

Customer Updation Form For KYC - Resident Indian/ HUF

BAR CODE

All fields are mandatory

The Branch Head Axis Bank Ltd.	CKYC ID is available					
Branch Sol ID	Date D D M M Y Y Y					
*Customer Name Prefix	as per Ekisting Name					
*I wish to change my name as per OVD No change in my KYC details						
OVD Name Prefix	name as per OVI)					
*Customer Id *A/C No	*Gender M F T					
*Occupation Salaried Self Employed Retired Student	Housewife Unemployed Politician *Occupation Code (To be filled by branch Official)					
If Salaried To be ticked only when Occupation is Salaried) Pvt Ltd Public Ltd Proprietorship Partnership firm Public Sector Government Multinational Trust/Association/ Society/Club						
Information Technology Professional Service provider Agricultur	Bullion/ Gold Jewellery Stock Broker Real Estate Trader Money Lender					
No of years in Business *Date of Birth/Date of Incorporation D D M	M Y Y Y Nationality:Indian					
*Annual Income (Only Absolute & numeric Value to be entered)	*Constitution code Resident Individual HUF					
*Source of Funds Salary Business Income Investment	Income Agriculture Others					
*Is the Customer having link with any Politically Exposed Persons	(Only Alphabetical character allowed)					
*COMMUNICATION ADDRESS (Please leave space between two words) *Identity Proof Document Type	Discontinuo Deba					
*Address Proof Document Type *ID No. *Issuing Author						
Address						
, rudi ess						
Landmark	City					
Pin code State	Country					
	communication address					
Address						
Landmark	City					
Pin code State State	Country					
*Mobile Number Telephone (R) (O):					
EMAILID						
*Permanent Account Number (PAN) Or 1 *Mandatory fields	form 60 (overleaf)					
	low contact information in					
Individual Segment	Non-Individual Segment					
Please select below if you wish to update in selective accounts only. All Relationships Savings & FD Loan A/cs	All Linked Accounts Also update at Cust ID level for CA					
Current A/cs Credit Cards	Only in A/c no					
Additi	onal Details					
Maiden Name (If any*)	Middle Name Last Name					
Father Name*						
Or Mother Name*						
Or						

AFFIX
RECENT
PHOTO
&
Customer Signature
Across Photo and
BED Stamp and signature
Watermark require

	Additio	nal Declarations (T	Tick as.	Applica	ble)											
Form 60	Addition	nai Decidiacións (1	HEIL GS	тррпса	D1C)											
Form for declaration to be filed b	y an individual or a person (n	ot being a compa	ny or fi	irm) wh	o does n	o t hav	e a perr	nane	ent a	ccc	ount	t nu	ımb∈	er a	nd v	ho
enters into any transaction speci	fied in rule 114B						Date	of B	irth	D	D	N	M		ΥY	Y
f applied for PAN and it is not yet genera	ated enter date of application	D M M Y Y	Y Y	and a	cknowledg	gement	number	П		T	Ш	T	$\frac{1}{11}$			
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ection 64 of Income-tax Act, 1961) for th	·	Verification	nn													
	do hereby de	clare that what is st	ated ab	oove is tr	ue to the	best o	f my kno	owled	dge a	nd	belie	ef. I	furth	her	decla	re tha
lo not have a Permanent Account Numb	er and my/ our estimated total inc	come (including incor	ne of sp	oouse, mi	nor child	etc. as p	er sectio	n 64	of Ir	ncon	ne-ta	ax A	\ct, 1	961	1) con	puted
ccordance with the provisions of Income- he day o	tax Act, 1961 for the financial year of 20	in which the above tra	ansactic	on is held	will be less	s than m	aximum	amou	ınt no	ot ch	narge	eabl	e to t	ax.	Verifi	ed tod
Date, Place									Sign	nati	ıre					
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*FATCA- CRS DECLARATION Ple	• • • • • • • • • • • • • • • • • • • •				4	. 41 4 . 1.	la la al acce									
I am a tax resident of India and not resident	_					n the tab	le below	:								
Please indicate the country/ies in which							Daaidaak	:	٦ p	.:		٦.	: . 4		٦ ٥٤	
City of Birth*	Country of Birth*		ress Typ	e for lax	Purpose*		Resident					^	egist	ere	d Off	ce ——
Country# Tax Identification						_	ss For 1		_							
Number%	(TIN or Other, please	e specify)% (Commu	ınication	Address	Perm	nanant A	ddres	ss	Ple	ase	not	e the	ad	dress	belov
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Terms & Conditions

In case of Joint A/c., separate form is required.

- I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and consent to providing my Aadhaar number, Biometric and/or One Time Pin (OTP) data(and/or any similar authentication mechanism) for Aadhaar based authentication for the purposes of Re-KYC for updating my details with Axis Bank.
- I understand that the Biometric Information and/or OTP and/or any other authentication mechanism, I may provide for authentication shall be used only for identity through the Aadhaar Authentication system and for obtaining e-KYC from UIDAI for that specific transaction and for no other purposes.
- I understand that Axis Bank shall ensure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication. I hereb physically present and provided my Biometric Information for authenticating myself and for receiving e-KYC details from UIDAI for the purpose of Re-KYC for updating my accounts with Axis Bank.
- All information provided by me of any nature (including personal & sensitive information) can be shared with agencies/service providers who have an agreement business purpose and on need to know basis.
- Axis Bank shall always strive to comply with the rules and regulations as applicable from time to time on this context in accordance with the bank's Privacy policy my consent
 to the sharing of the data, the products/services available to me, pursuant to the consent provided earlier, shall no longer be available to me, and initiate closure of such
 products/ services.
- All the terms and conditions, processes and alternatives have been explained to me in local language as well.

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- 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/We am/are aware that I/we may be held liable for it.
- My personal / KYC details may be shared with Central KYC Registry
- $\bullet \ I \ hereby \ consent \ to \ receiving \ information \ from \ Central \ KYC \ Registry \ through \ SMS/Email \ on \ the \ above \ registered \ number/email \ address$

*Date D D M M Y Y Y Y *Place:	Signature of Primary Applicant
Certified that this Form is complete in all respect & all relevant documents are obtained & verified with Mode of operation and signatures of the A/c. The request may please be processed. For AXIS BANK LTD.	*
*Designation OH BH *S.S No	Signature
*Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification	Digital KYC Process Equivalent e-document
KYC VERIFICATION CARRIED OUT BY	
*Identity Verification Done *Date D D M M Y Y Y Y	
*Emp. Name :	
*Emp. Code :	
*Emp. Designation :	*
*Emp. Branch: S.S No	Employee Signature
>-(
Acknowledgement To Customer	
Customer Name Prefix First Name Middle Name	Last Name
Date of Request Received D D M M Y Y Y Y Request Option No.	
Name of Branch Official	Signature
Employee Number of Branch Official	Signature