

Fixed/Recurring Deposit Existing Customers - Resident Individuals/HUF/Overseas Indians/Non Individual Entities

Form Type

		TE	E001			Date:	D D	IM A	al Y	YY	Y
Type of Account: Fixed Deposit Recurring Deposit	Tax Saver FD*	FD Plus*	NRE Deposit	NRO Deposit			Deposit		PEC I	Deposit	_
*Cannot be closed prior to maturity	Tax Saver T D	ACCOMMENT .		TAKO Deposit		CINK	эсрози		NI C D	reposit [_
Primary Applicant		Customer On	boarding Section								
Name* PREFX FIFST					MID	DLE		TT			T
LABT					T	ΤŤ	$\overline{\Box}$	$\dagger \dagger$	〒	11	Ť
Customer ID*		Senior C	Citizen* V N		ΡΔ	N***	+	$\pm \pm$	\pm	++	t
Joint Applicant		ocinor c	siezen [] []		• • • •						_
Name* PREFX FIFST					MII	DLE		TI		T	
LABT					77	11		TT	$\overline{}$	11	Ť
Custom	ner ID*		1								-
Please mention no. of Joint Applicants 0 If r		icant, use TDJ01 fo	□ orm for joint applican	t.							
***PAN or Form 60/61 mandatory for deposit amoun									00/501/		
To avail Senior Citizen Rate of Interest, ensure your	Date of Birth is updated in	The second secon	Details	aff and Senior Citi	zens are n	ot applic	able for	NRE/NR	(O/FCNF	R/RFC de	oos
Deposit/Installment Amount:		Tenure:	Months	Days	Tenure of F	RD should	be only	in multip	les of 3 m	onths	
nterest payout (Tick one): Simple (Payout)	Cumulative (Reinve	stment) Mo	onthly (MIC) Qu	arterly (QIC)	NAME OF THE OWNER, NAME OF THE O				Overseas		nly
	RD, FD Plus and, Tax Sav			fill "INTEREST PAYMENT/M							
	value Date										
	[SIS]										
tanding Instruction for RD: kindly debit my A/C	no.			on	of e	very mo	nth.				
Mode of Operation* Self Either/ survivor Former		/	□ latation of □	7 M: MC							
FD Advice/Receipt	/ survivor Anyon	ne/ survivor [Jointly by all	Minor A/C op	erated by	/ Guardi	an	Oth	ers		
An electronic FD advice will be sent to the registe	red email id within 2 work	king days from the	date the Fixed Deposit	t Accounts is oper	ned /rene	wed. In o	ase em	ail ID is	not regis	tered, ple	eas
pdate through branch/IB/MB.											
ssue me/us physical Fixed deposit advice	Inte	erest Payment /	/ Maturity Proceed	s							
or Interest Payment/Maturity Proceeds:				•							
Credit My Axis Bank A/C No											
Issue DD/PO In Name					П	TT	П	П	TT	П	Τ
nd payable at City											
DS to be deducted: If No, TDS exempt refe	rence No										
		SOLD FOR THE PROPERTY OF THE P									
DS exempt submission date		15G/ 15H (for se		N To be collect							
lote: 1) Interest payment is subject to RBI guideline from tim) No interest would be paid if the NRE/FCNR deposit is prer ecurring deposit placed with the bank											
ecurring deposit placed with the bank	Remittano	ce Details * Appl	icable for Overseas In	ndians only			-				
Payment by: DD Cheque Wire Train	nsfer 🗌 TC 🗌 FC Deb	oit to Account				Amount	₹/FC				I
Currency Type : INR FC (Please sp	ecify Foreign Currency)_		Rem	itted through							
Note: Funds in NRO account cannot be d	ebited for creation of	NRE and FCNR	R deposits								
		Initial Pay	ment Details								
Deposit Amount ₹	(in words)									-	
	// our existing A/C	A/C No.					(as per	mode o	of operat	tion)	
To open account with cash, customer can deposit cash		ppening branch only			v		and the		000 01		
Cheque No.	Dated D D M M	Y Y Y Y	Cheque should be cros	05/08	drawn pay	able to "A	ixis Bank	Ltd A/c	<applicar< td=""><td>nt Name></td><td></td></applicar<>	nt Name>	
Orawn on	Bank		Bran								
·			- 30					-××	c		-
AXIS BANK		Custor	mer Copy								
	No/Gustoman ID				Dranch	lama					
Date: Account Type of Deposit: Fixed Deposit	No/Customer ID:		rawable FD) 🔲 Re		Branch N			Fixed D	eposit		_
Applicants Name:									-pools		
Amount of deposit (in figures)			d of Deposit:			ıs	Days R	ate of I	nterest:	%	6 p
Interest Payout option: Cumulative	Quarterly			struction:					uto Closi		
Separate Form 15G/15H has to be submitted every	/ Financial Year to claim exe	emption from TDS a	s exemption will be avai	lale from the date o	of receipt o	of form 15	G/H till	the end	of the F	Financial	Yea

I/We have been explained about the benefits of availin I/We understand that nomination and its details a nominee for this deposit I/We do not wish to app	ng nomination facility as provided in the Saving/ C			cable to such FD
I/We(name(s) & ac particulars whereof are given below may be returned by	ddress(es) of the depositors)	(To be filled in only if a new nominee is to be app)) nominate as the Nominee for this FD/RD-to wh		eath the amount of deposit in the FD/RD account,
*As the nominee is a minor on this date, I/We appoint minority of the nominee.	the guardian (details provide	led here under) to receive the amount of the depo	sit on behalf of the nominee	in the event of my/our/minors death during the
Nominee Name		Date of Birth	Relat	ionship with Applicant
Nominee Address				
City	State	Pincode		
Guardian Name			with Nominee	
Guardian's Address				
Signature(s) + Thumb impression(s) of all the a		Pincode		SCORORERO SCORES
Signature(s) + Triumb impression(s) or all the a	pplicant(s)			
Signature Applicant*		Signature of 1st Joint Applicant		Signatum of 2nd Joint Applicant
Name of Witness 1	***************************************			
Signature				
Address				
Where the deposit is in the name of a minor, the nomine employee of Axis Bank, provide employee number and Advice or Receipt Yes No In case the application.	l office address along with the	he official stamp. Nomination can be made in fav	our of only one individual. N	
1.Fixed Deposit Plus Deposits and Tax Saver Deposits		Rules & Regulations		
3.I/We understand that at the time of placing the fixe renewal or auto closure options. An Electronic Fixed D 4.In case of auto renewal, as the case may be, interes while for Cumulative Fixed Deposit the entire maturity 5.In case of auto renewal without any change in existin 6.I/We agree that the proceeds of the deposit will be premature withdrawal of Deposit will be subject to per 7. In the event of death of one of the depositor, per Such payment to survivor/s shall give valid discharge deposit has remained with the bank or the contracte the joint holders even when both are alive. In case e further affirm that the payment of proceeds of such bank from making the payment from the said accoun required by the survivor: In the event of the death concurrence of the legal heirs of the deceased joint represents a valid discharge of the bank's liability probe receiving the payment from the bank as a trustee customer/s may have against the survivor to whom prematurely to survivors, on request, in the event of deposit death, In the event of my death, the nomine legal heirs. I further affirm that payment of the proces. 8.I/we agree that the first instalment shall be debited. 9.In case of delay in payment of any instalment/s beywill be treated as full month for the purpose of calcula 10.The deposits in DIGC are insured for an amount of Please note, the customer shall provide his correct personal details (Please do not sign this form if it is BLANK. Please ensure all relevance of the process o	Deposit Advice will be sent to trate prevailing on the dat y proceeds shall be reneweding mode of operation, the repaid as per existing bank's in nal rates as per bank's noll and the bank. Such premate drate, whichever is lower either one of us requests the deposits to either one of the deposits to either one of the deposit in the payment is made. In case the payment is made, in case the payment is made, in case the payment is made. In case the payment is made, in case the pa	to the registered e-mail ID within 2 working days to te of auto renewal shall be applicable. For Month of espective account opening form be treated as valimode of payment on the due date or on request by its published at https://axisbank.com/TDTnC ayment of term deposit held in 'Either or Survivor are withdrawal shall not attract any penal charger. In the event of 'with disposal' instructions being the bank, to allow either of us to prematurely we fus represents a valid discharge of the bank's line mode of operation is 'Either or survivor', in the fus, the survivor of us, if he/she so requests not is entitled to honour the same. We further are from a competent court restraining the bank freeceased depositor and that such payment to him sae of Joint Fixed Deposits with a survivorship of int depositor Where the deposit is held singly entitled to prematurely withdraw the said deposite or erecurring deposit account. Subsequent instalment edepositor /s shall be liable to pay a penalty at life the proposition of the payment of the	from the date the fixed deponly/Quarterly Fixed Deposit id and continuing. Defore the due date unless the or' or 'Former or Survivor' of the However, the interest raing 'either or Survivor' and a dithdraw the said deposit, the sability, provided there is not be event of the death of one the bank, to prematurely waffirm that payment for the making the payment for charm the said the said the said the said and premature withdrawal soit, if he/she so requests the sit, if he/she so requests the she's liability. The shall be debited on the shif's liability. The shall be debited on the shift of the shall be debited on the shift of the shall be debited on the shift of the shift o	is account is created/renewed. It is the principal deposit amount shall be renewed, It is Deposit is Auto Renewed. We understand that It is a premature withdrawal is required by either of It is be a premature withdrawal is required by either of It is be a premature withdrawal is required by either of It is order from a competent court restraining the It of the deposit holder, premature withdrawal is It is of the deposit deposit without seeking the It is of the said account. (ii) That the survivor of us It is not a provided by a paying the Fixed Deposit proceeds It is required by the nominee in the event of the It is be a prevented by the month It is of the Fixed Deposit. It is a provided by the month It is of the Fixed Deposit.
A/C No.		A/C Manager		For Axis Bank Limited
Transaction ID		Value date DDMMY	YYY	Branch Head / Authorized Signatory
	cr.c.			Name of Official:
Transaction entered by	SE Code	Transaction verified by		Designation:
RD SI number	Branch Code:	Scheme Code:		S. S. Number :
Branch Name	Ledger No.	Label Code:		
DECLARATION BY THE BRANCH I hereby certify that this account opening form is comple diligence to verify the genuineness of the customer. Th Kindly process the request.	he Account may please be se	et up in Finacle. Incase of signature mismatch, I cer	rtify that the customer has be	en personally met and has signed in my presence.
We asknowledge pomination made by	you in favor of Mr. /M-	ACTION OF THE PROPERTY OF THE		aged in respect
We acknowledge nomination made by y				
		on the		
we acknowledge nomination carried for	rward by you from you	r Operative Account number:		
				Bank

Branch Official's Signature



	on - Joint Applicant / Guardian / Karta												
Name* PREFUL FIRST	MILE	DDLE											
L A S T		The state of the s											
Existing Customer* N		A COLUMN TO THE											
Contact details updation required													
If <u>not</u> existing customer, I confirm if found otherwise, bank reserves the right to consolidate the customer IDs as it may decide, without any notice to me Following fields Are Applicable for new customers or any KYC Modifications Only (for existing customers, address, contact details given below will be updated in all accounts held with the bank)													
	ninor please fill Minor Declaration Section Married* 7 N	in an accounts real view are suriny											
DOB / DOI*# D M M Y Y Y Y Gender* M F T Minor* L HI minor / senior citizen, please provide proof of DOB AT stands for 'third gender'	Married F N												
PAN* or FORM 60/61 (If PAN is no	available, please fill up additional declaration Form	n 60 or 61)											
Aadhaar No "\$"	Father's Name*												
Passport Expiry Date	D M M Y Y Y Y Mother's Name*												
Driving License Expiry Date	Mother's Maiden Name												
\$ I hereby state that I have no objection in authenticating my self with Aadhaar best authentication system and consent to profor the purposes of availing of the Banking Services from Axis Bank.		any similar authentication mechanism) for Aadhaar based authentication											
Same as primary holder	dress Details Please note the address below												
Communication / Residence Address*	Trease note the address below												
Residence Address													
Landmark*	City*												
Pin code* State*													
	Country*												
Residence Type* Owned Rented/Leased Ancestral/Parental E.G.	Company Provided RKADAM@GMAIL.COM												
Mobile No* Email Address													
	e ensure to furnish correct email ID.												
Tel. No.(R) Tel. No. (O)													
Permanent Address * Same as communication address Please note t	e address below												
Landmark*	City*												
Pin code* State*	Country*												
Residence Type * Owned Rented/Leased Ancestral/Parental	Company Provided Preferred Language of	f Communication											
CUSTOMER INFORMATION & PROFILE (Mandate	ry) #Please mention occupation codes as applical	ble for Non Individuals in case of HUF											
Nationality	Constitution code: (To be filled by branch)	Occupation code: (To be filled by branch)											
Occupation Salaried Self Employed Unempl	yed Retired Housewife	Student Politician											
If occupation is Salaried:	If Occupation is Self Employed:												
Pvt Ltd Public Ltd Proprietorship	a) Nature of Business IT Profession	nal Service Provider Agriculture											
Partnership firm Public Sector Government	Bullion /Gold Jewelry Stock Bro												
Multinational Others (Please specify)	Trader Money Le												
	Others (Please specify) b) No. of 'Employ	Years in Business/											
Annual Income#	Limple	,											
(# Only absolute numeric values to be entered in this section Source of Fund Salaried Business Income	griculture	Others (Please specify)											
		Guidia in tense apeciny											
	Your Customer*	Albertha Donath											
Account opening through e-KYC (Aadhaar) Transaction ID	000000000000000000000000000000000000000	documents for verification)											
Identity Proof Document Type* ID No.*	Issuing Authority	Place of Issue											
Address Proof Document Type* ID No.*	Issuing Authority	Place of Issue											

I do hereby solem	nly declare tha	t the inf	ormatio	n provid	led abov	e is up	to da	ate a	3/2		ion & and I	20, 10		olia es	my	recer	nt p	hoto	grap	h ai	nd s	elf-a	atte	sted	phæ	сор	y of				
the KYC documer	nts.																														
P	Signature of .	loint Ap	plicant								Æ	Sign	atur	e of a	ll o	ther h	nole	lers										PHO	то		
Æ Signature	of Bank Official	in whose	presence	e signed			EMP Infor	10.000	on on	oth	er Pro	oduct	ts &	Da ¹	ı	D 1	D	М	М	Υ	Υ	Υ	Y				35 (nm 3	(35 r	nm	
I hereby agree to						ntacting	g me	for v	arious	otl	ner pr	oduc	t up	dates,	, ma	rketi	ng	pron	otio	ns,											
special offers or a I do hereby give n						gh		Em	nail 🛚		SI	MS [Y	√ F	Pho	ne Ca	alls	Υ	N				Si	gnat	ure						
						Ì	Add	litio	nal De	ecla	aratio	ns (1	ick a	s appli	icab	le)															
FORM 60		024 37											- 6												20						
	orm for declar	ation to	be file	d by an	individu				not bei									ot ha	ve a	per	mar	nent	acc	oun	t nun	nber	and	who			
If applied for PAN	and it is not yet	genera	ted ente	r date of	f applica	tion	D E)	M M	γ	Y	Y	γ	and a	ckn	owle	dge	emen	t nu	mbe	er [
If PAN not applied section 64 of Inco													a b	Agri		_				nco	me [§]	₹									
I,do not have a Per		ınt Num	ber and	l my/ οι	ır estim	ated to	tal in	com	e (inclu	tate udir	ng inco	ve is ome	of s	oouse	, mi	nor c	hilo	d etc	as p	per :	sect	ion	64 (of In	come	-tax	Act,	196		arge:	able
to tax. Verified to																							3.22					1000			
Date																								S	ignat	ure					
Date		1000			itca- Ci		lara	tion	Dlo	2000	tick th	0.300	licab	lo tay r	rocio	lant de	ocla	ratio	IAn	v on	al*			-	Silice	u. c.					
I am a tax res Please indicat City of Birth* Country#	the country/		hich the	e entity untry of	is a resi f Birth*	dent fo	or tax ation	Type	oses a	and	the a	ssoci	Typ		D N Tax	Numb Purp	er l	belov e*-	v:	Res	side For	ntia Tax	l [Bu	-				red O	-17	
																				9	Land	dma	rk								
											D	in				St	tate							Cou	ntrv						
# To also include FATCA- CRS Certi information provi	fication: I have	unders	tood the	e inform	ation re	quirem	ents	ofth	is Forn ereby a	n (re cce	ead ald	ong w	vith e.										y pr	ovid Cond	e fun dition	ictio is) ar	nal e nd he	quiv			hat the
Type of Guardian	Father	Пм	other [Cou	rt Appoi	nted		Testa	menta			57	cion																		
Full Name of Gua	rdian Mr.	☐ Ms	. 🗆			П	Ī	Τ	П	I		Ι					I													I	
I hereby declare the dated/ the Bank against t	/(copy	enclose	ed). I sha	all repres	sent the	said mi	inori	n all f	future	trar		ons o	fan	desc								9.00									t order, emnify
																								Sig	natur	e					
I hereby decla undertake to i or untrue or m My personal / I hereby conse number/email I hereby confir	nform you of a sleading or m KYC details m ent to receivi address	any cha isrepre ay be si ng info	nges th senting hared w rmatior	erein, in g, I/We a vith Cer n from	mmedia am/area ntral KYO Central	itely. Ir aware C Regis KYC I	that that stry Regis	e any I/we stry	the bes y of the may b throug	st c e al oe h	bove i neld lia	our k infor able f Emai	mat or it	ion is	fou	ınd to	o be	e fals	se	2							ature (
Date D D M	MYYY	Y	Place:																						-110						