



For Office Use:

Branch Name **AIROLI**

Branch Code: **001**

Transfer in ☒ Y ☐ N

Date: **01/11/2022**



PHOTO

PHOTO

35mm X 35mm

### Customer Onboarding Section

Name\* **MISS ANANYA KHAN** MIDDLE NAME LAST NAME

Existing Customer\* ☒ Yes, Customer ID **123456789**

Following fields Are Applicable for new customers or any KYC Modifications Only (for existing customer, address, contact details given below will be updated in all accounts held with the bank)

Date of Birth **25/12/2000** Gender\* ☐ Male ☒ Female Minor\*\* ☐ Yes ☒ No Married\* ☐ Yes ☒ No Nationality **INDIAN**

# If minor/ senior citizen, please provide proof of DOB \*\*If minor please fill Minor Declaration Section ^ T stands for 'third gender'

PAN\*\*\* **BINPK1393A** or ☐ FORM 60 Fathers's Name\* **CUSTOMER'S FATHER NAME REQUIRED FOR FORM 60**

\* Mother's Maiden Name **SHEELA** In case of minor account, guardian's father name to be mentioned

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

Communication Address\* **A/106 DATTU TOWER SAINAGAR KATEMANIVALI AIROLI**

Landmark\* **NR DY PATIL STADIUM** City\* **NAVI MUMBAI**

Pin code\* **400063** State\* **MAHARASHTRA** Country\* **INDIA**

Ressidence Type\* Owned ☒ Rented/ Leased ☐ Ancestral/Parental ☐ Company Provided ☐

E.G. RKADAM@GMAIL.COM

Mobile No **1 2 3 4 5 6 7 8 9 6** Email Address **E.G. RKADAM@GMAIL.COM**

Please ensure to furnish correct email ID. You will be sent monthly account statements at the email ID mentioned above

Tel. No. (R) Tel. No. (O)

Permanent Address\* ☒ Same as communication address ☐ Please note the address below

Landmark\* City\*

Pin code\* State\* Country\*

Ressidence Type\* Owned ☒ Rented/ Leased ☐ Ancestral/Parental ☐ Company Provided ☐ Preferred Language of of Communication\* **ENGLISH/ HINDI**

### Customer Information

Occupation Code\*# **N078** (to be filled by Branch)

Annual Income (₹) **120000** (Only Absolute and Numeric value to be entered)

### Know Your Customer\*

Account opening through e-KYC(Aadhaar) ☒ Y ☐ N Transaction ID To be filled by the Branch

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

**PASSPORT** Document Type **S522235** Authority **MUMBAI**

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### Initial Payment Details

Min contribution Rs 1.5 Lakhs, should be multiple of 100

Initial amount ` **3 0 0 0 0** (in words) **THIRTY THOUSAND ONLY**

A/C No. **1 2 3 6 5 4 7 8 9 1 2 3 6**

Mode of Payment: ☒ Debit my/our existing A/C ☐ Cheque i) ☐ Transfer from Own Axis Bank Account ii) ☐ Transfer from Own Other Bank Account

☐ Cheque No. **1 2 3 4 5 6 7 8**

Date **DD MM YY YY**

Drawn on Bank Branch

Signature (CUSTOMER SIGNATURE)

Office use only: Initial Deposit Finacle Tran ID **S 1 2 3 4 5 6 7 8** Finacle Tran Date **0 1 / 1 1 / 2 0 2 2**

Applicant Signature only for A/C Debit

## Standing Instruction for PPF contribution

Frequency (Tick one): ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

Start Date DD MM YYYY

End Date DD MM YYYY

Start date should be post account opening date.

Amount ₹ (in words)

Carried Forward: ☒ ☐

If "Y", confirm number of times:

Number of Times should be between 0 to 9

This signifies the number of re-attempts made by Axis Bank in case of failure of SI transaction

A/C No. to be debited:

Please provide Axis Bank Savings A/C number

Signature

## Nomination (Form E) \*Nomination facility is not applicable to minor

I have understood the benefit of nomination

☒ I wish to nominate☐ I do not wish nominate\*\*I, ANANYA KHAN hereby nominate the person(s) mentioned below to whom the exclusion of all other persons in the event of my death,

the amount standing to my credit in the Public Provident Account No. \_\_\_\_\_ at the time of my death would be payable.

NOMINATION IS MANDATORY

Sr. No.	Names(s) of the Nominee(s)	Relationship	Full Address (es)	Date of birth (DD/MM/YYYY) of Nominee in case of Minor	Proportionate Amount for each Nominee
	SHEELA	MOTHER	SAME AS APPLICANT		100%

As the nominee(s) specified above is/are minor, I appoint the following as guardian(s):

Sr. No.	Name of the Minor Nominee	Name of the Guardian	Guardian Relationship with Minor	Guardian Full Address

to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

Signature of witness \_\_\_\_\_ Name and address: \_\_\_\_\_

Signature of witness \_\_\_\_\_ Name and address: \_\_\_\_\_

CUSTOMER  
SIGNATURE

Signature or thumb impression of subscriber/guardian

Date DD MM YYYY

\*In case of thumb impression, nomination to be filled in as an annexure \*Same ink should be used to fill the nomination section and for signature

\*\*I hereby decline to presently nominate any individual and I understand &amp; acknowledge the risk &amp; consequences associated with nomination not given by me

## Additional Declarations

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 purpose and the associated Tax ID Number below:

City of Birth\* MUMBAI Country of Birth\* INDIA Address Type for Tax Purpose\* - ☒ Residential ☐ Business ☐ Registered Office

Country#	Tax Identification Number%	Identification Type (Tin or Other, please specify)%	Address For Tax Purpose*
			<input type="checkbox"/> Communication Address <input checked="" type="checkbox"/> Permanent Address <input type="checkbox"/> Please note the address below
			Landmark
			Pin <u>400063</u> State <u>MAHARASHTRA</u> Country <u>INDIA</u>

# 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 equivalent<sup>5</sup>

FATCA- CRS Certification: I have understood the information requirements of this Form (read along with the FATCA/CRS Instruction and Terms &amp; Condition) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

## Form 60

Form for declaration to be filed by an individual or a persons (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

If applied for PAN and it is not yet generated enter date of application DD MM YYYY and acknowledgement number

If PAN not applied, fill estimate 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 (₹)	

## Verification

I, \_\_\_\_\_ do hereby declare that what is true to the best of my 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\_\_\_\_

Date \_\_\_\_\_, Place \_\_\_\_\_

Signature \_\_\_\_\_

Customer Profile (Mandatory)\*

Constitution code: C01 (To be filled by branch)

Status\* Blind ☐ Physically Challenged ☐ Pardanashin ☐ Normal ☒ Is the account opened face to face\* ☒ N

Occupation ☒ Salaried ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Housewife ☐ Student ☐ Politician

If occupation is Salaried:

☒ Pvt Ltd ☐ Public Ltd ☐ Proprietorship

☐ Partnership firm ☐ Public Sector ☐ Government

☐ Multinational ☐ Trust/Association/Society/Club

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

\*b) No. of Years in Business 12

Business/Self Employed\* ☒ N If Yes, Line of Activity \_\_\_\_\_

Annual Business Turnover (₹ lakhs)\* <1 ☐ >1-5 ☐ >5-10 ☐ >10-15 ☐ >15-25 ☐ >25-50 ☐ >50-100 ☐ >100 ☐

Monthly Income (₹)\* 50000 Net worth (₹ lakhs)\* 600000

Source of Fund ☒ Salaried ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Others (Please specify) \_\_\_\_\_

Education\* Below SSC ☐ SSC ☐ HSC ☐ Graduate ☒ Masters ☐ Professional (CA, CS, CMA, Others) ☐

Applicable to minor PPF Account

Type of Guardian: ☐ Father ☐ Mother ☐ Court Appointed ☐ Testamentary Guardian

Full Name of Guardian Mr. Ms. NOT APPLICABLE FOR MAJOR CUSTOMER

I hereby declare that the date of birth \_\_\_\_\_ I opened the account as stated above, for the order, dated \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(copy enclosed).

All operation in the said account will be binding on me as the guardian of the above-named minor. I agree and undertake that I will operate the account as stated above, for the benefit of my minor son/daughter.

Signature\_\_\_\_\_

Declaration

☒ Applicable for PPF new account Opening

I agree to abide by the provisions of the Public Provident Fund Scheme, 1968 and amendments issued thereto from time to time.

i. I hereby declare that I have not opened a Public Provident Fund Account in the name of the myself/minor in any of the Post office/Bank in the country.

ii. I further declare that I will abide by the ceiling of maximum deposit in the accounts opened in my name and in the name of minors and any deposit in excess of the ceiling will be treated as in contravention to the Scheme.

iii. I further declare that I and the minor both are Resident citizen of India and undertake to inform the Bank of any change in our residency/citizenship status in future.

iv. I hereby undertake to abide by the scheme provisions and Government Savings Promotion rules-2018 applicable on the Scheme and amendments issued thereto from time to time.

\*Interest is calculated on the lowest balance between the close of the fifth day and the last day of every month

(CUSTOMER SIGNATURE)

Signature or thumb impression of subscriber/guardian

☐ Applicable only for PPF Transfer - from Post office / Bank to Axis Bank

i. I hereby declare that I have not opened a Public Provident Fund Account in the name of the myself/minor in any of the Post office/Bank in the country.

ii. I further declare that I will abide by the ceiling of maximum deposit in the accounts opened in my name and in the name of minors and any deposit in excess of the ceiling will be treated as in contravention to the Scheme.

iii. I hereby undertake to abide by the scheme provisions and Government Savings Promotion rules-2018 applicable on the Scheme and amendments issued thereto from time to time.

\*Interest is calculated on the lowest balance between the close of the fifth day and the last day of every month

(CUSTOMER SIGNATURE)

Signature or thumb impression of subscriber/guardian

For Office Use Only

A/C No. \_\_\_\_\_

A/C Report Code \_\_\_\_\_ A/C Lable1 \_\_\_\_\_ BDE/LEAD Generator Code 1 2 3 4 5

SE Code \_\_\_\_\_ A/C Lable2 \_\_\_\_\_ BDE/LEAD Converter Code 1 2 3 4 5

Ledger No. \_\_\_\_\_ A/C Manager/CSTM \_\_\_\_\_

Camp. Code \_\_\_\_\_ Camp. Reference Number \_\_\_\_\_

Declaration by the branch

I hereby certify that account opening form is complete in all respects and relevant documents have been obtained. as per the KYC guidelines of the Bank and RBI (as amended from time) and performed due diligence to verify the genuineness of the customer.

The Account may please be set up in Finacle/GBM. Incase of signature mismatch, I certify that the cutomer has been personally met and has signed in my presence. Kindly process the request.

Signature • BDE SIGNATURE

Signature BDE SIGNATURE

For Axis Bank Limited

Branch Head / Authorized Signatory

No. of Official: XYZ

Designation: BRACH HEAD

S. S. Number: 1 1 2 2 2 3

NOTE: SCANNING SEQUENCES

1. AOF : 3PAGES OF ACCOUNT OPENING FORM
2. SCANDOCUMENTS: FIELD VERIFICAGTION<sub>3</sub>+ KYC DOCUMENTS+FUNDING PROOF+PRODUCT HEAD APPROVAL REQUIRED(FOR NEW PPF ONBOARDING)



Acknowledgement (to be filled by Branch)

Application form acknowledgement

I have recived Application no. \_\_\_\_\_ from \_\_\_\_\_  
for opening a PPf account with Axis Bank Branch \_\_\_\_\_  
Name of Bank Official \_\_\_\_\_  
Mobile no. \_\_\_\_\_

Signature \_\_\_\_\_

Nomination acknowledgement

- ☐ I. We acknowledge receipt of nomination made by you in favour of:
- Name of nominee \_\_\_\_\_ Age: \_\_\_\_\_ year with respect to your application
- No \_\_\_\_\_
- ☐ II. No nominee for the account since nomination facility not availed by the account holder.

Signature of Bank Official \_\_\_\_\_

Accordind to RBI's nomination guidelines, it is necessary to register a nominee on accounts opened under a single name. Appointing a nominee is beneficial for the following reasons:

1. If the account holder dies, the bank will easily pass on the account to the nominee
2. Hassale-free formalities for the nominee while claiming benefits

