



KNOW YOUR CLIENT (KYC)
Application Form - For Individual

Form Type



KR0001

NEW **CHANGE REQUEST (Please tick ✓ the appropriate)**

Please fill the form in **ENGLISH** and in **BLOCK LETTERS**.

(Please tick ✓ the box on left margin of appropriate row, where CHANGE / CORRECTION is required and provide the details in the corresponding row)

A) IDENTITY DETAILS

1. Name of the Applicant [Grid]

2. Father's / Husband's Name [Grid]

3 a. Gender Male Female 3 b. Marital Status Single Married

3 c. Date of Birth [DD][MM][YY][YY]

4 a. Nationality Indian Other(Please Specify) [Grid]

4 b. Status Resident Individual Non-Resident Foreign National

5 a. PAN [Grid] 5 b. Aadhaar Number, if any [Grid]

6. Specify the Proof of Identity submitted PAN Card Any Other(Please Specify) [Grid]

B) ADDRESS DETAILS

1. Residence / Correspondence Address: Correspondence Address Residence Address

[Grid]

City / Town / Village [Grid] PIN Code [Grid]

State [Grid] Country [Grid]

2. Specify the Proof of Address submitted for Residence / Correspondence Address: [Grid]

3. Contact Details: Tel. (Off.) [Grid]

Fax No. [Grid]

Tel. (Res.) [Grid]

Mobile No. [Grid]

E-mail ID [Grid]

4. Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)

[Grid]

City / Town / Village [Grid] PIN Code [Grid]

State [Grid] Country [Grid]

C) DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my 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 am aware that I may be held liable for it.

Date: [DD][MM][YY][YY]

Signature of the Applicant

OFFICE USE ONLY

Originals verified and Self-Attested Document copies received

In-Person Verification (IPV) Done:

a. Name of the Person [Grid]

b. Designation [Grid]

c. Name of Organisation [Grid]

[Grid]

Signature of The Authorised Signatory [Grid]

Seal / Stamp of the Branch [Grid]

d. Date [DD][MM][YY][YY]

SCHEDULE OF CHARGES FOR PMS CLIENTS

Charges	Charges (Per Instruction)	Basis of Recovery
Account Opening	NIL (Statutory charges would be recovered)	N.A.
Account Closing	NIL	N.A.
Annual Maintenance	NIL	N.A.
Demat Request	NIL	N.A.
Remat Request	NIL	N.A.
TRANSFER OF SECURITIES		
Credit of Securities to the account	NIL	N.A.
Debit of Securities to the account	NIL	N.A.
Failed/Rejected Instruction	NIL	N.A.
Pledge		
Creation	NIL	N.A.
Closure	NIL	N.A.
Invocation	NIL	N.A.
Lending/Borrowing		
Borrowing	NIL	N.A.
Lending	NIL	N.A.
Asset Holding Charges	NIL	N.A.

- All charges mentioned above are **inclusive** of NSDL charges.
- GST as 'applicable' would be levied.
- The above rates are subject to change with 30 days prior intimation.
- Annual Maintenance charges recovered upfront for the financial year to be refunded in case of closure of the account, for the balance quarter/s in the financial year

** The demat account will be opened under the custodial arrangement availed by the Portfolio Manager. I/We authorize to capture the correspondence address of Axis Bank - Custodial Department in our demat account.

Axis Bank Limited,
Custodial Department
4th Floor, Gigaplex
Plot No. 05, Near I-Gate,
MIDC-Patni Road,
Airoli, Navi Mumbai- 400708

Signature of First Holder

Signature of Second Holder

Signature of Third Holder



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian		<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)		<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)	
	<input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorized			

PHOTO

Signature / Thumb
Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
 ISO 3166 Country Code of Jurisdiction of Residence*
 Tax Identification Number or equivalent (If issued by jurisdiction)*
 Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	
<input type="checkbox"/> C- PAN Card <input type="text"/>	
<input type="checkbox"/> D- Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar) <input type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code <input type="text"/>	Identification Number <input type="text"/>

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)	<input type="text"/>	
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) Tel. (Res) Mobile

FAX Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person Guardian of Minor Assignee Authorized Representative

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY (PoI) OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my 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 am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : - -

Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies In-Person Verification Done

KYC/In-Person Verification Carried Out By

Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

[Signature]

[Institution Stamp]



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / Instructions at the end.
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For office use only Application Type* New Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

Name* (Same as ID proof) Prefix First Name Middle Name Last Name
 Maiden Name (If any*)
 Father / Spouse Name*
 Mother Name*
 Date of Birth* DD-MM-YYYY
 Gender* M- Male F- Female T- Transgender
 Married Unmarried Others
 IN- Indian Others (ISO 3166 Country Code)
 Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin
 Occupation Type* S- Service (Private Sector Public Sector Government Sector-)
 O- Others (Professional Self Employed Retired Housewife Student)
 B- Business X- Not Categorised



2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
 ISO 3166 Country Code of Jurisdiction of Residence*
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(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number Passport Expiry Date DD-MM-YYYY

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date DD-MM-YYYY

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others
 Simplified Measures Account - Document Type code

Address Line 1*
 Line 2*
 Line 3*
 District* City / Town / Village*
 Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see Instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2 City / Town / Village*

Line 3 Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

District*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2 City / Town / Village*

Line 3 ZIP / Post Code* ISO 3166 Country Code*

State*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) Tel. (Res) Mobile

FAX Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

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Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

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B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

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B. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my 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 am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : Place :

[Signature / Thumb Impression]

[Signature / Thumb Impression of Applicant]

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies In-Person Verification Done

KYC/In-Person Verification Carried Out By

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

To,
The Manager
Axis Bank Ltd.
DP Section,
Date : - _____

Dear Sir,

Sub:- Name Confirmation

I undersigned _____
- hereby certified that my name on pan card spelt as _____
_____, however my name on IT site spelt as _____
_____ & my name on
passport/voter id/ driving license/ _____ spelt as _____

I also certify that _____
(name as per pancard), _____ (name as per IT site)
_____ & _____
_____ (name as per passport/voter id/ driving
license/ _____) is the one and same person and request
you to open my Demat accounts as per my name on
_____ i.e. _____

Yours truly,

Signature Mismatch Declaration

To,

The Branch Manager
_____ Branch

Dear Sir/ Madam,

With reference to my request for opening a _____ account, I hereby affirm that my signature has changed from the one featured in my _____(document) over passage of time. My present signature is as under and I hereby confirm that all actions and transactions authorized/executed by me using the below signature shall be legally binding on me.

Previous Signature

Present Signature

Name:

Account no./Customer ID: _____ (write new if new to the bank customer)

Date:

I agree to indemnify and keep indemnified the Bank at all times from and against all costs, charges, damages, penalties (including attorney fees) suffered and/or incurred by for any act done or omitted to be done on account of the above declaration.

Branch Certification (to be certified by the Branch Head / Operations Head)

I certify that the customer has personally met and has signed in my presence. Kindly process the request.

Signature:

Name:

Branch Head / Operations Head

Employee No.

IN CASE OF NRO A/C



I/We hereby confirm that I am a/we are non-resident Indian/s individual/s. I/We also confirm that, I/We have complied with FEMA regulations and I/we would continue to comply with FEMA regulations.

We hereby undertake that we would comply with the guidelines prescribed by RBI vide its notification reference number FEMA.361/2016-RB dated 15th February, 2016. I/We will not invest in securities prohibited for purchase vide above said RBI notification dated 15th February 2016 or in any future RBI notification in this regard.

1st Holder Signature

2nd Holder Signature

3rd Holder Signature

1
2
3