



| Type of Account: Fixed Deposit | Tax Saver FD | FD Plu | s 🗌 (Ta | x Save | r FD an | d FD PI | us can | not l | e clo | sed pr | rior t | o ma | aturi | ty) | | | | | | | | | | | | |
|----------------------------------|---|--------------------------|-------------------------|-----------------|------------|----------|------------------|---------|--------------|------------------|---------------|----------|----------|---------|---------------|----------|---------------|----------|----------|----------------|--------|------|-----------------|----------|---------|---------|
| ĵ | | | Custo | ner O | nboar | ding Se | ection | ı - Pı | imar | у Арг | olica | nt | | | | | | | | | | | | | | |
| Name* PREFIX | FIR | ST | | | | | | 4 T | р | D L | E | T | Ť | | | T | | T | | | | | | | | |
| | | | LAS | S T | \pm | | | | H | + | ÷ | ÷ | + | | | \pm | ÷ | T | = | | | | | | | |
| Aadhaar No "\$" | | | | er's Na | * | | П | + | | \pm | + | + | + | - | \Box | \pm | \pm | + | - | | | | gnatu Across | | | |
| | | | | | | | | _ | | + | | | <u> </u> | | | | + | <u> </u> | | | | F | Photo | ē | | |
| Passport Expiry Date | | MIYIYIY | | her's N | -acresso (| | | + | \perp | + | + | 1 | 1 | | \perp | 1 | 1 | + | 4 | | | | m X 33 | | | |
| Driving License Expiry Do | | elf with Aadhaar best au | | | iden Nai | _ | y Aadhaar | r numbe | er, Biome | tric and | or one | e time ; | pin (OT | P) data | (and / c | or any : | similar a | uthen | tication | n mec | | | | | ıthenti | ication |
| | | Bank, | | | | | | | | | | | | | | | | | | | | | | | | |
| | HUF | | | ^ | | If minor | | | | | | | | | _ | | | | | _ | | | | | | |
| DOB / DOI*# | M M Y Y | | • MF | _ | | YN | Ma | rried | * Y | NI I | Marri | ied* | Ľ. | N | Sen | ior (| Citize | n* [| YIU | 4 | | | | | | |
| # If minor / senior citizen, ple | ase provide proof of D | | ds for 'thir RM 60/6 | | | m 60/61 | manda | itory f | or dep | osit an | nount | of R | s. 50, | 000/- | and | abov | e. PAN | N is r | manda | ator | for T | ax S | aver F | D) | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Communication / | | | | _ | | Addres | s Det | ails | _ | | | T | | T | | | _ | 1 | | _ | _ | T | T | | | |
| Residence Address* | | | | + | _ | <u> </u> | | + | + | <u> </u> | + | + | + | ÷ | Ш | _ | + | + | + | + | + | Ļ | \vdash | \sqcup | 4 | 4 |
| | | | | | 4 | | Н | + | | Щ | _ | + | | L | Ш | Ц | 4 | 4 | + | + | 1 | Ļ | 1 | | _ | |
| Landmark* | | | | Щ | 4 | Щ | Щ | 4 | Ļ | Щ | _ | <u> </u> | City | L | Щ | Ц | 4 | 1 | 4 | 1 | 1 | Ļ | Ļ | Щ | Ц | _ |
| Pin code* | Stat | te* | | | | | | | | | | | Coun | try* | | | | | | | | | | | | |
| Residence Type * Ow | ned Rented | d/Leased | Ancest | ral/Par | | | ompan | | | . . . | | | | | | | | | | | | | | | | |
| Mobile No* | | | Ema | il Addr | | G. RKAI | DAM@ | gGM/ | AIL.CC | M | | | | | | | | | | | | | | | | |
| Tel. No.(R) | | | Tel. | No. (C | | ease en | sure to | furr | ish co | orrect | ema | il ID | T | _ | | | | | | | | | | | | |
| Permanent Address* | Same as commu | unication addre | | → ¹⁵ | | e the ac | ldress | helo | w/ | | | _ | _ | | | | | | | | | | | | | |
| | | | | | | | | | Т | П | T | Т | Т | Т | | | Т | Т | Т | Т | Т | Т | Т | | | |
| | | | | T | | | Ħ | Ť | T | | $\overline{}$ | Ť | Ť | T | П | | T | Ť | Ť | Ť | Ť | T | 〒 | П | | T |
| Landmark* | | | | T | T | Ħ | П | Ť | Ť | Ħ | Ť | 1 | City | | | | Ť | Ť | Ť | Ť | Ť | T | Ť | П | | ī |
| Pin code* | Stat | te* | | | | | | | | | | <u> </u> | Cour | ntry* | | | | Ì | | Ī | | Ì | Ī | | | |
| Residence Type • O | wned Rente | ed/Leased 🗌 | Ances | ral/Pa | rental [| _ c | ompa | ny Pr | ovide | d 🔲 | P | refe | rred | Lan | guag | ge of | Con | nmı | ınica | atio | n | | | | | |
| | CUSTOMER IN | IFORMATION | N & PRO | FILE (| Manda | atory) | #Plea | ise m | entio | ı occı | ıpati | on c | odes | as a | pplic | able | for N | lon | Indiv | ⁄idu | als in | case | e of H | HUF | | |
| Nationality | | | | | | | Cons | stitut | ion co | ode: | | | | be fi | | C | ccup | atio | n co | de: | | | | o be t | | |
| Occupation | Salaried | Self Emplo | yed | | Unem | ployed | | | Ret | ired | | | Н | ouse | wife | | | | Stud | ent | | Î | Po | olitici | ian | |
| If occupation is Salarie | A PORT OF THE PROPERTY OF THE | | | | | | | | | s Self | | loye | d: | | | | | | | | | | | | | |
| Pvt Ltd Partnership firm | Public Ltd Public Sector | or | - | ropriet | orship | | | Т | | | | | | Prof | essio | nal s | Servic | e P | rovio | der | | | Agric | ultu | re | |
| Multinational | Others (Plea | | | overn | Hent | | | Bullio | n /Go | ld Jev | velry | | | Stoc | k Bro | oker | | | | | | | Real | Estat | te | |
| J | | | | | | | | Trade | | | | | | | ey L | | | | | | | | | | | |
| Annual Income# | | | | | | | | Othe | 's (Ple | ase sp | ecif | y) | | | o. of mplo | | rs in I nt | Bus | iness | / | 0 | 0 | | | | |
| # Only absolute numeric | values to be entere | ed in this section | n | | | | | | | | | | | | | | | | | | | | | | | |
| Source of Fund | Salaried | Busine | ss Incom | e | | Agric | cultur | e | | □ I | nve | stm | ent | Inco | me | | | | Othe | ers | (Plea | se s | spec | ify) | | _ |
| | | | | | Kno | w Your | Cust | ome | r* | | | | , | | | | 1 1010 15 | | | | | | | | | |
| Account opening through | | | action ID | L | 20.00 | | #36 P4 | | . CONTRACTOR | 4-1000 | 40.101.000 | | \Box | | | 1720 | ne Bra | | j | 0.4 (0.4 (0.4) | | | | | | |
| If No, please provide K | YC documents (Att | tach photocopi | es of the | follow | ing do | cument | s and | prod | duce 1 | he or | igin | al co | pies | of t | hese | doo | ume | nts | for v | erif | icatio | (חנ | | | | |
| Identity Proof Docume | nt Type* | ID No.* | | | | | İssi | uing | Autho | rity | | | | | | ŢĹ | Place | of | ssue | E | | _ | | | | |
| | | | | | | | | | | | | | | | | 11 | | | | | | | | | | |

| | | Type of Deposit Account | | |
|--|---|---|--|--|
| Deposit/Installment Amount: | | Tenure: Months | Days | |
| | ut) Cumulative (Reinve | - <u> </u> | | |
| Auto Renewal**: Y N (No auto renewa | | | Quarterly (QIC) | and the state of t |
| Auto Renewal**: Y N (No auto renewa | l for RD, FD Plus and, Tax Sa | aver) Auto Closure : [Y] [N] "Irye | s, please fill "INTEREST PAYMENT/MATURITY PROC | EEDS Section. |
| | osit value Date | MM VVVVV | | 19.0 |
| | | MI MI X X X X | | |
| For Interest Payment/Maturity Proceeds: | | | | |
| Issue DD/PO In Name | | | | |
| and payable at City | | | | |
| FD Advice/Receipt | | | | |
| 크리아(), [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] [2017] | gistered email id within 2 wo | orking days from the date the Fixed D | eposit Accounts is opened /ren | ewed. In case email ID is not registered, please |
| update through branch/IB/MB. Issue me/us physical Fixed deposit ad | vice | | | |
| issue me, as physical rived deposit ad | rice | | 454 | |
| Mode of Operation* | | FD Account Opening Section | n | |
| Self | Either/ survivor | Former/ si | urvivor | Anyone/ survivor |
| Jointly by all | Minor A/C operated I | by Guardian Others | | |
| | | Initial Payment Details | | |
| Mode of Payment: | Transfer from other Bank | k A/c (NEFT/RTGS/etc) | | Cheque |
| To open account with cash, customer can de | posit cash upto ₹ 20,000/- | in account opening branch only | | |
| Cheque No. | Dated D D M N | Y Y Y Cheque should b | e crossed A/C payee and drawn pay | vable to "Axis Bank Ltd A/c <applicant name="">"</applicant> |
| Drawn on | Bank | Branch | | |
| | | plicable only for Individuals and So | le Proprietorship firms) | |
| I/We have been explained about the benefits of av | ailing nomination facility | | | |
| | Form DA1 | (To be filled in only if a new nominee is t | o be appointed) | |
| I/We(name(s) particulars whereof are given below may be return *As the nominee is a minor on this date, I/We appoint of the nominee. | ed by Axis Bank Limited | | | death the amount of deposit in the FD/RD account, |
| Nominee Name | | Date of I | Birth Rela | tionship with Applicant |
| Nominee Address | | | | |
| | | Pincode | | |
| Guardian Name Guardian's Address | | Rela | tionship with Nominee | |
| City | State | Pincode | | 200000000000000000000000000000000000000 |
| Signature(s) + Thumb impression(s) of all th | e applicant(s) | | | |
| | | 100 | | |
| Signature Applicant* | | Signature of 1st Joint Applicant | | Signature of 2nd Joint Applicant. |
| Name of Witness 1 | | | Name of Witness 2 | |
| Signature | | | Signature | |
| Address | | | | |
| PlaceDate Where the deposit is in the name of a minor, the n employee of Axis Bank, provide employee number Advice or Receipt Yes No In case the app | omination should be signed by a and office address along with th | ne official stamp. Nomination can be mad | f of the minor. +Thumb impression s de in favour of only one individual. N | Date shall be attested by 2 witnesses. If witnessed by an Nomination name to be printed on Fixed Deposit |
| no in case the ap | | mation On Other Products & C | | |
| I hereby agree to Axis Bank/Subsidiaries/Afform time to time. | filiates/Agents contacting n | ne for various of various other prod | uct updates, marketing promot | ions, special offers or any such information |
| I do hereby give my consent to receive such | - Contract | mail N SMS N Phor itional Declarations (Tick as ap | pe Calls Y N | Signature |
| FORM 60 | , | | to the second se | 03/2004 |
| Form for declaration to be filed by an inc enters into any transaction specified in r | 하면 있는 것이 있는 것이 하나요? 그리는 전에 보고 있는 것이 없는 것이다. | ing a company or firm) who does n | 941 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| If applied for PAN and it is not yet generated e | nter date of application | | and acknowledgement numbe | |
| If PAN not applied, fill estimated total incomsection 64 of Income-tax Act, 1961) for the | [10] [10] [10] [10] [10] [10] [10] [10] | use, minor crind etc. as per | ricultural income ₹ ther than Agricultural income ₹ | |
| 1, | do hereby declare t | Verification 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 of computed in accordance with the provisions to tax. Verified today, the | and my/ our estimated tota s of Income-tax Act, 1961 fo | I income (including income of spou or the financial year in which the ab | se, minor child etc. as per secti | on 64 of Income-tax Act, 1961) less than maximum amount not chargeable |
| Date Place | | | | Signature |

| | sident of India and no | | | | | | | | | | | able be | low: | | | | 4 |
|--|---|--------------------------------|--|---|-------------|---|---------|----------|--------|----------|----------|----------|------------------------------|----------------|----------|----------|-----------|
| Please indica City of Birth* | te the country/ies in | - | e entity is a resider untry of Birth* | nt for tax purp | oses and | the associa | | | | | | idential | Busine | occ \Box D | aalatar | od Offic | |
| City of Dirtif | Tax Identifica | | | ification Type | | Address | ype ioi | IdX | -urpo: | | | | Purpose* | :55 K | egistere | ed Offic | e |
| Country# | Number9 | | | er, please spe | | Con | nmunica | ation | Addre | | | | ress P | ease not | e the ac | ldress b | elow |
| | | | | | | | | | | | L | andma | rk | | | | - |
| | | | | | | Pin | Ш | П | Sta | te | | | Countr | У | | _ | |
| FATCA- CRS Cer | USA, where the indi tification: I have unde ided by me/us on this | erstood the | e information requi | rements of th | is Form (re | ad along wi | | | | | | | | | | | that the |
| | | | | | | | | | | | | | Signature_ | | | | |
| | | | | | | aration & I | | | | | | | | | | | |
| | gned, for ourselves a | | | | | | | | | | | 'Karta a | nd Ejaman | of the fa | amily, a | lso gua | rdian of |
| | | | | | | | | | | | | | | | | | |
| The joint fa | mily/firm is carrying | business ι | inder the name and | d style of M/s | · | | | | | , v | vhich is | our joi | nt family tra | ade | | | |
| The Hindu | Undivided Family is e | ngaged in | | | activ | ity/occupat | on not | in the | e natu | re of th | e busin | ess or t | rade. | | | | |
| incurred or to be matter of mainta Please treat this | gned, hereby authori hereafter incurred b ining and conduct of s as a mandate from us Cheques/remittances | y them wi such accou to: | II be binding on all ints will be binding | of us. Any act on us. | s done/to | be done to | comply | with | Bank' | s rules | which a | re in fo | rce or as an | nended fr | rom tim | e to tim | ne in the |
| the HUF A/c No | | | | | | | | | | of | | | | | | | HUF |
| We hereby under | rtake to indemnify the | | | 20 30 30 30 30 30 30 30 30 30 30 30 30 30 | | 54694 7 66659505565 | | | | | | | | | ındate. | | |
| Place: | | Date _ | | | Name: | | | | | | | | Signature |) (| | | |
| Place: | | Date _ | | | Name: | | | | | | | | Signature | . | | | |
| Place: | | Date _ | | | Name: | | | | | | | - | Signature | | | | |
| Place: | | Date _ | | | Name: | | | | | | | | Signature | | | | |
| | name of the children | | | | | | | | me of | guardi | ans by | whom t | hey are rep | resented | l. | | |
| | | | | | Mino | or Declarati | on | | | | | | | | | | |
| Type of Guardian | n: Father I | Mother [| Court Appointe | d Testa | mentary C | Guardian | | | | | | | | | | | _ |
| Full Name of G | uardian Mr. 🗌 N | ۸s. 🗌 | | | | | | | | | | | | | | | |
| dated/ | that the date of birth on the claim of the above | osed). I sha | Ill represent the said | | | sactions of | any des | cription | | | | | uardian/ gu I the said mi | | | | |
| | | | | | | | | | | | | | Signature_ | | | | |
| | | | | | Rules & | Regulation | S | | | | | | | | | | j |
| 1. Fixed Depos | sit Plus Deposits and | Tax Save | r Deposits (Retail & | & Corporate) | cannot be | closed pric | r to da | te of | matur | ity | | | | | | | |
| | al option is not availa nited Liability Partne | | | | | 20 10 00 00 00 00 00 00 00 00 00 00 00 00 | deposit | t bool | ked fo | r Othe | r Legal | Entities | (Cooperat | ive Socie | ties, | | |
| | stand that at the time pted for auto renew | | | | | | | | | | | | | | | | |
| | ito renewal, as the ca t shall be renewed, v | | | | | | | | | | Monthl | y/Quar | terly Fixed | Deposit, | the pri | ncipal | |
| 5. In case of au | ito renewal without | any chang | e in existing mode | of operation | , the resp | ective acco | unt ope | ning | form l | oe trea | ted as v | alid and | d continuin | g. | | | |
| | that the proceeds of understand that pre | | | | | | | | | | | | | | |)eposit | is Auto |
| | of death of one of t vivor/s.Such payme | | | | | | | | | | | | | | | | |

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

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

- 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. 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
 - 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

Ledger No.

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 J | oint Applicant | Signature of 2nd Joint Applicant | Signature of 3rd Joint Applicant |
|---|--|---|----------------------------------|------------------------------------|
| | | Declarat | ion | |
| immediately. In case any of the above inforuntrue or misleading or misrepresenti My personal / KYC details may be shared I hereby consent to receiving informati I hereby confirm to download my CKYC of the above information of the above information. | ng, I/We am/are aware tha I with Central KYC Registry ion from Central KYC Reg | t I/we may be held lial , istry through SMS/E | mail on the above registered nun | nber/email address |
| Date DDMMYYYY Place | e: | | | Signature of Primary Applicant |
| | | 5-0% | | |
| | | For Office Us | e Only | |
| A/C No. | | A/C Manager | | For Axis Bank Limited |
| Transaction ID | | Value date | DMMYYYY | Branch Head / Authorized Signatory |
| Transaction entered by | SE Code | Trans | saction verified by | Name of Official: Designation : |
| RD SI number | Branch Code: | | Scheme Code: | S. S. Number : |

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

Label Code_



| Customer Onboarding Section | - Joint Applicant / Guardian / Karta |
|--|--|
| TAIL TO THE TOTAL THE TOTAL TO | |
| Edition Contract [2] [2] ISVa Contract [2] | |
| Existing Customer* If Yes, Customer ID | |
| Contact details updation required | |
| Following fields Are Applicable for new customers or any KYC Modifications Only (for existing customers) | ers, address, contact details given below will be updated in all accounts held with the bank) |
| DOB / DOI*# D D M M Y Y Y Y Gender* ME T Minor* | or please fill Minor Declaration Section Married* Married* |
| # If minor / senior citizen, please provide proof of DOB ^T stands for 'third gender' | |
| PAN* or FORM 60/61 (If PAN is not as | ailable, please fill up additional declaration Form 60 or 61) |
| Aadhaar No "\$" | Father's Name* |
| Passport Expiry Date | Mother's Name* |
| Driving License Expiry Date | Mother's Maiden Name |
| for the purposes of availing of the Banking Services from Axis Bank. | g my Aadhaar number, Biometric and / or one time pin (OTP) data (and / or any similar authentication mechanism) for Aadhaar based authentication |
| Addr Same as primary holder | ess Details Please note the address below |
| Communication / Residence Address* | |
| | |
| Landmark* | City* |
| Pin code* State* | Country* |
| Residence Type* Owned Rented/Leased Ancestral/Parental | Company Provided |
| The state of the s | ADAM@GMAIL.COM |
| Mobile No* Email Address Please | ensure to furnish correct email ID. |
| Tel. No.(R) Tel. No. (O) | |
| Permanent Address * Same as communication address Please note the | address below |
| | |
| | |
| Landmark* | City* |
| Pin code* State* | Country* |
| Residence Type * Owned Rented/Leased Ancestral/Parental | Company Provided Preferred Language of Communication |
| ■ CUSTOMER INFORMATION & PROFILE (Mandatory | #Please mention occupation codes as applicable 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 Unemployee | d Retired Housewife Student Politician |
| If occupation is Salaried: | If Occupation is Self Employed: |
| Pvt Ltd Public Ltd Proprietorship | a) Nature of Business IT Professional Service Provider Agriculture |
| Partnership firm Public Sector Government Multinational Others (Please specify) | Bullion /Gold Jewelry Stock Broker Real Estate |
| Trialinational Others in the specially | Trader Money Lender |
| A | Others (Please specify) b) No. of Years in Business / Employment |
| Annual Income# (# Only absolute numeric values to be entered in this section | _ |
| | riculture Investment Income Others (Please specify) |
| Know Yo | ur Customer* |
| Account opening through e-KYC (Aadhaar) Transaction ID | To be filled by the Branch |
| If No, please provide KYC documents (Attach photocopies of the following document lidentity Proof Document Type* | |
| Identity Proof Document Type* ID No.* Address Proof Document Type* ID No.* | Issuing Authority Place of Issue |

| | | Declaration | n & Signature | |
|--|---|--|--|---|
| I do hereby solemn | nly declare that the informati | ion provided above is up to date and co | rect and I hereby submit my recent phot | ograph and self-attested photocopy of the KYC |
| documents. | | 946 C. T. C. | | |
| | | | | |
| | | | | |
| | | | | PHOTO |
| W.c | ignature of Joint Applicant | | of control of the second | EHOIO |
| | ilgitatore of John Applicant | | Signature of all other holders | |
| | | | | |
| | | | | |
| | | | | |
| | | EMP No. | Date D D M M Y | [Y [Y] Y] |
| Signature of | Bank Official in whose presence s | igned | | 35 mm X 35 mm |
| | | | | SO, IIIII E CO IIIII |
| | | Information on other | Products & Offerings* | |
| 500 Park 100 | | | r product updates, marketing promotions, | |
| special offers or any | such information form time | to time. | | |
| SE SE NE 10 1021 | 000 100 900M | | | |
| I do hereby give m | y consent to receive such info | ormation through Email [Y] [N] | SMS [Y] N Phone Calls [Y] N | Signature |
| | | | | |
| | | | | |
| | | Additional Declar | ations (Tick as applicable) | |
| FORM | | Sidhahai hikabahkai dhahai dhahai dhahai dhahai | | |
| FORM 60 | | | | |
| For | m for declaration to be filed | | company or firm) who does not have a per | manent account number and who |
| | | enters into any transact | tion specified in rule 114B | |
| If applied for PAN an | d it is not yet generated enter | date of application | Y Y Y and acknowledgement numb | er lllll |
| ii applica foi i i ii i a i | ta it is not yet generated enter | aute of application | and details in eagement frame | <u> </u> |
| If PAN not applied, | fill estimated total income (in | cluding income of spouse, minor child etc | . as per a Agricultural income ₹ | |
| section 64 of Incom | ne-tax Act, 1961) for the finar | ncial year in which the above transaction i | s held b Other than Agricultural inco | me ₹ |
| | | Vest | | 017703 |
| 1 | | | fication above is true to the best of my knowledge | and helief I further declare that I |
| de ant base a Dane | | | t for an active and a property of the control of the control of the control of the first and the control of the | |
| | | | income of spouse, minor child etc. as per | |
| and the second second second second | | | r in which the above transaction is held wi | ill be less than maximum amount not chargeable |
| to tax. Verified toda | y, the | day of20 | | |
| Date | Place | | | Signature |
| Date | | | | |
| | | Fatca- Crs Declaration Please ti | ck the applicable tax resident declaration (Any on | e) |
| I am a tax resid | ent of India and not resident | of any other country OR 🔲 I am a tax res | ident of the country/ies mentioned in the | table below: |
| Please indicate t | the country/ies in which the | entity is a resident for tax purposes and the | ne associated Tax ID Number below: | |
| City of Birth* | | ntry of Birth* | F | sidential Business Registered Office |
| | | | The second secon | |
| Country# | Tax Identification | Identification Type | Address | For Tax Purpose* |
| Country. | Number% | (TIN or Other, please specify)% | Communication Address Perma | nant Address Please note the address below |
| | | | | |
| | | | | Landmark |
| | | | | 75 TO STOCK STOCK S. |
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| | | | se Tax Identification Number is not availab | |
| | | | | nd Terms & Conditions) and hereby confirm that the |
| information provide | d by me/us on this Form is true | e, correct, and complete and hereby accept | the same. | |
| | | | | Signature |
| | | Minor | Declaration | |
| Tune of Consultan | Trans. Trans. | | | |
| Type of Guardian: | Father Mother | Court Appointed Testamentary Gu | IaruidN | |
| 5.0 No | | | | |
| Full Name of Guard | ian Mr. 🗌 Ms. 📗 📗 | | | |
| I hereby declare that | t the date of birth of the minor | who is my | / and lambis/her natural and | lawful guardian/guardian appointed by court order, |
| [11] [15] [15] [15] [15] [15] [15] [15] | | | | ount until the said minor attains majority. I indemnify |
| | | ny withdrawal/transactions made by me in | | 250 E 250 |
| the bank against the | Claim of the above million for a | iny withdrawai, transactions made by men | mis/ner account. | Signature |
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| | | pove are true and correct to the best of | 하고 있다. 경기 지역에 있는 경기 가장 하면 되었다면 가는 사람들이 되었다면 하는 것이 되었다면 하는데 되었다면 하는데 되었다면 하는데 | |
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| | 아마리아 얼마 그 그 아이는 아이는 아이는 아이를 가게 되었다. | /We am/are aware that I/we may be he | d liable for it. | |
| | YC details may be shared wit | 2014 C. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | AC/Fuell and the second | |
| | | from Central KYC Registry through SN | /IS/Email on the above registered | |
| number/email ac | | N | F | |
| I nereby confirm | to download my CKYC deta | ills and use it for abiding any bank's guid | eline. | |
| | | | | Signature of |
| Date D D M | M Y Y Y Y Place: | | | 1st Joint Applicant |
| Date D D M A | | | | |

1. Fixed Deposit Plus Deposits and Tax Saver Deposits (Retail & Corporate) cannot be closed prior to date of maturity

2. 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)

3.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.

4.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

5. In case of auto renewal without any change in existing mode of operation, the respective account opening form be treated as valid and continuing.
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 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/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. 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.

8.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

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

| | | Custome | er Copy | | | | |
|---|-------------------------|---------------------------------------|--|-------|---------------|------------------------|--------------|
| AXIS BANK | | | | | | | |
| Date: Account N | o/Customer ID: | | | | Branch Name _ | | |
| Type of Deposit: Fixed Deposit Applicants Name: | | Plus (Non Withdraw oint Applicants | | | | | |
| Amount of deposit (in figures) | | Period o | of Deposit: | Years | Months | Days Rate of Interest: | % pa |
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