



NRCF3C

*To be filled if card pack ref. no. is not available

Card No.

FASTag ☐ Smart Pay ☐ Meal ☐ Reward ☐

Emp. / Agent code	Emp. code								
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Company Company Name None

Existing customer* ☐ ☐ If Yes, customer ID

If not existing customer, I confirm if found otherwise, bank reserves the right to consolidate the customer IDs as it may decide, without any prior notice to me.

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

Please fill in the form in BLOCK CAPITALS only. Fields marked * (star) are MANDATORY.

Name* (same as ID proof)

[illegible][illegible][illegible]

Passport Issue date Passport expiry date Required if Passport provided as Identity / Address Proof

Driving License Issue date Driving License expiry date Required if Driving License provided as Identity / Address Proof

Date of Birth* Gender* Nationality* Married*

***If PAN is not available, please fill up additional declaration From 60 or 61

PAN***

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 Or ☐ Form 60/61

Mother's Maiden Name* (Max. 16 Characters)

Address Details For all payroll accounts of defence personnel, the communication address should be only of the Unit. Civilian address should not be mentioned.

[illegible][illegible]

Pin Code* State* Country*

Residence Type Owned ☐ Rented / Lesed ☐ Ancestral / Parental ☐ Company Provided ☐

Mobile No.* E-mail Address **E.G. RKADAM@GMAIL.COM**

Permanent Address* ☐ Same as communication address ☐ Please note the address below

[illegible]

Pincode* State* Country*

Residence Type Owned ☐ Rented / Leased ☐ Ancestral / Parental ☐ Company Provided ☐ Preferred Language of communication*

Know Your Customer*

Account opening through e-KYC	<input checked="" type="checkbox"/> <input type="checkbox"/>	Transaction ID	For Office Use only
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[illegible]

If No, Please provide KYC document (Attach photocopies of the following documents and produce the original copies of these documents for verification)

For Office Use

Account to be opened at Branch Code Ledger No.

A/c Label LC Code

PRE-DESIGNATED BANK ACCOUNT DETAILS INCASE OF ACCOUNT CLOSURE

Bank Account No. Bank IFSC Code Bank Name

1

Occupation* ☐ Salaried ☐ Self Employed ☐ Unemployed Constitution code:* (To be filled by branch) ☐ Retired ☐ Housewife ☐ Student ☐ Politician Occupation code: (To be filled by branch)

Education* Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ Professional (CA, CS, CMA, Others) ☐ Salaried* ☐ ☐

[illegible]

Business / Self Employed* ☒ ☐ If Yes, Line of Activity _____

Annual Business Turnover* (₹) (Only Absolute and Numeric value to be entered)

Job Role		Designation		Employer Name
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<p>* If occupation is Salaried:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Pvt Ltd <input type="checkbox"/> Partnership firm <input type="checkbox"/> Multinational </div> <div style="width: 30%;"> <input type="checkbox"/> Public Ltd <input type="checkbox"/> Public Sector <input type="checkbox"/> Trust/Association/Society/Club </div> <div style="width: 30%;"> <input type="checkbox"/> Proprietorship <input type="checkbox"/> Government </div> </div> <p>a) No. of Years in Employment* <input type="text" value="0"/> <input type="text" value="0"/></p>	<p>* If Occupation is Self Employed:</p> <p>a) Nature of Business</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> IT <input type="checkbox"/> Bullion /Gold Jewellery <input type="checkbox"/> Trader </div> <div style="width: 30%;"> <input type="checkbox"/> Professional Service Provider <input type="checkbox"/> Stock Broker <input type="checkbox"/> Money Lender </div> <div style="width: 30%;"> <input type="checkbox"/> Agriculture <input type="checkbox"/> Real Estate </div> </div> <p>b) No. of Years in Business* <input type="text" value="0"/> <input type="text" value="0"/></p>
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Annual Income# Salary/Business*	(Only Numeric & absolute value to be filled)
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Source of Fund* ☐ Salary ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Others (Please specify)

Nomination (DA 1 Form)* (Only one individual nominee permitted and to be signed also in case of no nomination)

☐ I wish to nominate ☐ I do not wish to nominate**** Print Nominee Name

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits

I/We (Name) _____ (Address) _____

Nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account may be returned by Axis Bank Ltd.

Name Address: Same as Primary Applicant

[illegible][illegible]

As nominee is minor I / We appoint (name)	Relationship with minor

Address ☐ Same as Primary Applicant ☐ If different

to receive the amount of deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee

Signature of Witness*** _____ Signature of Primary Applicant** _____

Name _____ Name _____

Address _____ Address _____

Date _____, Place _____

*Strike out if nominee is not a minor

*** In case of thumb impression, nomination to be filled in as an annexure **** I have understood the benefits of nomination and still do not wish to nominate

Beneficiary Details For Fund Transfer

Beneficiary Name	Beneficiary Account No	IFSC code

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

***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 equivalents⁶ 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

Comprehensive Declaration For Prepaid Payment Instrument

Under Comprehensive Declaration for Prepaid Payment Instrument have read and understood the account rules of the bank and agree to abide by the same. I have read and understood the Terms and Conditions relating various services associated with the Prepaid Payment Instrument. I have specifically requested for the above mentioned card, from Axis Bank Ltd. I accept and agree to be bound by the said Terms and Conditions, including those limiting / excluding the bank's liability. I understand that the bank may at its absolute discretion, discontinue any of the services completely or partially without any notice to me. I agree that the bank may debit my account service charges, issuance / annual / loading charges, as applicable from time to time. I agree that there may be issuance / annual / loading charges levied on my Prepaid Payment Instrument as per the arrangement agreed between the bank and the company and I accept the same. I confirm that I am resident of India. I confirm that I am the sole account holder or have the required mandate to operate all the respective accounts linked to these services and that I have completed 18 years of age. I also understand that I shall be entitled to use Online and Telebanking facilities by having a Prepaid Payment Instrument with Axis Bank. I am fully aware that balance in my Prepaid Payment Instrument account cannot exceed the limit as prescribed by RBI for Prepaid Instruments. I accept full responsibility for my Prepaid Payment Instrument and agree not to make any claims against Axis Bank.

In case it is found that you are an existing customer of the Bank, the details provided by you in this application form will overwrite your existing details with the Bank.

FATCA-CRS Terms and Conditions

The Central Board of Direct Taxes has notified on 7th August, 2015 Rules 114F to 114H, as pad of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities /appointed agencies /withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days. If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or Green Card holder, please include United States in the foreign country information field along with your US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

- 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 / E-mail on the above registered number / E-mail address

☐ The Customer agrees that he/she is not a politically exposed person (PEP) and further undertakes to inform Axis Bank in the event that he/she and/or any of their family members /close relatives becomes a PEP. In such an event, the Bank will obtain approval from its senior management to continue the business relationship and subject the account to the Customer Due Diligence measures as applicable to the customers of PEP category including enhanced monitoring on an ongoing basis.

Date

 Signature of
Primary Applicant

**** Kindly approach the branch incase any of these facilities is / are to be discontinued.**

Documents Received ☐ Self-Certified ☐ True Copies ☐ Notary

Identity Verification

Done

Date

D

D

M

M

Y

Y

Y

Y

Emp. Branch _____

 Employee Signature

[illegible][illegible]

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 IncomeTax 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 _____

Signature _____

We hereby confirm that the particulars provided in this form by our Distributor / Agent / Employee are correct and we request Axis Bank to issue the Prepaid Card for our Distributor / Agent / Employee.

Company Seal and Signature
of Designated Signatory

I hereby declare that this application form is received from the customer and is complete in all respects. I also confirm that all relevant documents have been obtained and verified as per the product extant guidelines. The Application form may be processed and Prepaid Instrument be issued.

S.S. Code _____

Remarks _____

Mobile No. _____

Signature _____

Application No. _____

Signature of Bank Official

