*

Address type for Tax Purpose*

☐ Residential

☐ Business

☐ Registered Office

Country*	Tax Indication Number %	Indication Type (TIN or Other, please specify) %	Address for Tax Purpose*		
			<input type="checkbox"/> Communication Address	<input type="checkbox"/> Permanant Address	<input type="checkbox"/> Please note the address
			Landmark		
			Pin	<input type="text"/>	State <input type="text"/> Country <input type="text"/>

*To also include USA, where the individual is a citizen / Green Card holder of USA % In case Tax Identification Number is not available, kindly provide functional equivalents.

☐ I have understood the information requirements of this Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete and hereby accept the same.

☐ The Central Board of Direct Taxes has notified on 7th August, 2015 Rules 114F to 114H, as part of the Income Tax rules, 1962, which require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders, In relevant cases, information will have to be reported to tax authorities / appointed agencies / withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days. If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or Green Card holder, please include United States in the foreign country information held along with your US Tax Identification Number, it is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Comprehensive Declaration for Prepaid Payment Instrument


Under Comprehensive Declaration for Prepaid Payment Instrument have read and understood the account rules of the Bank and agree to abide by the same. I have read and understood the Terms and Conditions relating to various services associated with the Prepaid Payment Instrument. I have specifically requested the above-mentioned card, from Axis Bank Ltd. I accept and agree to be bound by the said Terms and Conditions, including those limiting/ excluding the Bank's facility. I understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me. I agree that the Bank may debit my account service charges issuance / annual / loading charges, as applicable from time to time. I agree that there may be issuance / annual / loading charges levied on my Prepaid Payment Instrument as per the arrangement agreed between the Bank and the company and I accept the same. I confirm that I am resident of India, I confirm that I am the sole account holder or have the required mandate to operate all the respective accounts linked to these services and that I have completed 18 years of age. I also understand that I shall be entitled to use Online and Telebanking facilities by having a Prepaid Payment Instrument with Axis Bank, I am fully aware that balance in my Prepaid Payment Instrument account cannot exceed the limit as prescribed by RBI for Prepaid Instruments, I accept full responsibility for my Prepaid Payment Instrument and agree not to make any claims against Axis Bank.

- ☐ I hereby agree to Axis Bank / Subsidiaries / Affiliates / Agents contacting me for various product updates, marketing promotions, special offers or any such information from time to time
- ☐ I authorize Axis Bank to share details / information with Axis Bank Vendors during processing my application
- ☐ At the time of authentication / offline verification, the nature, purpose, alternate and viable means of submission of Aadhaar Card was communicated to the customer in local language
- ☐ Consider my first name as my short name
- ☐ I hereby acknowledge and agree that if there is no Transaction for a consecutive period of one (1) year on the Card, subject to validity of the Card, the Card shall be made inactive by the Bank after sending a notice to the Cardholder
- ☐ I hereby agree and give my consent to authorize Axis Bank Ltd. to fetch my personal details from UIDAI. I hereby state that I have no objection in authenticating myself with Aadhaar based authentication and I voluntarily consent to provide my Aadhaar Number / VID number, biometric information and for One Time Pin (OTP) data (and / or any authentication data) for the purpose of Prepaid card application, I understand that biometric and / or OTP and / or any other authentication data I may provide for authentication shall be used only for authenticating my identity for Aadhaar authentication system for the specific transaction or as per requirement of law and no other purposes, I confirmed that I have been informed about the alternative to submission of identity information and authenticate myself through Aadhaar based authentication system with full understanding, of alternatives to submission of identity information. I understand that Axis Bank shall insure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication. I authorize Axis Bank to verify and authenticate my Aadhaar during processing my prepaid card application. I further authorize the bank to share my Aadhaar related details / information with regulatory / statutory bodies as and when required. In case of any change in the document(s) submitted to the Bank, the cardholder should inform the same within 30 days of the update to the document(s): in adherence to regulatory guidelines

Central KYC Registry Declaration

- I 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 am / We are aware that I / we may be held liable for it
 - I hereby consent to receiving information from Central KYC Registry through SMS / E-mail on the above registered number / E-mail address. My personal / KYC details maybe shared with Central KYC Registry
 - I hereby expressly consent to and authorize the Bank (whether acting by itself or through any of its service providers, and whether in automated manner or otherwise), to collect, store and process my application details, personal data and sensitive information about me, information, papers and data relating to Know Your Customer (KYC), credit information, and any other information about me / pertaining to me or not as may be deemed relevant by the Bank (collectively, "Information") and I hereby also expressly consent to and authorize the Bank to download KYC details from the CKYC registry using my CKYC ID for the purpose of my application
 - I expressly consent the Bank to share and disclose the Information to service providers, consultants, credit information companies, information utilities, other banks and financial institutions, affiliates, group companies, subsidiaries, regulators, investigating agencies, judicial, quasi-judicial and statutory authorities, or to other persons / institutions / entities as may be necessary in connection with the contractual or legal requirements or in the legitimate interests of the Bank or as per the consent, undertake to process information including by way of storing, structuring, organizing, reproducing, copying, using, profiling, etc. as may be deemed fit by the Bank and for the purposes of credit appraisal, fraud detection, anti-money laundering obligations, for entering into contract, for direct marketing, for cross selling, for developing credit scoring models and business strategies, for monitoring, for evaluating and improving the quality of services and products, or for any purposes as the Bank may deem fit. I expressly agree to the Bank, its service providers, agents and / or its affiliates for using the Information and for marketing, promotion and cross-selling to me their various products and services of the Bank from time to time via telephone, SMS and / or E-mail
- ☐ I declare that I am not a Politically Exposed Person (PEP) nor I am related to any Politically Exposed Person (PEP)
- ☐ The Customer agrees that he / she is not a politically exposed person (PEP) and further undertakes to inform Axis Bank in the event that he / she and / or any of their family members / close relatives becomes a PEP. In such an event, the Bank will obtain approval from its senior management to continue the business relationship and subject the account to the Customer due diligence measures as applicable to the customers of PEP category including enhanced monitoring on an ongoing basis. You can find out more about how we process your personal data, including the types of personal data we process and who we share it with, by reading our Customer Privacy Notice, available online at www.axisbank.com

Date* Place

 Signature of Primary Applicant

*These facilities are provided without the need of complying with any registration formalities **Kindly approach the bank in case any of these facilities is / are to be discontinued

Corporate Details

Introduction by Corporate (for cards issued through corporates) we hereby confirm that the particulars provided in this form by our Distributor / Agent / Employee are correct and we request Axis Bank to issue the Prepaid Card for our Distributor / Agent / Employee.

Company Seal and Signature of Designated Signatory

For Office Use Only

Account to be opened at

Branch Code

Ledger No.

A/c Label

LC Code

Documents Received ☐ Self-certified ☐ True Copies ☐ Notary

In Person Verification Carried Out By

Emp. Name

Emp. Code

Emp. Branch

Date

D

D

M

M

Y

Y

Y

Y

Employee Signature

Declaration by the Branch

I hereby declare that this application form is received from the customer and is complete in all respects. I also confirm that all relevant documents have been obtained and verified as per the product extant guidelines. The Application form may be processed and Prepaid Instrument be issued.

Employee Name

Employee Designation

S.S. Code

Employee Signature