

# Customer Updation Form For KYC - Resident Indian/ HUF

BAR CODE

All fields are mandatory

The Branch Head Axis Bank Ltd.

CKYC ID  
is available

Date

Branch Sol ID

\*Customer Name  Prefix  as per Existing Name

☐ \*I wish to change my name as per OVD ☐ No change in my KYC details

OVD Name  Prefix  name as per OVD

\*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

If Self Employed (To be ticked only when Occupation is Self Employed) ☐ Information Technology ☐ Professional Service provider ☐ Agriculture ☐ Bullion/ Gold Jewellery ☐ Stock Broker ☐ Real Estate ☐ Trader ☐ Money Lender

No of years in Business  \*Date of Birth/Date of Incorporation         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  (Only Alphabetical character allowed)

\*Is the Customer having link with any Politically Exposed Persons ☐ Y ☐ N

## \*COMMUNICATION ADDRESS (Please leave space between two words)

\*Identity Proof Document Type  \*ID No.  \*Issuing Authority  Place of Issue  Issue Date  Expiry Date

\*Address Proof Document Type  \*ID No.  \*Issuing Authority  Place of Issue  Issue Date  Expiry Date

Address

Landmark  City

Pin code  State  Country

## \*PERMANENT ADDRESS (Please leave space between two words) ☐ Same as communication address

Address

Landmark  City

Pin code  State  Country

\*Mobile Number  Telephone (R)  (O):

EMAIL ID

\*Permanent Account Number (PAN)  Or form 60 (overleaf)

\*Mandatory fields

\*I wish to update below contact information in

### Individual Segment

☐ All Relationships

Please select below if you wish to update in selective accounts only.

☐ Savings & FD

☐ Loan A/cs

☐ Current A/cs

☐ Credit Cards

### Non-Individual Segment

☐ All Linked Accounts

☐ Also update at Cust ID level for CA

☐ Only in A/c no

## Additional Details

Maiden Name (If any\*)  Prefix  First Name  Middle Name  Last Name

Father Name\*

Or

Mother Name\*

Or

Spouse Name

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

## Form 60

Date of Birth

[illegible][illegible]

I, \_\_\_\_\_ do hereby declare that what is stated above 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 \_\_\_\_\_

☐ 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:

City of Birth\*           Country of Birth\*           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 type="checkbox"/> Permanant Address	<input type="checkbox"/> Please note the address below
			Landmark		
			Pin	State	Country

**# To also include USA, where the individual is a citizen/ green card holder of USA % incase 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 Instructions and Terms & Conditions) and hereby Confirm that information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature \_\_\_\_\_

We, the undersigned, for ourselves and \_\_\_\_\_ as Manager/Karta and Ejaman of the family, also guardian of

\* \_\_\_\_\_ request you to take notice that we are members of Hindu Undivided Family/firm.

- ☐ The joint family/firm is carrying business under the name and style of M/s. \_\_\_\_\_, which is our joint family trade  
(Applicable for Current Account only)
- ☐ The Hindu Undivided Family is engaged in \_\_\_\_\_ activity/occupation not in the nature of the business or trade.

We, the undersigned, hereby authorize (Karta/Manager) \_\_\_\_\_ to operate upon the Bank account severally, jointly and all transactions entered into and obligations incurred or to be hereafter incurred by them will be binding on all of us. Any acts done/to be done to comply with Bank's rules which are in force or as amended from time to time in the matter of maintaining and conduct of such accounts will be binding on us.

Please treat this as a mandate from us to:

Collect/ Credit Cheques/ remittances/ Warrants/ Refund orders/ ECS/ RTGS/ NEFT/ instruments issued in favour of \_\_\_\_\_, being the karta in the account in the HUF A/c No \_\_\_\_\_ of \_\_\_\_\_ HUF

We hereby undertake to indemnify the Bank in case of any loss/claims/damages/penalty/charges etc suffered by the Bank, on account of our aforesaid instruction/mandate.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Name : \_\_\_\_\_ Signature : \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Name : \_\_\_\_\_ Signature : \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Name : \_\_\_\_\_ Signature : \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Name : \_\_\_\_\_ Signature : \_\_\_\_\_

\*Here state the name o f the children of each of the family members stating their parentage and state also the name o f guardians by whom they are represented.

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 hereby 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.

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

\*Date:   /   -

\*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 DD MM YY YY YY YY


\*Emp. Name : \_\_\_\_\_

\*Emp. Code : \_\_\_\_\_

\*Emp. Designation : \_\_\_\_\_

\*Emp. Branch:\_\_\_\_\_

S.S No	
--------	--

 Employee Signature

## Acknowledgement To Customer

[illegible]

Date of Request Received    D   D   M   M   Y   Y   Y   Y      Request Option No.

[illegible][illegible]

Signature