



# SAVINGS BANK ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS

Date : \_\_\_\_\_ Form Type A/c No. : \_\_\_\_\_  
 For Office Use : A/c. to be opened at \_\_\_\_\_ Branch Code \_\_\_\_\_ Scheme Code \_\_\_\_\_ A/c. Report Code \_\_\_\_\_  
 Ledger No. \_\_\_\_\_ A/c. Label \_\_\_\_\_ SE Code \_\_\_\_\_ A/c. Manager \_\_\_\_\_

A) PERSONAL DETAILS \* Please open my/our Savings Bank Account. Please fill the form in BLOCK LETTERS only. Fields marked \* (star) are MANDATORY.

APPLICANT TITLE FULL NAME Please leave one space between words e.g. RAJENDRA RAJ KADAM  
 PRIMARY JANE HENZY SHEEBA → If minor, fill minor's name  
 JOINT \_\_\_\_\_

DATE OF BIRTH # GENDER MARRIED MINOR\*\* PAN NUMBER\*\*\* (Please ✓)  
 PRIMARY 19081992 F Y Y XXXXXXXXXX or FORM 60 / 61 attached  
 JOINT \_\_\_\_\_ or FORM 60 / 61 attached

# If Senior Citizen, provide proof of Date of Birth \*\*If Minor, please fill-up minor declaration section below \*\*\* If PAN No. is not available, please attach form 60 or 61

Existing Customer If Yes, Cust. ID Salaried Self Employed Business Retired Student Housewife Others (Please Specify)  
 PRIMARY \_\_\_\_\_ ✓  
 JOINT \_\_\_\_\_

B) DEBIT CARD DETAILS \*

Card Required Name as desired on Debit Card  
 PRIMARY ✓ JANE HENZY SHEEBA PLATINUM\* ✓ VISA MASTER GOLD  
 JOINT PLATINUM\* VISA MASTER GOLD

Mother's Maiden Name Debit Card Nominee's Name IMAGE CARD Desired Image Code  
 PRIMARY GLORY CHANDRASEKAR N  
 JOINT \_\_\_\_\_

Nominee's Relationship with the card holder If Minor, Date of Birth Name of Guardian  
 PRIMARY SPOUSE  
 JOINT \_\_\_\_\_

\*Platinum Debit Card is exclusively available only to Priority Banking Account Holders at applicable charges.

C) MINOR DECLARATION

Type of Guardian: Father Mother Court Appointed → Need to be filled only for minor account

Full Name of Guardian Mr. ✓ Ms. JANE HENZY SHEEBA

I hereby declare that the date of birth of the minor who is my SON is 28 / 05 / 2010 and I am his / her natural and lawful guardian / guardian appointed by court order, dated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

Date: 28 07 2021

Signature of Guardian

D) ADDRESS DETAILS

[Communication Address \*] NO 1 FIRST FLOOR MOON APARTMENT CITY TIRUCHIRAPPALLI  
 CAR STREET STATE TAMILNADU COUNTRY INDIA PIN CODE 629008

Permanent Address \* ✓ Same as communication address Please note the address as below

Please provide complete address for faster courier deliveries.

CITY STATE PIN CODE  
 STD Code Tel. No. (Office) Ext. No. Tel. No. (Residence) Fax No.

PRIMARY \_\_\_\_\_  
 JOINT \_\_\_\_\_

Mobile Number E-mail Address (e.g. rkadam@gmail.com) Preferred Language for Communication \*  
 PRIMARY 9876543210 BME@GMAIL.COM TAMIL

\*Other than English

E) MODE OF OPERATION \*

Self Either or survivor Former or survivor Anyone or survivor  
 Jointly by all Minor A/c. operated by Guardian Others \_\_\_\_\_

F) INITIAL DEPOSIT DETAILS

Encash24 Required If yes, attach separate encash24 declaration form  
 Payment by  
 ✓ Cash Cheque No. Date: Drawn on Bank Branch

Debit my / our existing account. Account No. Deposit amount Rs. 5000 Ps.

G) CHANNEL FACILITIES \* Mobile Banking and NETSECURE are chargeable services. Please visit www.axisbank.com for current charges.

Mobile Banking Service y iConnect Service\* y If Yes, Please ✓ the options below  
 The mobile banking service will be activated on the Primary Applicant's mobile number provided above. This is a chargeable service beyond a free trial period. Inquiry only Inquiry and Fund Transfer (with NETSECURE) ✓  
 E-statement y Cheque Book Required y  
 In case you select E-statement option, physical statement shall be disabled.

\*It is mandatory to provide Primary Applicant's mobile number (in section D : Address details) to register for iConnect (Internet Banking) service of Axis Bank. Signature of Applicant  
 \*NETSECURE is an advanced security system on iConnect. Please refer terms and conditions on www.axisbank.com/netsecure.

This form is processed through automated system. Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

H) KNOW YOUR CUSTOMER (KYC) DETAILS

Provide KYC document (Attach photocopies of the following documents and produce the original copies of these documents for verification.)

Document for proof of Identity	Document Identification No.	Issuing Authority	Place of issue
PRIMARY <u>AADHAR</u>	<u>123456789102</u>	<u>UIDAI</u>	
JOINT			
Document for proof of Address	Document Identification No.	Issuing Authority	Place of issue
PRIMARY <u>AADHAR</u>	<u>123456789102</u>	<u>UIDAI</u>	
JOINT			

For Salary Accounts - Employee Code  
(Any one of the following)

Letter from Employer verifying identity and permanent address OR

Introduction by a designated Company Official and KYC documents as above

Signature with Company Seal

Reference Details

Referrer's cust id

Relationship

Referrer's Signature

I) PRIMARY HOLDER'S PERSONAL INFORMATION

Education	Non Matric	Undergraduate	Grad./ Post Grad. Gen. (B. Sc., M. Com., etc.)	<input checked="" type="checkbox"/> Grad/Post-Grad. Professional (BE,MBA,MBBS etc)
If salaried, employed with	Public Ltd. Co.	Pvt. Ltd. Co.	Govt. Sector	Multinational Institution
If Self-Employed Profession	CA	Engg.	Doctor	<input checked="" type="checkbox"/> Proprietorship Partnership
Monthly Household Income (Rs.)	Upto 5,000	5,001-10,000	20,001-50,000	<input checked="" type="checkbox"/> 50,001-1,00,000 >1,00,000

J) INFORMATION ON OTHER PRODUCTS AND OFFERINGS

From time to time Axis Bank communicates various new products/special features of existing products/promotional offers which are of significant benefit to its customers. Please help us to serve you better by giving your consent to be informed about such benefits.

Your Consent: Yes  No

K) NOMINATION DETAILS (FORM DAT) (Only one individual nominee permitted)

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) JANE HENZY SHEEBA (Address) NO 1 FIRST FLOOR MOON APART TRICHY 8

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 CHANDRASEKAR

Address : Same as primary applicant :

If different from primary applicant

Relationship with depositor, if any SPOUSE Age 43 Years If nominee is a minor, his / her date of birth :

Relationship with the minor\*

\* As the nominee is a minor on this date, I / We appoint (name)

Address : Same as primary applicant :  If different from primary applicant

to receive the amount of the 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 depositor Sign.

Name \_\_\_\_\_

Name JANE HENZY SHEEBA

Address \_\_\_\_\_

Address NO 1 FIRST FLOOR MOON APARTM. TRICHY - 8

Date: \_\_\_\_\_ Place \_\_\_\_\_

Signature of Joint holder(s) \_\_\_\_\_

\*Strike out if nominee is not a minor

\*\* Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

DECLARATION

Primary Applicant

I/We have read and understood the Terms and Conditions (a copy of which I am in possession of) governing the opening of an account with Axis Bank and those relating to various services including but not limited to ATMs / Debit Card / Mobile Banking / Phone Banking / Net Banking / Bill Pay Facility. I/We accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Bank's liability. I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I agree that the Bank may debit my account for service charges as applicable from time to time.

I/We am/are residents of India. Apart from this, the current Schedule of Charges has been received by me and I agree with the same.

I agree to maintain AQB of Rs \_\_\_\_\_ in my account.

I/We agree to abide by the fees liable to be levied for issuance of the Debit Card, and the additional Rs 150 (Excluding Taxes) chargeable for an Image Debit Card. I am / We are also aware of the fact that the Image Debit Card will not be a Photo Card.

Please paste Passport Size colour Photograph here

Signature of Primary Applicant

Sign.

Joint Applicant

Please paste Passport Size colour Photograph here

Signature of Joint Applicant

Signature of Joint Applicant

Signature of Bank Official in whose presence signed

Date : \_\_\_\_\_ EMP. No. \_\_\_\_\_

DECLARATION BY THE BRANCH

I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained. The Account may please be set up in Finacle.

Enclosure Details (This information must be filled-up by the branch before sending AOF for automatic processing)

Number of Add-on forms enclosed : 0 Number of Pages of KYC documents enclosed :

Camp. Code

Camp. Reference Number

Special Instructions for CPU

4th line Embossing required for :

For Axis Bank Limited

Branch Head / Authorised Signatory

S. S. Number : \_\_\_\_\_

For CPU/HUB Use only

Received by \_\_\_\_\_  
Scanned on \_\_\_\_\_  
Verified by \_\_\_\_\_  
Remarks \_\_\_\_\_