AXIS BANK Fixed/Recurring Deposit Existing Customers - Resident Individuals/HUF/Overseas Indians/Non Individual Entities Form Type
Type of Account:
Fixed Deposit       Recurring Deposit       Tax Saver FD*       FD Plus*       NRE Deposit       NRO Deposit       FCNR Deposit       RFC Deposit         *Cannot be closed prior to maturity       *Composition       Composition       Composition       FCNR Deposit       RFC Deposit
Customer Onboarding Section Primary Applicant
Name*         P         R         F
Customer ID*
Joint Applicant
Name* PREFX FIRST MIDDLE
Customer ID*
Please mention no. of Joint Applicants 0 If more than one joint applicant, use TDJ01 form for joint applicant. ***PAN or Form 60/61 mandatory for deposit amount of Rs. 50,000/- and above. PAN is mandatory for Tax Saver FD. PAN or Form 60/61 is not required for NRI/FCNR deposit *To avail Senior Citizen Rate of Interest, ensure your Date of Birth is updated in Bank Account. Special rate available for Staff and Senior Citizens are not applicable for NRE/NRO/FCNR/RFC deposits <b>FD/RD Details</b>
Deposit/Installment Amount: Tenure: Months Days Tenure of RD should be onlyin multiples of 3 months
Interest payout (Tick one): Simple (Payout) Cumulative (Reinvestment) Monthly (MIC) Quarterly (QIC) Half-yearly* *Applicable for Overseas Indians only
Auto Renewal**: Y N (No auto renewal for RD, FD Plus and, Tax Saver ) Auto Closure**: Y N "If yes, please fill "INTEREST PAYMENT/MATURITY PROCEEDS'Section.
Rate of Interest% P.A Deposit value Date D M M Y Y Y
Standing Instruction for RD: kindly debit my A/C no. on of every month.
Mode of Operation*
Self Either/ survivor Former / survivor Anyone/ survivor Jointly by all Minor A/C operated by Guardian Others
FD Advice/Receipt An electronic FD advice will be sent to the registered email id within 2 working days from the date the Fixed Deposit Accounts is opened /renewed. In case email ID is not registered, please
update through branch/IB/MB. Issue me/us physical Fixed deposit advice
Interest Payment / Maturity Proceeds
For Interest Payment/Maturity Proceeds:
Issue DD/PO In Name
and payable at City
TDS to be deducted: V II fNo, TDS exempt reference No
TDS exempt submission date D D M M Y Y Y Form 15G/15H (for senior citizens) Y N To be collected separately by Branch wherever applicable.
Note: 1) Interest payment is subject to RBI guideline from time to time. 2) please refer the latest interest rate chart at the branch or visit www.axisbank.com 3) Interest payment is subject to tax deduction at source. 4) No interest would be paid if the NRE/FCNR deposit is prematurely closed before 1 year and also subject to terms and conditions. 5) Maturity value is subject to tax deductions 6) TDS shall be applicable on Fixed deposit/ Recurring deposit placed with the bank
Remittance Details * Applicable for Overseas Indians only         Payment by : DD       Cheque       Wire Transfer       TC       FC       Debit to Account       Amount ₹/FC
Currency Type : INR FC (Please specify Foreign Currency) Remitted through Note: Funds in NRO account cannot be debited for creation of NRE and FCNR deposits
Initial Payment Details
Deposit Amount ₹ (in words)
Mode of Payment : Cash Debit my/ our existing A/C A/C No. (as per mode of operation)
To open account with cash, customer can deposit cash upto ₹20,000/- in account opening branch only Cheque No. Dated Date
Cheque No. Dated D D M M Y Y Y Y Cheque should be crossed A/C payee and drawn payable to "Axis Bank Ltd A/c <applicant name="">" Drawn onBankBranch</applicant>
Customer Copy
AXIS BANK
Date: Account No/Customer ID: Branch Name
Type of Deposit:       Fixed Deposit       Fixed Deposit Plus (Non Withdrawable FD)       Recurring Deposit       Tax Saver Fixed Deposit         Applicants Name:       Joint Applicants       Joint Applicants       Joint Applicants
Amount of deposit (in figures) Period of Deposit: Years MonthsDays Rate of Interest:% pa
Interest Payout option: Cumulative Quarterly Monthly Maturity Instruction: Auto Renewal Auto Closure Separate Form 15G/15H has to be submitted every Financial Year to claim exemption from TDS as exemption will be available from the date of receipt of form 15G/H till the end of the Financial Year. Bank Officer's Initials:

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TD/RD APF ETB Form/Version March 25 2728286/03/2025

Nomination	(Applicable only	y for Individuals and Sole Pro	prietorshi	p firms)
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nominee for this deposit I/,We do no		A1 (To be filled in only if a new nominee is to be appointed)	
I/We			event of my/our death the amount of deposit in the FD/RD account,
particulars whereof are given below may	be returned by Axis Bank Limited		alf of the nominee in the event of my/our/minors death during the
Nominee Name	******	Date of Birth	Relationship with Applicant
Nominee Address			
City	State	Pincode	
Guardian Name		Relationship with Nom	inee
City	State	Pincode	
Signature(s) + Thumb impression(s)	) of all the applicant(s)		
Signature Applicant"		Signature of 1st Joint Applicant	ESignatum of 2nd Joint Applicant
Name of Witness 1		Name of Witness	2
Signature		Signature	
Address		Address	
Place	_Date	Place	Date
employee of Axis Bank, provide employe	e number and office address along with		umb impression shall be attested by 2 witnesses. If witnessed by an y one individual. Nomination name to be printed on Fixed Deposit
		Rules & Regulations	
Associations, Club, University, Financial 3.I/We understand that at the time of pl renewal or auto closure options. An Elect 4.In case of auto renewal, as the case m while for Cumulative Fixed Deposit the e 5.In case of auto renewal without any ch	or Fixed Deposit Plus, Tax Saver Rect Institution) acing the fixed deposit. Fixed Deposit ronic Fixed Deposit Advice will be sen ay be, interest rate prevailing on the c ntire maturity proceeds shall be renew ange in existing mode of operation, the	urring deposits and deposit booked for Other Legal Entities ( Advice shall be issued by Axis Bank by default, if I/We do nu t to the registered e-mail ID within 2 working days from the d fate of auto renewal shall be applicable. For Monthly/Quart red respective account opening form be treated as valid and con	erly Fixed Deposit, the principal deposit amount shall be renewed,

before the due date unless the Deposit is Auto Renewed. We understand that 6.I/We agree that the proceeds of the deposit will be paid as per existing bank's mode of payment on the due date or on reque premature withdrawal of Deposit will be subject to penal rates as per banks policies published at https://axisbank.com/TDTnC

7. In the event of death of one of the depositor, premature termination and payment of term deposit held in 'Either or Survivor' or 'Former or Survivor' or 'anyone' basis shall be allowed to survivor/s. Such payment to survivor/s shall give valid discharge to the bank. Such premature withdrawal shall not attract any penal charge. However, the interest rate shall be the rate applicable for the period the deposit has remained with the bank or the contracted rate, whichever is lower. In the event of 'with disposal' instructions being 'either or Survivor' and a premature withdrawal is required by either of the joint holders even when both are alive. In case either one of us requests the bank, to allow either of us to prematurely withdraw the said deposit, the bank is entitled not to honour the same. We further affirm that the payment of proceeds of such deposits to either one of us represents a valid discharge of the bank's liability, provided there is no order from a competent court restraining the bank from making the payment from the said account to either of us represents a valid uscharge of the bank is nability, provided there is no often room account the said account to either of us. In case the mode of operation is 'Either or survivor', in the event of the death of one of the deposit holder, premature withdrawal is required by the survivor: In the event of the death of either one or more of us, the survivor of us, if he/she so requests the bank, to prematurely withdraw the said deposit without seeking the concurrence of the legal heirs of the deceased joint deposit holder, seeking the survivor of us represents a valid discharge of the bank's liability provided: (i) There is no order from a competent court restraining the bank from making the payment from the said account. (ii) That the survivor of us be receiving the payment from the bank as a trustee of the legal heirs of the deceased depositor and that such payment to him/her shall not affect the right or claim that the legal heirs of the deceased customer/s may have against the survivor to whom the payment is made. In case of Joint Fixed Deposits with a survivorship clause, the Bank shall be discharged by paying the Fixed Deposit proceeds prematurely to survivors, on request, in the event of death of one or more Joint depositor Where the deposit is held singly and premature withdrawal is required by the nominee in the event of the deposit death, In the event of my death, the nominee named for the deposit is entitled to prematurely withdraw the said deposit, if he/she so requests the bank, without seeking the concurrence of my legal heirs. I further affirm that payment of the proceeds of such deposit to the nominee represents a valid discharge of the bank's liability.

8.1/we agree that the first instalment shall be debited on the date of opening of the recurring deposit account. Subsequent instalments shall be debited on the selected day of the month

9. In case of delay in payment of any instalment's beyond the calendar month, the depositor /s shall be liable to pay a penalty at INR 10 per INR 1000 per month for the period of delay. Fraction of a month will be treated as full month for the purpose of calculating such penalty 10. The deposits in DIGC are insured for an amount of 5 lakhs (principal + interest) per depositor 11. I accept the general terms & conditions hosted on the Axis Bank's website for Term Deposits at https://axisbank.com/TDTnC

Please note, the customer shall provide his correct personal details only at the time of creation of the TD. Also note that the Rate of Interest modified will be applicable from the last open effective date of the Fixed Deposit. (Please do not sign this form if it is BLANK. Please ensure all relevant sections and columns are completely filled to your satisfaction and then only sign the form) I do hereby solemnly declare that the information provided above is up to date and correct and I hereby submit my recent photograph and self-attested photocopy of the KYC documents.

Esignature of Primary Applicant*	ÆSignature of 1st Jo	Int Applicant	ÉSignature of 2nd Joint Applicar	t	Æ Signature of 3rd Joint Applicant
		For Office L	Jse Only		
A/C No.		A/C Manager			r Axis Bank Limited ranch Head / Authorized Signatory
Transaction entered by	SE Code Branch Code:	Tra	Scheme Code:		ame of Official: esignation : S. Number :
Branch Name	Ledger No.		Label Code:	L	

## **DECLARATION BY THE BRANCH**

I hereby certify that this 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 to time) and performed due diligence to verify the genuineness of the customer. The Account may please be set up in Finacle. Incase of signature mismatch, I certify that the customer has been personally met and has signed in my presence. Kindly process the request.

Nomination Ackn	owledgment
We acknowledge nomination made by you in favor of Mr./Ms./Mrs./Mrs.	agedin respect
of your Fixed/Recurring Deposit Account Number	on the basis of Form DA1 dated
We acknowledge nomination carried forward by you from your Operative Account n	umber:
	Bank

	Form Type		
	Customer Onboarding Section - Jo	int Applicant / Guardian / Karta	
Name* PREFU	S T	M I D	DLE
Existing Customer*	stomer ID		
Contact details updation required	N If No, please proceed to filling the Declarati	ion	
· · · · ·	therwise, bank reserves the right to consolidate t		ny notice to me
Following fields Are Applicable for new customers	or any KYC Modifications Only (for existing customers, a	ddress, contact details given below will be updated i ease fill Minor Declaration Section	n all accounts held with the bank)
DOB/DOI*# D. D. M. M. Y. Y.	Y Y Gender* MET <sup>^</sup> Minor* ♥ N	Married*	
# If minor / senior citizen, please provide proof of D			
PAN*	or FORM 60/61 (If PAN is not availal	ble, please fill up additional declaration Form	60 or 61)
Aadhaar No "\$" 📕 📕 📕 📕 月		Father's Name*	
Passport Expiry Date	A Y Y Y Y	Mother's Name*	
Driving License Expiry Date	CALLUM DISCUSSION NO. 100	ther's Maiden Name	
\$1 hereby state that I have no objection in authenticating my s for the purposes of availing of the Banking Services from Axis I	elf with Aadhaar best authentication system and consent to providing my A Bank.	adhaar number, Biometric and / or one time pin (OTP) data (and / or a	any similar authentication mechanism) for Aadhaar based authentication
	Address I	Details Please note the address below	
Communication /			
Residence Address*			
Landmark*		City*	
Pin code*		Country*	
Residence Type* Owned 📃 Renter		npany Provided AM@GMAIL.COM	
Mobile No*	Email Address		
Tel. No.(R)		ure to furnish correct email ID.	
	Tel. No. (O)		
Permanent Address *	Inication address Please note the addr	ress below	
Landmark*		City*	
Pin code*	te*	Country*	
Residence Type * Owned 📃 Rented	d/Leased Ancestral/Parental Con	npany Provided Preferred Language of	Communication
CUSTOMER IN	FORMATION & PROFILE (Mandatory) #	Please mention occupation codes as applical	and the second
Nationality		Constitution code: (To be filled by branch)	Occupation code: (To be filled by branch)
Occupation Salaried	Self Employed Unemployed	Retired Housewife	Student Politician
If occupation is Salaried:		If Occupation is Self Employed:	
Pvt Ltd Public Ltd		a) Nature of Business	nal Service Provider Agriculture
Partnership firm Public Sector		Bullion /Gold Jewelry Stock Bro	
Multinational Others (Ple)	ase speciny)	Trader Money Le	nder
		Others (Please specify) b) No. of Y Employ	Years in Business / 0 0
Annual Income#	ad in this soction		1
(# Only absolute numeric values to be entern Source of Fund Salaried	Business Income Agricul	Iture Investment Income	Others (Please specify)
		·	
Account opening through a VVC (Apple	Know Your C	1.000 444	d by the Branch
Account opening through e-KYC (Aadhaar) If No, please provide KYC documents (Att	tach photocopies of the following documents		
Identity Proof Document Type*	ID No.*	Issuing Authority	Place of Issue
Address Proof Document Type*	ID No.*	Issuing Authority	Place of Issue

l do hereby solemn								
	ly declare that the informatio	on provided above	is up to date and correct	and I hereby submit m	y recent photograph	and self-attested p	hctocopy of	
he KYC document								
							PHO	OTO
K	Signature of Joint Applicant	8		Signature of all o	other holders			
				e e e e e e e e e e e e e e e e e e e				
K. Currenterrow	f Bank Official in whose presence	a standard	EMP No.	Date	D D M M 1	Y Y Y Y	35 mm 3	X 35 mm
Signature o	n bank ornual in whose present	se sugnieu						
				er Products & Offering				
	Axis Bank/Subsidiaries/Affilia		acting me for various oth	er product updates, m	arketing promotions	5,		
pecial offers of an	ny such information form tim	ie to time.						
do hereby give m	y consent to receive such inf	formation through	Email 🝸 N	SMS Y N Pho	one Calls 🛛 🕅	Signatu	re	
		~	Additional Declar	rations (Tick as applical	No)	- Provide and a constraint of the second		
			Additional Decia	TACIONS (TICK as applical	ole)			
FORM 60		1422 A 155 (1424) 15	. <u>K.</u> (M. d.	555 555 56	54 WAG	23 75	33. 94.75	
Fo	orm for declaration to be file	ed by an individual				ermanent account	number and who	5
			enters into any transac	ction specified in rule	114B			
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f PAN not annlied	, fill estimated total income	(including income	of spouse, minor child et	c. as per a Agricu	Itural income ₹	11		
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,		do hereby de	eclare that what is stated	l above is true to the l	best of my knowledg	ge and belief. I furth	her declare that I	
lo not have a Pern	manent Account Number and	d my/ our estimate	ed total income (including	g income of spouse, m	ninor child etc. as per	r section 64 of Inco	ome-tax Act, 196	1)
computed in accor	dance with the provisions of	f Income-tax Act,	1961 for the financial year	ar in which the above	transaction is held w	vill be less than ma	ximum amount r	ot chargeable
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o tax. verified too	lay, the	day of	20					
Date	Place					Sig	nature	
		Fatca- Crs	Declaration Please t	ick the applicable tax resi	ident declaration (Any o	one)*		
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Please indicate	the country/ies in which th	nt of any other cou le entity is a reside	untry OR 🗌 I am a tax re	esident of the country, the associated Tax ID	/ies mentioned in the Number below:	e table below:		
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