CUSTOMER REQUEST FORM



				ich Offi	ce Use	Use Only (Encircle Requested SF					d SR	/s)		
	1	2	3	4	. 5	5 6		7	7		8		9	
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To, The Branch Head														
Axis Bank Ltd. Branch SOL ID:					D	ate of Re	eauest:	D D	M	М	Υ	Υ	/ Y	1
Customer Name:							<u> </u>		\top	Ħ	寸		+	╡
Customer ID:		Acco	ount Numbe	r:		$\pm \pm$	\top	\dashv	T	\vdash	十		+	╡
Loan Account Number 1				``	contact inform	nation pro	vided w	rill be upo	-lated i	in all th	IE Re	etail Aa	ounts	⊥ ⟨\
(The contact information provided will be updated in all th	e Loan Acc	ounts'.)		(ianori pre	···aoa ···	50 op.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•,
Credit Card Number:														
('The contact information provided will be updated in all th	e Credit Co	ards'.)												
1. Mobile Number Update & Alerts Registration (Include	Country C	ode):		<u> </u>			TT							```
This subscribes to all alerts including Value Added Ale			month for S	aving A	Accounts.									į
Unsubscribe from Value Added Alerts (Only Mandat	ory Alerts w	ill be sent. Fo	or e.g. All car	rd based	& Internet	Banking ¹	Transac	tion)						-
	ntry Code	STD Code			Conta	ct Numk	er				_			į
2. LANDLINE NUMBER UPDATE (Res.):										\dashv	4			:
LANDLINE NUMBER UPDATE (Off.):										\perp	\Box			i
3. E-MAIL ID (FOR E-STATEMENT REGISTRATION): In co	se E-Statem	nents are ac	tivated, phy	sical sta	atements wi	ll be dis	abled.		_		\neg	_	_	¬ :
										Ш	\Box			╛┊
4. PAN NUMBER	Aad	haar Numb	per											į
5. a) Country of Residence	b)	Tax Refere	nce No											ز
6. CHANGE OF ADDRESS: A) Com	munication	i) R	Residence	ii)	Office B	3)	Permar	nent						
(Please leave space between two words) (In case of jo	oint holders	, each holde	er needs to f	fill sepa	ırate Form.)								
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Landmark*:	1 	111	State	e*:	 			\top	†	Ħ	寸		\top	╡
City*:		\Box		\top			L L PIN	 1 Code*	.	\forall	\dashv		+	╡
	$\overline{}$			LLLI Natio	nality*·		- · ·	1	· -	$\forall \forall$	ᅱ		+	╡
Country*: Nationality*: Nationality*: Nationality*:														┙
DOCUMENT FOR PROOF OF ADDRESS (Mandatory for Change in Mailing Address): DOCUMENT IDENTIFICATION NUMBER:														
ISSUING AUTHORITY:		DIAC	CE OF ISSU	 E.										
ISSUE DATE: D D M M Y Y Y Y	,	FLAN VALID TILL:	D D	M M	v v v	V		_						
				IVI IVI	1 1 1									_
7. NEW CHEQUE BOOK REQUEST: Number of Cheque	Book/s Re	quired:												_
8. ACCOUNT ACTIVATION: PLEASE REACTIVATE MY AG	CCOUNT N	IUMBER												1
REASON FOR NOT OPERATING THE ACCOUNT:												-		_
9. DUPLICATE STATEMENT*:		7												_
Statement Required From Date: D D M M Y	YYY	To Date		M	YYY	/ Y		e charge						
I have read and understood and agree to be bound by the Terms and to know basis, regarding various products and services including SM:	conditions me S Bankina, E-S	entioned overl Statement & Ir	eaf, related to Iternet Bankin	UIDAI g a. includ	juidelines, sh lina Terms an	aring of In d Conditi	formatic	on with ac ted to sho	gencie: arina o	s/servi	ice p ant ir	rovider nformat	s on n ion ur	eed ider
foreign tax laws like FATCA as displayed on www.axisbank.com l agre	e that the Bar	nk may debit s	ervice charge:	s plus tax	es to my acco	ount where	ever app	licable.	3					
DATE: D D M M Y Y Y Y PLACE:					SIGNATU	RE:					_			_
Certified that this Request Letter is complete in all respect & all re	FOR I levant docum	BRANCH O	FFICE USE C	ONLY ied mod	le of operation	on and si	anature	s of the .	A/c. 1	The rea	ques'	t mav i	olease	e be
Certified that this Request Letter is complete in all respect & all re processed. The CRF has been personally submitted by the Customer. her signature in Bank's records. I have done proper due diligence f	I have satisf	ied myself ab	out the identity	y of the (Customer by	verifying	his / he	r Debit C	ard /	KYC d	ocur	ment &	also h	nis /
BANK INDUCED REQUEST	or opadiing	ine records of	THE COSIONIE	ii Oii iiis	/ Her reques	i di non i	ouse bic	incii.						
REQUEST RECEIVED DATE: D D M M Y Y	YY	FORW	/ARDED TO	CLH D	ATE:	D M	M	/ Y	YY	7				
										_				
<u> </u>	LOYEE NU Designation		ВН		Signa . No.:	ture:	П	$\overline{}$						
request certified by signature:	esignation	1: U On	. – – –	3.3 -	. 140.:	<u> </u>								
	ACKNO	WLEDGEME	NT TO CUS	STOMER	R								,	_
Customer Name:		1			ate of Requ			D D) M	M	Υ	Υ	/ Y	
Request No.:		Employee	Number: _											
Name of the Branch Official:		Si	gnature:											
Please Note: Your request (request numbers 1-14) will be processed w cheque books / statements etc. to your address will take between 5-11	vithin 2 workii working day:	ng days. Addi s if dispatched	tion of joint ho I through cour	olders an ier and 1	id change of: 15-18 workin	signature g days if o	will take dispatche	up to 4-5 ed throug	5 work h spee	ing da ed post	ys. D (dep	elivery ending	of kits on lo	/ cation)

CUSTOMER REQUEST FORM



For Branch Office Use Only (Encircle Requested SR/s) 12 15 10 11 13 14 10. DEBIT CARD DEACTIVATION OF DEBIT CARD NUMBER: REACTIVATION OF CARD NUMBER: ISSUE DEBIT CARD DUPLICATE PIN 11. STOP PAYMENT REQUEST Number of Cheques: ___ Cheque Number(s): IME OF REQUEST RECEIVED FOR OFFICE USE ONLY:-Date of Cheque: Reason for Stop Payment: Amount: 12. REVERSAL OF CHARGES Date of Debit: Amount of Debit: ₹____ I undertake to keep henceforth an Average Monthly / Quarterly / Half Yearly Balance of ₹ (In case of Average Balance Non-Maintenance Charges only): I also acknowledge that all other applicable charges with regards to my account have been communicated to me and I will abide by the same. 13. **ISSUANCE OF PASSBOOK** 14. MOBILE NUMBER UPDATE & ALERTS REGISTRATION FOR JOINT HOLDERS: (Include Country Code) Wherever mobile numbers of joint account holders are provided, they will receive One Time Password (OTP) and transaction alerts on these numbers for transactions initiated by them on ATM, Internet Banking and Mobile Banking as applicable. Signature of 3rd Joint Holder Signature of Primary Holder Signature of 1st Joint Holder Signature of 2nd Joint Holder *Signature of all the holders is required for updating of mobile number/s of joint holders. 15. SIGNATURE VERIFICATION 16. PRINT NOMINEE NAME* *Depending upon the option selected here, nominee name will get printed / not printed on statements, passbooks, etc. 17. ANY OTHER (Please Specify) I have read and understood and agree to be bound by the Terms and condition to various products and services including SMS Banking, E-Statement & Internet Banking, including Terms and Conditions related to sharing of relevant information under foreign tax lawa like FATCA, as displayed on www.axisbank.com. I agree that the Bank may debit service charges plus taxes to my account wherever applicable. taxes to my account wherever applicable.

I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and consent to providing my Aadhaar number, Biometric Information and/or One Time Pin (OTP) data(and/or any similar authentication mechanism) for Aadhaar based authentication for the purpose of availing any Banking Services with Axis Bank. I understand that the Biometric Information and/or OTP and/or any other authentication mechanism, I may provide for authentication shall be used only for authenticating my identity through the Aadhaar Authentication system and for obtaining e-KYC from UIDAI for that specific transaction and for no other purposes. I understand that Axis Bank shall ensure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication. I hereby state that I am physically present and provided my Biometric Information for authenticating myself and for receiving e-KYC details from UIDAI for the purpose of availing any Banking Services with Axis Bank. All information provided by me of any nature (including personal & sensitive information) can be shared with agencies/service providers who have an agreement with Axis Bank for business purpose and on need to know basis. Axis Bank shall always strive to comply with the rules and regulations as applicable from time to time on this context in accordance with the bank's Privacy policy. If I intend to revoke my consent to the sharing of the data, the products/services available to me, pursuant to the consent provided earlier, shall no longer be available to me, and I shall be required to initiate closure of such products/services. All the terms and conditions, processes and alternatives have been explained to me in local language as well DATE: PLACE: CUSTOMER SIGNATURE: FOR BRANCH OFFICE USE ONLY Certified that this Request Letter is complete in all respect & all relevant documents are obtained & verified mode of operation and signatures of the A/c. The request may please be processed. The CRF has been personally submitted by the Customer. I have satisfied myself about the identity of the Customer by verifying his / her Debit Card / KYC document & also his / her signature in Bank's records. I have done proper due diligence for updating the records of the Customer on his / her request at non-base branch. **BANK INDUCED REQUEST** FORWARDED TO CLH DATE: D D M REQUEST RECEIVED DATE: EMPLOYEE NUMBER: REQUEST ACCEPTED BY: Signature: Request certified by signature: _ OHBH Designation: **ACKNOWLEDGEMENT TO CUSTOMER** Date of Request Received: Customer Name: Employee Number: __ Request No.: Signature:

Please Note: Your request (request numbers 1-14) will be processed within 2 working days. Addition of joint holders and change of signature will take up to 4-5 working days. Delivery of kits / cheque books / statements etc. to your address will take between 5-11 working days if dispatched through courier and 15-18 working days if dispatched through speed post (depending on location).