AXIS BANK

SERVICE REQUEST FORM

Current/Savings (Individual, Non Individual, NRI)

Form Type CSRF

The Branch Head
Axis Bank Ltd. ______________________ Branch ________

Sol ID :

Date of Request:

Please fill the form in BLOCK LETTERS only. Fields marked * (asterisk) are MANDATORY

1. CUSTOMER DETAILS

Existing Customer* Y N   If Yes, Customer ID   Account Number

Title*   Account Name

Please mention number of Joint Holder/Guardian/Karta/Authorized Signatory/LOA/POA

2. FOR INDIVIDUAL ACCOUNTS (Domestic & NRI)

Domestic Customer	☐ (a) Individual CIF Creation ☐ (b) Addition of Joint Holder/Guardian/Karta ☐ (c) Change of Signature
NRI Customer	☐ (d) NRI CIF Creation ☐ (e) Addition of NRI Joint Holder ☐ (f) Change of Signature

3. FOR NON-INDIVIDUAL ACCOUNTS (Proprietor, Partnership, Companies, Trusts etc)

☐ (a) Addition of Authorised Signatory/Partner/Proprietor/POA/LOA/Trustee
☐ (b) Change of Signature
☐ (c) CIF creation & Debit Card issuance
☐ (d) CIF creation for TD issuance
☐ (e) Update RE-KYC, Dormant account activation and Beneficial Owner (as applicable for Non-Individuals)
☐ (f) Update RE-KYC, and Beneficial Owner (as applicable for Non-Individuals)
☐ (g) Add/Update Beneficial Owner (Other Non Individual)

Dormant Account Activation (Non Individual) : ☐

*Reason for not operating the Account ________________________________

Sr. No	Form to be submitted along with Service Request Form	Form Type	Request Number
1	Field & Contact Verification Form	Annexure 3.23 of consolidated Annexures	3.e
2	Addition of Joint Holder/Guardian/Karta	NSJ01	2.a or 2.b
3	Addition of Joint Applicant / LOA / POA / GUARDIAN / KARTA / Authorized Signatory	NRJ02/CDJ02	2.d or 2.e
4	Change of Signature	SIE01	2.c or 2.f or 3.b
5	Authorised Signatory/Partner/Proprietor/Director/POA/LOA/Trustee/Beneficiaries/SMO	CAS02	3.a or 3.c or 3.f or 3.g

Mode of operation

☐ Self ☐ Either/Survivor ☐ Anyone/Survivor ☐ Jointly by all ☐ Single Signatory ☐ Any 2 jointly ☐ Jointly by all ☐ Anyone Partner
☐ Minor a/c operated by guardian ☐ Anyone one trustee ☐ As per board resolution ☐ Others ________________

4. BENEFICIAL OWNER (BO) DECLARATION

Applicable for Request type 3.f and 3.g

Note: Please tick box A or B or C or D. Option A is applicable only for company. If box B or C is ticked, please fill in the names of the Beneficial Owner/Senior Managing Official in the space given below and complete details to be filled in CAS02 form.

I/We hereby confirm and declare to notify Axis Bank without delay of any changes to the controlling persons, controlling shareholders, person exercising control or having controlling ownership interest in the company/Partnership/LLP/AOP/Society/ Trust/Club/University/Institution as declared below.

☐ A. Listed on ____________________ (Name of the Stock Exchange) Or Subsidiary of a listed company:____________ (Name of the listed company) Listed on __________________(Name of the Stock Exchange)

OR

☐ B. The following natural person(s) (as mentioned below) exercise control or ultimately have a controlling ownership interest i.e. having ownership/entitlement of more than 25% (in case of Company) or more than 15% (in case of Non-Companies) or 15% or more (in case of Trust) of shares/capital/profits/property or controlling through voting rights, agreement, arrangement etc.

OR

☐ C. There are no natural person(s) who exercise control or ultimately have a controlling ownership interest, therefore details of all partner(s) (for partnership)/trustees (for trust)/ senior managing officials (for unincorporated bodies) /directors/senior management (for company) who are natural person(s) are stated below.

Name of BO/SMO 1 ________________________%______Name of BO/SMO 2________________________%______

Name of BO/SMO 3 ________________________%______Name of BO/SMO 4________________________%______

Name of BO/SMO 5 ________________________%______Name of BO/SMO 6 ________________________%______

OR

☐ D. No Change (Note for branch: Ensure Beneficial owner details are updated in Finacle)

5. FOR OFFICE USE ONLY

1)I hereby certify that this service request form is complete in all respects and relevant documents have been obtained as per the KYC guidelines of the Bank and performed due deligence to verify the genuineness of the customer.

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

3)We have made best efforts to identify the beneficial owner(s) of the said entity. The details furnished above have been verified from information, wherever available, in public domain.

4)I certify that I have checked if the Current Account/s is linked to a family/group. In case the Current Account/s is not eligible for grouping post removal of Key Managerial Personnel/Key management Person as defined for CASA grouping process, steps for delinking Current Account/s from the family/ group will be initiated.

For Axis Bank Limited
Signature:________________
Employee ID:________________
Name of Official: ________________
Designation:________________
S.S. Number: ________________
Date :

ACKNOWLEDGEMENT

Account Number: Branch Name: ________________

Request Type:________________   Date of Request received:

Name and Signature of Branch official:________________

6. Update RE_KYC (Non Individual Constitution)

Applicable for Request type 3.e and 3.f

***CONSTITUTION OF THE ENTITY**

☐ Proprietorship ☐ Partnership ☐ Limited Liability Partnership ☐ Charitable trust ☐ Public Limited Company ☐ Private Limited Company ☐ Government ☐ Bank

☐ Societies ☐ Self Help Group ☐ Trust ☐ Section25 Companies ☐ State Government ☐ Central Government ☐ One Person Company

☐ Local Government ☐ Others (specify)_____

COMMUNICATION/LOCAL ADDRESS

Change in communication/local address as updated in Bank record ☐ Yes / ☐ No. (If Yes, please fill the details below. New address will get updated at Account number mentioned on Service Request Form)

*Line1

*Line2

Landmark *City

*Pincode *State *Country

REGISTERED / RESIDENCE ADDRESS

Same as Communication / Local Address ☐ Yes ☐ No (If No, please fill the details below. Address will get updated at Customer ID)

*Line1

*Line2

Landmark *City

*Pincode *State *Country

***BUSINESS DETAILS**

Date of Incorporation Date of Commencement of Business Country of Incorporation

Registration No. /CIN Place/City of Incorporation

PAN #Occupation Code (To be filled by branch)

Nature of Business (Please tick if there is change in any of the field mentioned below)

☐ Manufacturing ☐ Service Provider ☐ Stock Broker ☐ Real Estate ☐ Trading (Retails/Wholesale) ☐ Transport

☐ Education ☐ Trust ☐ NGO ☐ Bullion ☐ Regulatory ☐ Other (specify)_____

Annual Turnover (in Rs.) *(Please enter numeric values only)* **Number of Years in Business**

Source of funds: ☐ Business Income ☐ Donation/Grant ☐ From Group Company ☐ Equity Investment ☐ Other (specify)_____

7. *KYC OF THE ENTITY

Identity Proof Document Type	ID No.	Issuing Authority	Place of Issue
Address Proof Document Type	ID No.	Issuing Authority	Place of Issue
Legal Proof Document Type	ID No.	Issuing Authority	Place of Issue

(Applicable for FCRA accounts only)

MHA License Issuance/Renewal Date MHA License Expiry Date

MHA Regd. No. Existing FCRA A/c

CSRF/15.06.2022

8. TERMS & CONDITIONS (To be signed by the existing signatory/ies with Rubber Stamp, as applicable)

I/ We (In this context, "I/we,"my/ours" and "me/us" refers to all holders of the account) have read and understood the T&C and understand that any changes to the T&C will be available on the website www.axisbank.com only. I/We confirm that the authorized signatories as approved by me/our Board/ all the partners of the firm/ all members of the Managing Committee, are authorized to operate the account. I/We hereby agree to indemnify Axis Bank and their successors or assignees if any of the representations and declarations made here under by me/us is incorrect, false or misleading in any of its particulars. I/We declare, confirm and agree that all the particulars and information given in the Application form (and all documents referred or provided therewith) are true, correct, complete and upto date in all aspects and I/We have not withheld any information.

For Companies: I/ We are enclosing herewith relevant self-certified extracts of MCA website pertaining to our company. We confirm that the same is up-to-date. We confirm that all other KYC documents pertaining to the company and its authorised signatories as informed to the Bank from time to time continue to be valid.

CKYC Declaration: 1) I/We 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. 2) My/ Our personal/KYC details may be shared with Central KYC Registry 3) I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address"

Note for Re-KYC & BO updation: For Partnership/LLP/AOP/Society/Trust/Club/University/Institution: The declaration should be signed by an active/designated partner in case of Partnership Firm/LLP, a trustee in case of Trust, a senior member in case of AOP, Society, Club and member of the Managing Committee in case of University and Institution. **For Companies:** The declaration to be signed by the official authorized to sign the Board Resolution/Company Secretary/ Person signing the Board Resolution.

Disclaimer: Bank will process your Service Request within 10 working days (Turn Around Time - TAT) from the date of submission of Service Request Form complete in all respect alongwith all relevant documents as per the internal guidelines of the Bank and the regulatory requirements. TAT may not be applicable under certain unforeseen circumstances which are beyond the control of the Bank. The Bank shall not be held responsible for delay due to such circumstances.

Signature 1 _____ Signature 2 _____

Name 1 _____ Name 2 _____

Signature 3 _____ Signature 4 _____

Name 3 _____ Name 4 _____