

Nomination (Applicable only for Individuals and Sole Proprietorship firms)

I/We have been explained about the benefits of availing nomination facility

☐ I/We understand that nomination and its details as provided in the Saving/ Current Account with the Bank from which the FD Is created shall also be applicable to such FD ☐ I/We wish to appoint a new nominee for this deposit ☐ I/We do not wish to appoint a nominee for this deposit for this deposit**Form DA1 (To be filled in only if a new nominee is to be appointed)**

I/We _____ (name(s) & address(es) of the depositor(s)) nominate as the Nominee for this FD/RD-to whom in the 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

*As the nominee is a minor on this date, I/We appoint the guardian (details provided here under) to receive the amount of the deposit on behalf of the nominee in the event of my/our/minors death during the minority of the nominee.

Nominee Name _____ Date of Birth _____ Relationship with Applicant _____

Nominee Address _____

City _____ State _____ Pincode _____

Guardian Name _____ Relationship with Nominee _____

Guardian's Address _____

City _____ State _____ Pincode _____

Signature(s) + Thumb impression(s) of all the applicant(s)

Signature Applicant

Signature of 1st Joint Applicant

Signature of 2nd Joint Applicant

Name of Witness 1 _____ Name of Witness 2 _____

Signature _____ Signature _____

Address _____ Address _____

Place _____ Date _____ Place _____ Date _____

Where the deposit is in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. +Thumb impression shall be attested by 2 witnesses. If witnessed by an employee of Axis Bank, provide employee number and office address along with the official stamp. Nomination can be made in favour of only one individual. **Nomination name to be printed on Fixed Deposit Advice or Receipt** ☐ Yes ☐ No In case the applicant fails to provide any input, the nominee name will be printed on the advice/receipt.**Rules & Regulations**

- Fixed Deposit Plus Deposits and Tax Saver Deposits (Retail & Corporate) cannot be closed prior to date of maturity
- Auto-renewal option is not available for Fixed Deposit Plus, Tax Saver Recurring deposits and deposit booked for Other Legal Entities (Cooperative Societies, Partnership, Limited Liability Partner, Trust, Associations, Club, University, Financial Institution)
- I/We understand that at the time of placing the fixed deposit. Fixed Deposit Advice shall be issued by Axis Bank by default, if I/We do not opt for a Fixed Deposit Receipt and if I/We have opted for auto renewal or auto closure options. An Electronic Fixed Deposit Advice will be sent to the registered e-mail ID within 2 working days from the date the fixed deposit account is created/renewed.
- In case of auto renewal, as the case may be, interest rate prevailing on the date of auto renewal shall be applicable. For Monthly/Quarterly Fixed Deposit, the principal deposit amount shall be renewed, while for Cumulative Fixed Deposit the entire maturity proceeds shall be renewed
- In case of auto renewal without any change in existing mode of operation, the respective account opening form be treated as valid and continuing.
- 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 request before the due date unless the Deposit is Auto Renewed. We understand that premature withdrawal of Deposit will be subject to penal rates as per banks policies published at <https://axisbank.com/TDTnTc>
- 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. 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/s, the Bank is entitled to honour the same. We further affirm that payment of the proceeds of such deposit to 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 would 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.
- I/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
- 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
- The deposits in DIGC are insured for an amount of 5 lakhs (principal + interest) per depositor
- I accept the general terms & conditions hosted on the Axis Bank's website for Term Deposits at <https://axisbank.com/TDTnTc>

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.

Signature of Primary Applicant Signature of 1st Joint Applicant Signature of 2nd Joint Applicant Signature of 3rd Joint Applicant

For Office Use Only

A/C No.		A/C Manager		For Axis Bank Limited Branch Head / Authorized Signatory Name of Official: _____ Designation : _____ S. S. Number : _____
Transaction ID		Value date	DD MM YY YY	
Transaction entered by		SE Code		
RD SI number		Branch Code:		
Branch Name		Ledger No.		
		Scheme Code:		
		Label Code:		

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. In case of signature mismatch, I certify that the customer has been personally met and has signed in my presence. Kindly process the request.

Nomination Acknowledgment☐ We acknowledge nomination made by you in favor of Mr./Ms./Mrs./Mrs. _____ aged _____ in 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 number: _____

Branch Official's Signature

Bank Seal

Declaration & Signature

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.

Signature of Joint Applicant

Signature of all other holders



Signature of Bank Official in whose presence signed

EMP No.

Date

Information on other Products & Offerings*

I hereby agree to Axis Bank/Subsidiaries/Affiliates/Agents Contacting me for various other product updates, marketing promotions, special offers or any such information from time to time.

I do hereby give my consent to receive such information through

Email ☐ ☐

SMS ☐ ☐

Phone Calls ☐ ☐

Signature _____

Additional Declarations (Tick as applicable)

☐ FORM 60

Form for declaration to be filed 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 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 ₹	<input type="text"/>
b	Other than Agricultural income ₹	<input type="text"/>

Verification

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 _____

Fatca- Crs Declaration 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:

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"/> Permanent Address <input type="checkbox"/> Please note the address below
			Landmark
			Pin <input type="text"/> State _____ Country _____

To also include USA, where the individual is a citizen/ green card holder of USA % In case Tax Identification Number is not available, kindly provide functional equivalent⁵
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 the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature _____

Minor Declaration

Type of Guardian: ☐ Father ☐ Mother ☐ Court Appointed ☐ Testamentary Guardian

Full Name of Guardian Mr. ☐ Ms. ☐

I hereby declare that the date of birth of the minor who is my _____ is ____/____/____ and I am his/her natural and lawful guardian/ guardian appointed by court order, dated ____/____/____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.

Signature _____

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
- I hereby confirm to download my CKYC details and use it for abiding any bank's guideline.

Signature of 1st Joint Applicant

Date Place: _____