



**AXIS BANK**

**KNOW YOUR CLIENT (KYC)  
Application Form - For Individual**

**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)

Acknowledgement No.

**A) IDENTITY DETAILS**

<input type="checkbox"/>	1. Name of the Applicant	
<input type="checkbox"/>	2. Father's/Husband's Name	
<input type="checkbox"/>	3a. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/>	3b. Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married
<input type="checkbox"/>	3c. Date of Birth	D D M M Y Y Y Y
<input type="checkbox"/>	4a. Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify)
<input type="checkbox"/>	4b. Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National
<input type="checkbox"/>	5a. PAN	
<input type="checkbox"/>	5b. Aadhaar Number, if any	
<input type="checkbox"/>	6. Specify the Proof of Identity submitted	<input type="checkbox"/> PAN Card <input type="checkbox"/> Any Other (Please Specify)

PHOTOGRAPH

Please affix your recent colour passport size photograph

sign across photograph

**B) ADDRESS DETAILS**

<input type="checkbox"/>	1. Residence / Correspondence Address :	<input type="checkbox"/> Correspondence Address	<input type="checkbox"/> Residence Address
	City/Town/Village		
	State		Country
	Pin Code		
<input type="checkbox"/>	2. Specify the Proof of Address submitted for Residence / Correspondence Address :		
<input type="checkbox"/>	3. Contact Details : Tel. (Off.)	Fax No.	
	Tel. (Res.)	Mobile No.	
	E-mail Id		
<input type="checkbox"/>	4. Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)		
	City/Town/Village		
	State		Country
	Pin Code		

**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 : D D M M Y Y Y Y

Signature of the Applicant

**FOR OFFICE USE ONLY**

<input type="checkbox"/>	Originals verified and Self-Attested Document copies received
<input type="checkbox"/>	In-Person Verification (IPV) Done:
<input type="checkbox"/>	a. Name of the person
<input type="checkbox"/>	b. Designation
<input type="checkbox"/>	c. Name of Organization
<input type="checkbox"/>	d. Signature
<input type="checkbox"/>	e. Date

Signature of The Authorised Signatory

Seal / Stamp of the Branch