Customer Application Form
For Electronically Sourced Accounts


## V3.0/CASA BYOD/Dec23



Form for declaration to be filled by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 1148 If applied for PAN and it is not yet generated enter date of application

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

## Verification

I, $\qquad$ 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 $\qquad$ day of $\qquad$ 20 $\qquad$
$\square$ Date , Place $\qquad$ and acknowledgement number
a. Agricultural income (₹)
b. Other than Agricultural income (₹)


For Salary / Defence Account
For Salary Account - Employee Code


FORM 60
Form for declaration to be filled by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114 B
If applied for PAN and it is not yet generated enter date of application $\square$ and acknowledgement number

If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per

| a | Agricultural income ( $₹$ ) |
| :--- | :--- |

b Other than Agricultural income (₹) Verification
I, $\qquad$ do hereby declare that what
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 $\qquad$ day of $\qquad$ .20_ -
Date $\qquad$ , Place $\square$
I do hereby solemnly declare that the information provided above is up to date and correct and I hereby submit my recent photograph and photographs of the KYC documents.
ES Signature of Joint Applicant 1
KYC documents.

[^0]
## ENROLMENT FORM FOR HEALTH INSURANCE

with you always
This is an application for Insurance \& will form the basis of the policy certificate that We may issue. Every information, this application seeks is important \& mandatory. Please read all questions and answer them carefully. You must provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of proposal and policy certificate even if it is issued. We are under no obligation to accept any proposal for insurance. If We accept a proposal for insurance, it shall be subject to the Policy terms and conditions and We shall have no liability to make any payment under the Policy if proposal is not accepted by us or premium is not received by us in full and in time, or non-fulfilments of additional information requested by us, if any or if the proposal is under-process \& claim arises in the interim period before the decision on the proposal is given by us.
Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited. Please fill-up this form in CAPITAL LETTERS
Employee ID:


Intermediary Code: 0015455000
Bank A/c No.:
(15 digit Account Number)
PLAN DETAILSA:
PLAN DETAILS B:
Group Medicare Sum Insured ₹ 15 Lakh, Deductible: 2 Lakh Premium Rates: ₹ 1999/- (Incl GST)
Group Personal Accident+ Personal Extended Protection Policy Premium : Sum Insured ₹ 10 Lakh -Adults, ₹ 5 Lakh -Children ₹ 1482 + ₹ 17 = ₹ 1499/- (Incl GST)

PLAN DETAILS C: $\square$ Group Medicare + Group Personal Accident+ Personal Extended Protection Policy Premium ₹ $1999+₹ 1482+₹ 17$ = ₹ 3498 (Incl GST)

| Sr. No. | Name of the Insured Persons | Relationship with Applicant | Date of Birth | Gender | Occupation | Unique ID |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 |  | Self | D/D/m/M/Y/Y/y/y |  |  |  |
| 2 |  | Spouse |  |  |  |  |
| 3 |  | Child 1 |  |  |  |  |
| 4 |  | Child 2 |  |  |  |  |

PART C: MEDICAL \& LIFESTYLE INFORMATION*: Note: This section is applicable for all the persons to be insured
I/We hereby declare that me or any of the persons proposed for insurance have not suffered from or not taken treatment or not hospitalized for or not have been recommended to take investigations/medication/surgery or not undergone a surgery for any of the following medical condition

- Cancer/kidney failure/stroke/heart disease/paralysis
- Any joint disorder including restriction in movement or any form of arthritis
- Any disease of major organs including but not limited to brain, heart, kidney, lungs, liver or any neurological disorder

I/we further confirm that me or any of the persons proposed for insurance are in good state of health.
SECTION III: DECLARATION \& WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED
I/ We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons.
I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full payment of the premium chargeable.
I/ We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
I/We declare and consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be seeking insured/ proposer information or from any past insurance or present company employer to whom an concerning application anything for which insurance affects on the physical person to or be mental insured/health of proposer the has person been to be made for insured/proposer the purpose and of underwriting the proposal and/or claim settlement.
I/ We authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.
The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. $1 /$ we have understood these and confirm to abide by the policy terms \& conditions.
I/We hereby authorize AXIS Bank to debit my linked account towards initial premium for the respective plans mentioned above.
Signature of Proposer :
Date

| $D$ | $D$ | $M$ | $M$ | $Y$ | $Y$ | $Y$ | $Y$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

## VERNACULAR DECLARATION (CERTIFICATION IN CASE THE PROPOSER HAS SIGNED IN VERNACULAR/THUMB PRINT):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.
Signature/Thumb impression of the Proposer: $\quad$ Date


Name \& Signature of agent/intermediary:
Place:
Prohibition of Rebates - Section 41 of insurance Act, 1938 as amended by insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.


Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions please read policy document carefully before concluding a sale

## Joint Applicant 2

*Name $\square$

Mob No.


Email Id
FORM 60
Form for declaration to be filled by an individual or a person (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 $\square$ 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 (₹)
```


## Verification

I, $\qquad$ 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 $\qquad$ day of . $\qquad$ .. 20 _

Date $\qquad$ , Place $\qquad$ Signature of Joint Applicant 2

## Declaration-Public Provident Fund Account

## 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) Ihereby 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 depositin 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) Ihereby 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

## Applicable only for PPF Transfer-in from Post Office/Bank to Axis Bank

i) Ihereby 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) Ihereby 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.
 Electronic Form Filling: I/We hereby confirm for opening an account with Axis Bank using tablets and authorize to enter the account opening details on my/our behalf and as per the instructions given by me in the electronic application form. That I/We have reviewed and verified the details entered by him/her in the











































































 account (SBERA) with salary account as has been captured on Account Opening Form during account opening journey.
Acknowledgement (to be filled by branch)

Application form acknowledgement
have received Application no. From
for opening an account with Axis Bank Branch
Name of Bank Official
Mobile No.

Nomination acknowledgement
I. We acknowledge receipt of nomination made by you in favour of:

Name of nominee
$\square$ I/We do not wish to keep a nominee in said account(s) and avail nomination facility.
I/We have understood that you do not wish to nominate anyone in your captioned singly held account. In this regard, we would like to inform you that, appointing a nominee in an account is beneficial for the following reasons:

1. In case of death of the account holder ,the bank will easily pass on the funds in the account to the nominee
2. Hassle-free formalities for the nominee while claiming benefits $\qquad$

 needs to accept full responsibility for the Debit card and agree not to make any claim against Axis Bank, in respect thereto.
 right to suspend the services of TRUST 24 Card unilaterally without any prior notice or assigning any reason


 linked accounts (including any new account that ne be opened) will be cover ed under the Funds Transfer facility as p er rules in force from time to time.

 of mistake on part of the account holder or that of the mobile service provider in respect of these services, the Bank will not be responsible and the account holder agree that no claim will be made against the Bank.







 discontinue/alter/modify the facility at the terms and conditions as specified therein at the sole discretion of the Bank.

## Tele banking and Phone Banking:




 change the TPIN number through the IVR system as per extant procedure. The customers are required to cooperate for the safe custody of TPIN number.*
Disclaimer:
 above services is governed by the term \& conditions in force from time to time as set forth on the website www.axisbank.com and agree to abide by the same.


 so is to avoid any unauthorized use.
*Exclusively available only on Priority Banking Accounts. Charges as applicable at the time of issuance.

## Dear Customer,

Thank You for applying for Axis Bank Credit Card
Please Note;

- Our representative will contact you for verification of your residence / office address and contact details
- You can check your application status on the bank's website with your Application ID which will be sent you shortly.
- The Credit Card decision would be communicated within 21 working days

Declaration - Confirmation of Application and Acceptance of Fees
I,
, confirm that the I have applied for an Axis Bank Credit Card and the sales personnel have explained the product and its features in details. I agree to be levied Joining \& Annual Fees (Plus services Taxes as applicable) as mentioned below:

| Card Type | Joining Fees | Annual Fee <br> (2nd Year Onwards) | Condition/Waivers/Vouchers |
| :---: | :---: | :---: | :---: |$|$| (for priority customers) |
| :---: |
| Privilege Card <br> Privilege Card <br> (with unlimited travel benefits) <br> $\square$ |
| Waived |
| My Zone |
| $\square$ |

I the undersigned declare, confirm and agree: That I hereby acknowledge that the credit limit on my Credit Card will be decided by Axis Bank and no commitment has been made to me in this regard.


[^0]:    I have read and agreed to
    website www.axsbankicom

    $$
    \begin{aligned}
    & \mathrm{d} \text { to the } \\
    & \text { mentioned Most Important Rules and Regulations }
    \end{aligned}
    $$

     information will have to be reported to tax authorities/ appointed agencies/ withholding agents for the purpose of ensuring appropriate wittholding from the account or any proceeds in reclation Aadhaar: I heroby state that I have no oblection in authenticating myself with Aadhaar based authentication system and consent to providing my Aadhaar numb
    (OTP) data (and/or any simlar authentication mechanism) for Aadhaar based authentication for the purposes of avallig of the Banking Services from Axis Bank.

