

SERVICE REQUEST FORM

Current/Savings (Individual, Non Individual, NRI)

Form Type



CSRF

The Branch Head
Axis Bank Ltd. _____ Branch _____

Sol ID :

Date of Request:

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

1. CUSTOMER DETAILS

Existing Customer* Y N If Yes, Customer ID Account Number

Title* Account Name

Please mention number of Joint Holder/Guardian/Karta/Authorized Signatory/LOA/POA KYC number

2. FOR INDIVIDUAL ACCOUNTS (Domestic & NRI)

3. FOR NON-INDIVIDUAL ACCOUNTS (Proprietor, Partnership, Companies, Trusts etc)

<p>Domestic Customer</p> <p><input type="checkbox"/> (a) Individual CIF Creation</p> <p><input type="checkbox"/> (b) Addition of Joint Holder/Guardian/Karta</p> <p><input type="checkbox"/> (c) Change of Signature</p>	<p><input type="checkbox"/> (a) Addition of Authorised Signatory/Partner/Proprietor/POA/LOA/Trustee</p> <p><input type="checkbox"/> (b) Change of Signature</p> <p><input type="checkbox"/> (c) CIF creation & Debit Card issuance</p> <p><input type="checkbox"/> (d) CIF creation for TD issuance</p> <p><input type="checkbox"/> (e) Update RE-KYC, Deaf/Dormant account activation and Beneficial Owner (as applicable for Non-Individuals)</p> <p><input type="checkbox"/> (f) Update RE-KYC, and Beneficial Owner (as applicable for Non-Individuals)</p> <p><input type="checkbox"/> (g) Add/Update Beneficial Owner (Other Non Individual)</p>
<p>NRI Customer</p> <p><input type="checkbox"/> (d) NRI CIF Creation</p> <p><input type="checkbox"/> (e) Addition of NRI Joint Holder</p> <p><input type="checkbox"/> (f) Change of Signature</p>	

Deaf/Dormant Account Activation (Non Individual) *Reason for not operating the Account _____

Sr. No	Form to be submitted along with Service Request Form	Form Type	Request Number
1	Field & Contact Verification Form	Annexure 3.23 of consolidated Annexures	3.e
2	Addition of Joint Holder/Guardian/Karta	NSJ01	2.a or 2.b
3	Addition of Joint Applicant / LOA / POA / GUARDIAN / KARTA / Authorized Signatory	NRJ02/CDJ02	2.d or 2.e
4	Change of Signature	SIE01	2.c or 2.f or 3.b
5	Authorised Signatory/Partner/Proprietor/Director/POA/LOA/Trustee/Beneficiaries/SMO	CAS02	3.a or 3.c or 3.f or 3.g

Mode of operation

Self Either/Survivor Anyone/Survivor Jointly by all Single Signatory Any 2 jointly Anyone Partner
 Minor a/c operated by guardian Anyone one trustee As per board resolution Others _____

4. BENEFICIAL OWNER (BO) DECLARATION

Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, please fill in the names of the Beneficial Owner/Senior Managing Official in the space given below and complete details to be filled in CAS02 form.

I/We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling persons, controlling shareholders, person exercising control or having controlling ownership interest in the company/Partnership/LLP/AOP/Society/Trust/Club/University/Institution as declared below.

A. Listed on _____ (Name of the Stock Exchange) Or Subsidiary of a listed company: _____ (Name of the listed company) Listed on _____ (Name of the Stock Exchange)

Where the customer or the owner of the controlling interest is (i) an entity listed on a stock exchange in India, or (ii) it is an entity resident in jurisdictions notified by the Central Government and listed on stock exchanges in such jurisdictions, or (iii) it is a subsidiary of such listed entities; it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such entities.

OR

B. The following natural person(s) (as mentioned below) exercise control or ultimately have a controlling ownership interest i.e. having ownership/entitlement of more than 10% (in case of company, partnership firm and LLP) or more than 15% (AOP, BOI, Society, Club, University) or 10% or more (in case of Trust) of shares/capital/profits/property or controlling through voting rights, agreement, arrangement etc.

OR

C. There are no natural person(s) who exercise control or ultimately have a controlling ownership interest, therefore details of all partner(s) (for partnership)/trustees (for trust)/ senior managing officials (for unincorporated bodies)/directors/senior management (for company) who are natural person(s) are stated below.

Name of BO/SMO 1 _____ % Name of BO/SMO 2 _____ %

Name of BO/SMO 3 _____ % Name of BO/SMO 4 _____ %

Name of BO/SMO 5 _____ % Name of BO/SMO 6 _____ %

OR

D. No Change (Note for branch: Ensure Beneficial owner details are updated in Finacle)

5. FOR OFFICE USE ONLY

- I hereby certify that this service request form is complete in all respects and relevant documents have been obtained as per the KYC guidelines of the Bank and performed due diligence to verify the genuineness of the customer.
- In case of signature mismatch, I certify that the customer has personally met and has signed in my presence. Kindly process the request.
- We have made best efforts to identify the beneficial owner(s) of the said entity. The details furnished above have been verified from information, wherever available, in public domain.
- I certify that I have checked if the Current Account/s is linked to a family/group. In case the Current Account/s is not eligible for grouping post removal of Key Managerial Personnel/Key management Person as defined for CASA grouping process, steps for delinking Current Account/s from the family/group will be initiated.

For Axis Bank Limited

Signature: _____

Employee ID: _____

Name of Official: _____

Designation: _____

S.S. Number: _____

Date :

ACKNOWLEDGEMENT

Account Number:

Branch Name: _____

Request Type: _____

Date of Request received:

Name and Signature of Branch official: _____

6. Update RE_KYC (Non Individual Constitution)

***CONSTITUTION OF THE ENTITY**

- Proprietorship Partnership Limited Liability Partnership Charitable trust Public Limited Company Private Limited Company Government Bank
 Societies Self Help Group Trust Section25 Companies State Government Central Government One Person Company
 Local Government Others (specify)_____

COMMUNICATION/LOCAL ADDRESS

Change in communication/local address as updated in Bank record Yes / No. (If Yes, please fill the details below. New address will get updated at customer Id mentioned on Service Request Form)

*Line1 _____
 *Line2 _____
 Landmark _____ *City _____
 *Pincode _____ *State _____ *Country _____

REGISTERED / RESIDENCE ADDRESS

Same as Communication / local Address Yes No (If No, please fill the details below. Address will get updated at Customer ID)

*Line1 _____
 *Line2 _____
 Landmark _____ *City _____
 *Pincode _____ *State _____ *Country _____

***BUSINESS DETAILS**

Date of Incorporation _____ Date of Commencement of Business _____ Country of Incorporation _____
 Registration No. /CIN _____ Place/City of Incorporation _____
 PAN _____ #Occupation Code _____ (To be filled by branch)
Nature of Business (Please tick if there is change in any of the field mentioned below)
 Manufacturing Service Provider Stock Broker Real Estate Trading (Retail/Wholesale) Transport
 Education Trust NGO Bullion Regulatory Other (specify)_____
Annual Turnover (in Rs.) _____ (Please enter numeric values only) **Number of Years in Business** _____
Source of funds: Business Income Donation/Grant From Group Company Equity Investment Other (specify)_____

7. *KYC OF THE ENTITY

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

(Applicable for FCRA accounts only)

MHA License Issuance/RenewalDate _____ MHA License Expiry Date _____
 MHA Regd. No. _____ Existing FCRA A/c _____

8. TERMS & CONDITIONS (To be signed by the existing signatory/ies with Rubber Stamp, as applicable)

I/We (In this context, "I/we,"my/ours" and "me/us" refers to all holders of the account) have read and understood the T&C and understand that any changes to the T&C will be available on the website www.axisbank.com only. I/We confirm that the authorized signatories as approved by me/our Board/ all the partners of the firm/ all members of the Managing Committee, are authorized to operate the account. I/We hereby agree to indemnify Axis Bank and their successors or assignees if any of the representations and declarations made here under by me/us is incorrect, false or misleading in any of its particulars. I/We declare, confirm and agree that all the particulars and information given in the Application form (and all documents referred or provided therewith) are true, correct, complete and upto date in all aspects and I/We have not withheld any information. I/We will ensure that any update/change in any information or documents provided by me/us in future would be intimated/informed to the Bank promptly, i.e. within 30 days from the date of change.

"I/We hereby authorize Axis Bank to exchange, share or part with all the information/data provided herein including personal and business information with financial institutions/credit bureaus/agencies/ statutory bodies/other such persons, in order to facilitate the Bank to comply with its obligations under various applicable laws, regulations, and standards. I/ We shall not hold Axis Bank Ltd. or its agents/representatives liable for using/sharing information provided herein for the said purpose".

For Companies: I/ We are enclosing herewith relevant self-certified extracts of MCA website pertaining to our company. We confirm that the same is up-to-date. We confirm that all other KYC documents pertaining to the company and its authorised signatories as informed to the Bank from time to time continue to be valid.

CKYC Declaration: 1) I/We 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. 2) My/ Our personal/KYC details may be shared with Central KYC Registry 3) I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address"

Note for Re-KYC & BO updation: For Partnership/LLP/AOP/Society/Trust/Club/University/Institution: The declaration should be signed by an active/designated partner in case of Partnership Firm/LLP, a trustee in case of Trust, a senior member in case of AOP, Society, Club and member of the Managing Committee in case of University and Institution. **For Companies:** The declaration to be signed by the official authorized to sign the Board Resolution/Company Secretary/ Person signing the Board Resolution.

Disclaimer: Bank will process your Service Request within 10 working days (Turn Around Time - TAT) from the date of submission of Service Request Form complete in all respect alongwith all relevant documents as per the internal guidelines of the Bank and the regulatory requirements. TAT may not be applicable under certain unforeseen circumstances which are beyond the control of the Bank. The Bank shall not be held responsible for delay due to such circumstances.

Signature 1 _____ Signature 2 _____
 Name 1 _____ Name 2 _____
 Signature 3 _____ Signature 4 _____
 Name 3 _____ Name 4 _____

*Place of verification _____ *KYC verification date _____ *KYC date of Declaration _____

Applicable for Request type 3.e and 3.f

CSRF/18.01.2024



CASO2

Personal Details (Authorised Signatory/Partner/Proprietor/Director/POA/LOA/Trustee/Beneficiaries/Senior Management/Guarantor)

*Role Type (Tick any one) Authorized Signatory POA LOA CIB Role (Tick any one if CIB Role Required) { Initiator Viewer Approver Initiator & Approver

*Relation Person Type: (Tick any one) Proprietor Director Promoter Trustee Partner Guarantor None of these

Beneficial Owner (BO) If yes, provide % Share OR Senior Management

BO is the person holding more than 10% share capital in the Company /Partnership/ LLP or 10% & above in Trust or more than 15% in Association/BOI/Society/University. BO details need not be provided if the entity is a 'Listed Company' or a 'Majorly owned subsidiary of a listed company' in India or jurisdiction notified by Central Govt.

Existing CIF ID Y N If Yes, CIF ID Existing CKYC

*Name PREFIX FIRST MIDDLE LAST

Maiden name (if any) PREFIX FIRST MIDDLE LAST

*Mother's Name PREFIX FIRST MIDDLE LAST

*Father's Name/Spouce Name PREFIX FIRST MIDDLE LAST

*DOB/DOI (DOI is for HUF only) *Gender Male Female Third Gender *Nationality

*Place/City of Birth *Country of Birth

*PAN OR FORM 60 & PAN Acknowledgment No.

PAN Acknowledgment Date (Mandatory if PAN Acknowledgment No. is provided) *Marital Status: Married Unmarried Others

*Designation #Occupation Code #To be filled by branch

*Resident Status Resident Indian(01) NRI(02) HUF(03) OCI(17) PIO(18) Foreign National - Non PIO(19)

*Occupation Type Tick any one { S-Service^ [Private Sector Public Sector Government Sector] ^Occupation sub-type to be selected for S-Service & O-Others O-Others^ [Professional Self Employed Retired Housewife Student] B-Business X-Not Categorised

*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

*City *State

*Country *Pincode

KYC OF THE INDIVIDUAL

Table with 6 columns: Identity Proof Document Type, ID No., Issuing Authority, Place of Issue, Date of Issue, Date of Expiry. Rows for Identity Proof and Address Proof documents.

DEBIT CARD Y N If yes, Business Supreme Business Platinum Business Classic

*Desired Individual Name on the Card Entity Name to be printed on Card Y N (First 14 characters of the name will be printed on the card)

FATCA-CRS Declaration

*Address Type for Tax Purpose Same as above As given below *Controlling Person Type Code (refer description on page 8)

*Line1

*Line2

Landmark *City *Pincode

*State *Country

*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

Table with 3 columns: Country*, Tax Identification Number*, Identification Type (TIN or Other*, please specify)

#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

Signature of Authorised Signatory



Name of Authorised Signatory



CASO2

Personal Details (Authorised Signatory/Partner/Proprietor/Director/POA/LOA/Trustee/Beneficiaries/Senior Management/Guarantor)

*Role Type (Tick any one) Authorized Signatory POA LOA CIB Role (Tick any one if CIB Role Required) { Initiator Viewer Approver Initiator & Approver

*Relation Person Type: (Tick any one) Proprietor Director Promoter Trustee Partner Guarantor None of these

Beneficial Owner (BO) If yes, provide % Share OR Senior Management

BO is the person holding more than 10% share capital in the Company /Partnership/ LLP or 10% & above in Trust or more than 15% in Association/BOI/Society/University. BO details need not be provided if the entity is a 'Listed Company' or a 'Majorly owned subsidiary of a listed company' in India or jurisdiction notified by Central Govt.

Existing CIF ID Y N If Yes, CIF ID Existing CKYC

*Name PREFIX FIRST MIDDLE LAST

Maiden name (if any) PREFIX FIRST MIDDLE LAST

*Mother's Name PREFIX FIRST MIDDLE LAST

*Father's Name/Spouce Name PREFIX FIRST MIDDLE LAST

*DOB/DOI (DOI is for HUF only) *Gender Male Female Third Gender *Nationality

*Place/City of Birth *Country of Birth

*PAN OR FORM 60 & PAN Acknowledgment No.

PAN Acknowledgment Date (Mandatory if PAN Acknowledgment No. is provided) *Marital Status: Married Unmarried Others

*Designation #Occupation Code #To be filled by branch

*Resident Status Resident Indian(01) NRI(02) HUF(03) OCI(17) PIO(18) Foreign National - Non PIO(19)

*Occupation Type Tick any one { S-Service^ [Private Sector Public Sector Government Sector] ^Occupation sub-type to be selected for S-Service & O-Others O-Others^ [Professional Self Employed Retired Housewife Student] B-Business X-Not Categorised

*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.)

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*Line2

Landmark

*City *State

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*Line2

Landmark *City *Pincode

*State *Country

*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

Table with 3 columns: Country, Tax Identification Number, Identification Type (TIN or Other, please specify)

#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

Signature of Authorised Signatory

Photo 35mm X 35mm

Name of Authorised Signatory

Sign across the Photo