



*Mandatory Field

Office Use Only

Centre / Branch

Product Commercial Vehicle Finance Passenger Vehicle Finance Construction Equipment Finance

Applicant Details

*Constitution (For Individual:)	Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Resident Indian <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign Nationals <input type="checkbox"/> Overseas Citizen India <input type="checkbox"/> Person of Indian Origin				
For Non-Individual:	<input type="checkbox"/> Hindu Undivided Family <input type="checkbox"/> Trust <input type="checkbox"/> Private Ltd Companies <input type="checkbox"/> Public Ltd Companies <input type="checkbox"/> Co-operative Societies <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust-PF/GOVT/DEFENCE <input type="checkbox"/> Trust-NGO <input type="checkbox"/> Association <input type="checkbox"/> Other Financial Institution <input type="checkbox"/> University <input type="checkbox"/> Limited Liability Partnerships <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Government <input type="checkbox"/> Trust-CLUBS/ASSN/SOC/SEC-25 CO <input type="checkbox"/> Trust-Educational Institution <input type="checkbox"/> Banks				
*Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> House Wife <input type="checkbox"/> Politician <input type="checkbox"/> Student <input type="checkbox"/> Others/Not Categorised				
Nature Of Business/Type of Industry	<input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership firm <input type="checkbox"/> Public Sector <input type="checkbox"/> Government <input type="checkbox"/> Multinational <input type="checkbox"/> Others (Please specif) _____ <input type="checkbox"/> Information Technology <input type="checkbox"/> Professional Service Provider <input type="checkbox"/> Agriculture <input type="checkbox"/> Bullion /Gold Jewelry <input type="checkbox"/> Stock Broker <input type="checkbox"/> Real Estate <input type="checkbox"/> Trader <input type="checkbox"/> Money Lender <input type="checkbox"/> Others (Please specif) _____				
Are you existing customer	<input type="checkbox"/> Yes <input type="checkbox"/> No If Axis Bank Customer,provide customer ID / Account No. <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>				
Title					
	Prefix	First Name	Middle Name	Last Name	Applicant Photograph Please sign across the Photograph
*Gender & Date Of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender Date of Birth <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/> *Person with disability <input type="checkbox"/> Yes <input type="checkbox"/> No				
Category & Community	<input type="checkbox"/> ST <input type="checkbox"/> SC <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Others _____ <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Jain <input type="checkbox"/> Parsi <input type="checkbox"/> Others _____ Nationality <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>				
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others _____				
Education	<input type="checkbox"/> Matriculate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others _____				
*Related Person Type	<input type="checkbox"/> Individual Applicant <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (please specify) _____				
*Details of Related Person	<input type="checkbox"/> Addition Of Related Person <input type="checkbox"/> Updated Related Person <input type="checkbox"/> Deletion of Related Person				
CKYC Identifier	<input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/>				

Section II - Existing Banking Relations

1. Accounts with other Banks:

Bank	Branch / Address	Account Type	Account Number

2. Credit Facilities:

We declare that we do not enjoy credit facilities with any bank We declare that we enjoyed following credit facilities with other bank(s):

Details of Borrowal Accounts: (Enclose Copy of Sanction letters / Repayment Schedule)

I. Term Loan and other borrowings:

Bank / NBFC & Branch	Loan Amt.	Current Outstanding (in ` lakhs)	Monthly Instalments	Rate of Interest	Tenure of Loan	Balance Months	Purpose

II. Cash Credit / Over-draft Facility

Bank / NBFC & Branch	Loan Amt.	Current Outstanding (in ` lakhs)	Monthly Instalments	Rate of Interest	Tenure of Loan	Balance Months	Purpose

PROOF OF IDENTITY (Pol)* Please refer instruction B at the end)

- Officially valid document(s) in respect of person authorised to transact.
- Certificate of Incorporation / Formation Registration Certificate No.
- Memorandum and Articles of Association Partnership Deed Trust Deed
- Resolution of Board / Managing Committee Power of attorney granted to its manger, officers or employees to transact on its behalf.
- Activity Proof * 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

Legal Entity Identifier Declaration (Applicable For Non Individuals Only)

Name of borrower: _____

I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is above Rs. 10 Crore. The Legal Entity Identifier (LEI) is applicable to our firm/company and the details of the same are as under:

1) LEI No.:

2) LEI Issuer:

3) LEI Issuance Date: (DDMMYYYY)

4) LEI Expiry Date:

I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is between Rs.5 Crore to Rs. 10 Crore. We will endeavour to obtain the LEI at the earliest and agree to provide the LEI details to Axis Bank once we obtain the same

I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is below Rs. 5 Crore. The Legal Entity Identifier (LEI) is not applicable to us.

I/we confirm that if total banking exposure of our firm/company goes beyond Rs. 5 Crore during the tenure of the loan/credit facility, we will endeavour to obtain the LEI at the earliest and agree to provide the LEI details to Axis Bank once we obtain the same.

I/We declare that the particulars and information given above are true, correct and up to date in all aspects.

Date

Place

Signature/Thumb Impression of Applicant

CKYC 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/we 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

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 county/ies in which the entity is a resident for tax purposes and the associated Tax Number below:

City of Birth*

Country of Birth*

Address Type for Tax Purposes* Resident Business Registered office

Country#	Tax Identification Number %	Identification Type (TIN or Other, please specify)%	Address for Tax Purpose*		
			Communication Address	Permanent Address	Please note the address below
			Landmark _____		
			PIN <input type="text"/> State _____ Country _____		

#To also include USA, where the individual is citizen/green card holder of USA % In case Tax Identification number is not available, kindly provide functional equivalent 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.

Customer Signature _____

Co-Applicant/Director/Guarantor/Authorised Signatory/Beneficiary Owner

*Relationship With Applicant	<input type="checkbox"/> Guarantor <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Director <input type="checkbox"/> Authorised Signatory				
*Constitution (For Individual)	Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Resident Indian <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign Nationals <input type="checkbox"/> Overseas Citizen India <input type="checkbox"/> Person of Indian Origin				
*Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> House Wife <input type="checkbox"/> Politician <input type="checkbox"/> Student <input type="checkbox"/> Others/Not Categorised				
Nature Of Business (Self-employed)	<input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership firm <input type="checkbox"/> Public Sector <input type="checkbox"/> Government <input type="checkbox"/> Multinational <input type="checkbox"/> Others (Please specif) _____ <input type="checkbox"/> Information Technology <input type="checkbox"/> Professional Service Provider <input type="checkbox"/> Agriculture <input type="checkbox"/> Bullion /Gold Jewelry <input type="checkbox"/> Stock Broker <input type="checkbox"/> Real Estate <input type="checkbox"/> Trader <input type="checkbox"/> Money Lender <input type="checkbox"/> Others (Please specif) _____				
Are you existing customer	<input type="checkbox"/> Yes <input type="checkbox"/> No If Axis Bank Customer, provide customer ID / Account No. <input type="text"/>				
Title					
	Prefix	First Name	Middle Name	Last Name	Applicant Photograph Please sign across the Photograph
*Name (Same as ID Proof)					
Authorised Signatory Name*					
*Father's Name					
*Mother's Name					
Mother's Maiden Name					
*Spouse Name					
*Gender & Date Of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender Date of Birth <input type="text"/> *Person with disability <input type="checkbox"/> Yes <input type="checkbox"/> No				
Category & Community	<input type="checkbox"/> ST <input type="checkbox"/> SC <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Others _____ <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Jain <input type="checkbox"/> Parsi <input type="checkbox"/> Others _____ Nationality <input type="text"/>				
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others _____				
Education	<input type="checkbox"/> Matriculate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others _____				
*Related Person Type	<input type="checkbox"/> Individual Applicant <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (please specify) _____				
*Details of Related Person	<input type="checkbox"/> Addition Of Related Person <input type="checkbox"/> Updated Related Person <input type="checkbox"/> Deletion of Related Person				
CKYC Identifier	<input type="text"/>				

Customer Segment	<input type="checkbox"/> S1/S2/S3 <input type="checkbox"/> Strategic <input type="checkbox"/> Bus Operator	<input type="checkbox"/> FTU <input type="checkbox"/> Non- Captive Retail <input type="checkbox"/> School Strength<500	<input type="checkbox"/> FTB <input type="checkbox"/> Strategic <input type="checkbox"/> School Strength>500	<input type="checkbox"/> Captive-Retail <input type="checkbox"/> SVO
	Date of Incorporation/ Formation* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	Place of Incorporation / Formation* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	Date of Commencement of Business <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
*Annual Income <small>(Only absolute and numeric value to be filled)</small>	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Total of all income declared)			
*Source of Fund <small>(tick the relevant option)</small>	<input type="checkbox"/> Salaried <input type="checkbox"/> Investment <input type="checkbox"/> Professional Fees <input type="checkbox"/> Business Earnings <input type="checkbox"/> Commission <input type="checkbox"/> Agriculture			
*Source of wealth: <small>(For individual applicant/ co applicant who is a PEP)</small>	<input type="checkbox"/> Inherited Funds <input type="checkbox"/> Property <input type="checkbox"/> Investment <input type="checkbox"/> NIL <input type="checkbox"/> Others (pl. specify) _____			
Whether registered under GST	<input type="checkbox"/> Y <input type="checkbox"/> N (If Yes, following details are mandatory) GST Exemption <input type="checkbox"/> Y <input type="checkbox"/> N Exemption reason (If Yes) _____			
*GSTIN DETAILS	*GST Registration <input type="text"/> Single <input type="text"/> Multiple *(Please fill GST Annexure for multiple GST Registration) *Special Economic Zone <input type="checkbox"/> Y <input type="checkbox"/> N			
	Exemption Valid Till (if yes) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Special Economic Zone Code (if Yes) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	GSTIN (Details) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GSTIN Registration Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
1. *PAN No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Form 60 <input type="checkbox"/>			
2. URC Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
3. Passport Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Passport Exp Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
4. Voter Id Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
5. Driving Licence	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Driving Licence Exp Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
6. NREGA Job Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
7. E-National Population Register Letter	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
8. Proof of Possession of Aadhaar	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Offline verification of Aadhaar <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
9. E-KYC Authentication	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
10. Import Export Code (IEC)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Corporate Identification Number (CIN) _____			
*Registered Office Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	City/ Town/ Village <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PIN/ Post Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	State/U.T. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
* Nearest Landmark (Office Address)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
* E-mail Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Business Website	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Phone Details (STD Code - Tel. Off.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *Mobile Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FAX <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Office Ownership	<input type="checkbox"/> Self Owned <input type="checkbox"/> Parental Owned <input type="checkbox"/> Rental <input type="checkbox"/> Residence Cum Office <input type="checkbox"/> Mortgaged <input type="checkbox"/> Y <input type="checkbox"/> N			
No. of years in the office address	<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months No. of years in the city <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months			
*Factory Address/Local Address/Principal place of business	Same as Registered Address - <input type="checkbox"/>			
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	City/ Town/ Village <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PIN/ Post Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	State/U.T. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
*Nearest Landmark (Factory Address)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Phone Details (STD Code - Tel. Off.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *Mobile Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Factory Ownership	<input type="checkbox"/> Self Owned <input type="checkbox"/> Parental Owned <input type="checkbox"/> Rental <input type="checkbox"/> Leased <input type="checkbox"/> Mortgaged <input type="checkbox"/> Y <input type="checkbox"/> N			
No. of years in the factory address	<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months			
Preferred Mailing Address	<input type="checkbox"/> Office <input type="checkbox"/> Residence <input type="checkbox"/> Factory <input type="checkbox"/> Permanent			
*Residence Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
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	State/U.T. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
No. of months in Residence address	<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months			
Proof Of identity and Current Address	Same as Residence Address mentioned above <input type="checkbox"/>			
Current Residence Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
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No. of months in Residence address	<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months			
Preferred Mailing Address	<input type="checkbox"/> Office <input type="checkbox"/> Residence <input type="checkbox"/> Factory <input type="checkbox"/> Permanent			

PROOF OF IDENTITY (Pol)* Please refer instruction B at the end)

- Officially valid document(s) in respect of person authorised to transact.
- Certificate of Incorporation / Formation Registration Certificate No.
- Memorandum and Articles of Association Partnership Deed Trust Deed
- Resolution of Board / Managing Committee Power of attorney granted to its manger, officers or employees to transact on its behalf.
- Activity Proof * 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

Legal Entity Identifier Declaration (Applicable For Non Individuals Only)

Name of borrower: _____

I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is above Rs. 10 Crore. The Legal Entity Identifier (LEI) is applicable to our firm/company and the details of the same are as under:

- 1) LEI No.:
- 2) LEI Issuer:
- 3) LEI Issuance Date: (DDMMYYYY)
- 4) LEI Expiry Date:

I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is between Rs.5 Crore to Rs. 10 Crore. We will endeavour to obtain the LEI at the earliest and agree to provide the LEI details to Axis Bank once we obtain the same

I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is below Rs. 5 Crore. The Legal Entity Identifier (LEI) is not applicable to us.

I/we confirm that if total banking exposure of our firm/company goes beyond Rs. 5 Crore during the tenure of the loan/credit facility, we will endeavour to obtain the LEI at the earliest and agree to provide the LEI details to Axis Bank once we obtain the same.

I/We declare that the particulars and information given above are true, correct and up to date in all aspects.

Date

Place

Signature/Thumb Impression of Applicant

CKYC 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/we 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

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 county/ies in which the entity is a resident for tax purposes and the associated Tax Number below:

City of Birth*

Country of Birth*

Address Type for Tax Purposes* Resident Business Registered office

Country#	Tax Identification Number %	Identification Type (TIN or Other, please specify)%	Address for Tax Purpose*		
			Communication Address	Permanent Address	Please note the address below
			Landmark _____		
			PIN <input type="text"/> State _____ Country _____		

#To also include USA, where the individual is citizen/green card holder of USA % In case Tax Identification number is not available, kindly provide functional equivalent 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.

Customer Signature _____

Co-Applicant/Director/Guarantor/Authorised Signatory/Beneficiary Owner

*Relationship With Applicant	<input type="checkbox"/> Guarantor <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Director <input type="checkbox"/> Authorised Signatory				
*Constitution (For Individual)	Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Resident Indian <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign Nationals <input type="checkbox"/> Overseas Citizen India <input type="checkbox"/> Person of Indian Origin				
*Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> House Wife <input type="checkbox"/> Politician <input type="checkbox"/> Student <input type="checkbox"/> Others/Not Categorized				
Nature Of Business (Self-employed)	<input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership firm <input type="checkbox"/> Public Sector <input type="checkbox"/> Government <input type="checkbox"/> Multinational <input type="checkbox"/> Others (Please specify) _____ <input type="checkbox"/> Information Technology <input type="checkbox"/> Professional Service Provider <input type="checkbox"/> Agriculture <input type="checkbox"/> Bullion /Gold Jewelry <input type="checkbox"/> Stock Broker <input type="checkbox"/> Real Estate <input type="checkbox"/> Trader <input type="checkbox"/> Money Lender <input type="checkbox"/> Others (Please specify) _____				
Are you existing customer	<input type="checkbox"/> Yes <input type="checkbox"/> No If Axis Bank Customer, provide customer ID / Account No. <input type="text"/>				

Title		Prefix	First Name	Middle Name	Last Name	Applicant Photograph Please sign across the Photograph
*Name (Same as ID Proof)						
Authorised Signatory Name*						
*Father's Name						
*Mother's Name						
Mother's Maiden Name						
*Spouse Name						
*Gender & Date Of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender		Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Category & Community		<input type="checkbox"/> ST <input type="checkbox"/> SC <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Others _____ <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Jain <input type="checkbox"/> Parsi <input type="checkbox"/> Others _____		Nationality <input type="text"/>		
Marital Status		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others _____				
Education		<input type="checkbox"/> Matriculate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others _____				
*Related Person Type		<input type="checkbox"/> Individual Applicant <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (please specify) _____				
*Details of Related Person		<input type="checkbox"/> Addition Of Related Person <input type="checkbox"/> Updated Related Person <input type="checkbox"/> Deletion of Related Person				
CKYC Identifier		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Customer Segment		<input type="checkbox"/> S1/S2/S3 <input type="checkbox"/> FTU <input type="checkbox"/> FTB <input type="checkbox"/> Captive-Retail <input type="checkbox"/> Strategic <input type="checkbox"/> Non- Captive Retail <input type="checkbox"/> Strategic <input type="checkbox"/> SVO <input type="checkbox"/> Bus Operator <input type="checkbox"/> School Strength<500 <input type="checkbox"/> School Strength>500				
		Date of Incorporation/ Formation* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> Country of Incorporation/ Formation* _____		
		Place of Incorporation / Formation* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Business & Number of years* <input type="text"/> <input type="text"/>		
		Date of Commencement of Business <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		*Director Identification Number (DIN) (Mandatory if Related person Type is Director) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
*Annual Income <small>(Only absolute and numeric value to be filled)</small>		₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		(Total of all income declared)		
*Source of Fund <small>(tick the relevant option)</small>		<input type="checkbox"/> Salaried <input type="checkbox"/> Investment <input type="checkbox"/> Professional Fees <input type="checkbox"/> Business Earnings <input type="checkbox"/> Commission <input type="checkbox"/> Agriculture				
*Source of wealth: <small>(For individual applicant/ co applicant who is a PEP)</small>		<input type="checkbox"/> Inherited Funds <input type="checkbox"/> Property <input type="checkbox"/> Investment <input type="checkbox"/> NIL <input type="checkbox"/> Others (pl. specify) _____				
Whether registered under GST		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N (If Yes, following details are mandatory) GST Exemption <input type="checkbox"/> Y <input type="checkbox"/> N Exemption reason (If Yes) _____				
*GSTIN DETAILS		*GST Registration <input type="text"/> Single <input type="text"/> Multiple *(Please fill GST Annexure for multiple GST Registration) *Special Economic Zone <input type="checkbox"/> Y <input type="checkbox"/> N				
		Exemption Valid Till (if yes) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Special Economic Zone Code (if Yes) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		GSTIN (Details) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		GSTIN Registration Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
1. *PAN No.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Form 60 <input type="checkbox"/>		
2. URC Number		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
3. Passport Number		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Passport Exp Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
4. Voter Id Card No.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
5. Driving Licence		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Driving Licence Exp Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
6. NREGA Job Card		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
7. E-National Population Register Letter		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
8. Proof of Possession of Aadhaar		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Offline verification of Aadhaar <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
9. E-KYC Authentication		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
10. Import Export Code (IEC)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Corporate Identification Number (CIN) _____		
*Registered Office Address		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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* Nearest Landmark (Office Address)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
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Office Ownership		<input type="checkbox"/> Self Owned <input type="checkbox"/> Parental Owned <input type="checkbox"/> Rental <input type="checkbox"/> Residence Cum Office <input type="checkbox"/> Mortgaged <input type="checkbox"/> Y <input type="checkbox"/> N				
No. of years in the office address		<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months				

*Factory Address/Local Address/Principal place of business	Same as Registered Address - <input type="checkbox"/> <input type="text"/> <input type="text"/> City/ Town/ Village <input type="text"/> District <input type="text"/> PIN/ Post Code <input type="text"/> State/U.T. <input type="text"/> Country <input type="text"/>
*Nearest Landmark (Factory Address)	<input type="text"/>
Phone Details (STD Code - Tel. Off.)	<input type="text"/> *Mobile Number <input type="text"/>
Factory Ownership	<input type="checkbox"/> Self Owned <input type="checkbox"/> Parental Owned <input type="checkbox"/> Rental <input type="checkbox"/> Leased <input type="checkbox"/> Mortgaged <input type="checkbox"/> Y <input type="checkbox"/> N
No. of years in the factory address	<input type="text"/> Years <input type="text"/> Months
Preferred Mailing Address	<input type="checkbox"/> Office <input type="checkbox"/> Residence <input type="checkbox"/> Factory <input type="checkbox"/> Permanent
*Residence Address	<input type="text"/> <input type="text"/> City/ Town/ Village <input type="text"/> District <input type="text"/> PIN/ Post Code <input type="text"/> State/U.T. <input type="text"/> Country <input type="text"/>
No. of months in Residence address	<input type="text"/> Years <input type="text"/> Months
Proof Of identity and Current Address	Same as Residence Address mentioned above <input type="checkbox"/>
Current Residence Address	<input type="text"/> <input type="text"/> City/ Town/ Village <input type="text"/> District <input type="text"/> PIN/ Post Code <input type="text"/> State/U.T. <input type="text"/> Country <input type="text"/>
No. of months in Residence address	<input type="text"/> Years <input type="text"/> Months
Preferred Mailing Address	<input type="checkbox"/> Office <input type="checkbox"/> Residence <input type="checkbox"/> Factory <input type="checkbox"/> Permanent

PROOF OF IDENTITY (PoI)* Please refer instruction B at the end

Officially valid document(s) in respect of person authorised to transact.

Certificate of Incorporation / Formation Registration Certificate No.

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board / Managing Committee Power of attorney granted to its manger, officers or employees to transact on its behalf.

Activity Proof * 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

Legal Entity Identifier Declaration (Applicable For Non Individuals Only)

Name of borrower: _____

I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is above Rs. 10 Crore. The Legal Entity Identifier (LEI) is applicable to our firm/company and the details of the same are as under:

- 1) LEI No.:
- 2) LEI Issuer:
- 3) LEI Issuance Date: (DDMMYYYY)
- 4) LEI Expiry Date:

I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is between Rs.5 Crore to Rs. 10 Crore. We will endeavour to obtain the LEI at the earliest and agree to provide the LEI details to Axis Bank once we obtain the same

I/we confirm that the total banking exposure of our firm/company after availing the proposed loan / credit facility is below Rs. 5 Crore. The Legal Entity Identifier (LEI) is not applicable to us.

I/we confirm that if total banking exposure of our firm/company goes beyond Rs. 5 Crore during the tenure of the loan/credit facility, we will endeavour to obtain the LEI at the earliest and agree to provide the LEI details to Axis Bank once we obtain the same.

I/We declare that the particulars and information given above are true, correct and up to date in all aspects.

Date --

Place

Signature/Thumb Impression of Applicant

CKYC 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/we 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

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 county/ies in which the entity is a resident for tax purposes and the associated Tax Number below:

City of Birth*

Country of Birth*

Address Type for Tax Purposes* Resident Business Registered office

Country#	Tax Identification Number %	Identification Type (TIN or Other, please specify)%	Address for Tax Purpose*		Please note the address below
			Communication Address	Permanent Address	
			Landmark _____		
			PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State _____ Country _____		

#To also include USA, where the individual is citizen/green card holder of USA % In case Tax Identification number is not available, kindly provide functional equivalent 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.

Customer Signature _____

Part - II Scheme Details

Section I - Loan Request Details

Amount Requested: *

Tenure months

Purpose of Loan : Purchase of New Commercial Vehicle / Construction Equipment Working Capital Requirement / Refinance / Repurchase STF (Top Up)
 Takeover of existing loan **Repayment Mode:** SI NACH Mandate PDC Billing

Commercial Vehicle:

Asset category : HCV LCV SCV No of Units : Body Chassis Fully Built

Manufacturer : _____ Make _____ Model _____

Super Strategic : Transporter Bus Operator Captive Strategic : Transporter Bus Operator Captive

Retail : Transporter Bus Operator Captive SVO FTU

Construction Equipment

No of Units : Body Chassis Fully Built

Strategic : S1 S2 S3 SA1 SA2 Retail : R1 R2 R3

In case of takeover of existing loan mention name of Bank and Branch:

Bank Branch

Section II - Additional Details

Details of Vehicle / Equipment owned

SL	Make & Model	Year of Manufacture	Free / Financed	Name of the Bank/NBFC	Installment Amount	Installment Seasoning

(To be filled in case of Commercial Vehicle / Construction Equipment Term Loan Proposal)

Estimated Requirement of Funds :

Value of Vehicle / Equipment _____
(as per the proforma invoice)

Installation charges _____

Other costs (please specify _____) _____

Total Estimated Requirements _____

Estimated Sources of Funds

Margin _____

Loan Funds _____

Total Estimated Sources _____

Name of the Vehicle / Equipment Manufacturer / Dealer _____

Model _____

Information On Other Products And Offerings

I hereby give my consent to and agree and authorize Axis Bank Ltd. to fetch my personal details from UIDAI. I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and I voluntarily consent to providing my Aadhaar number / VID number, Biometric information and/or One Time Pin(OTP) data (and/or any similar authentication data) for the purpose of CVCE loan application. I understand that the biometric and/or OTP and/or any other authentication data I may provide for authentication shall be used only for authenticating my identity through the Aadhaar authentication system for the specific transaction or as per requirement of law and for no other purposes. I confirm that I have been informed about the alternatives to submission of identity information and I have agreed to authenticate myself through Aadhaar based authentication system with full understanding of alternatives to submission of identity information. I understand that Axis Bank shall ensure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication. I authorize Axis Bank to verify and authenticate my Aadhaar during processing my CVCE loan. I further authorize the Bank to share my Aadhaar related details/information with regulatory /statutory bodies as and when required.

I hereby expressly consent to and authorize the Bank (whether acting by itself or through any of its service providers, and whether in automated manner or otherwise), to collect, store and process my application details, personal data and sensitive information about me, information, papers and data relating to know your customer (KYC), credit information, and any other information about me/pertaining to me or not as may be deemed relevant by the Bank (collectively, "Information") and I hereby also expressly consent to and authorize the Bank to download KYC details from the CKYC registry using my KYC ID for the purpose of CVCE application.

I expressly consent Bank to share and disclose the Information to service providers, consultants, credit information companies, information utilities, other banks and financial institutions, affiliates, group companies, subsidiaries, regulators, investigating agencies, judicial, quasi-judicial and statutory authorities, or to other persons/ institutions/entities as may be necessary in connection with the contractual or legal requirements or in the legitimate interests of the Bank or as per the consent, undertake to process information including by way of storing, structuring, organizing, reproducing, copying, using, profiling, etc. as may be deemed fit by the Bank and for the purposes of credit appraisal, fraud detection, anti-money laundering obligations, for entering into contract, for direct marketing, for cross selling, for developing credit scoring models and business strategies, for monitoring, for evaluating and improving the quality of services and products, or for any purposes as the Bank may deem fit. I expressly agree to the Bank, its service providers, agents and/or its affiliates for using the Information and for marketing, promotion and cross-selling to me their various products and services of the Bank from time to time via telephone, SMS and/or email.

YES NO

Applicant Signature _____

Co-Applicant Signature _____

Co-Applicant Signature _____

Declaration

1. Axis Bank will convey its decision (within 2 weeks for credit limit up to ₹5 lakh and within 3 weeks for credit limit above ₹5 lakh and upto ₹25 lakh for Micro & small enterprises borrowers) from the date of receipt of the application provided the application is complete in all respects and is submitted along with all the documents as per 'check list' provided in the application for loan and /or any additional documents as may be required by the bank for proper appraisal of the application. The computation of timelines shall start from the day on which all documents required for proper appraisal of application provided by the Customer to bank.
2. The Bank may at its sole discretion sanction or decline the application. The bank shall convey, the reasons, which in its opinion in its after due consideration, have led to rejection of the application.
3. We certify that the information provided by us in this application from is true in all respects and that shall from the basis of any facility / service that the Axis Bank (the Bank) may decide to grant to us at its sole discretion. We also understand that the Bank reserves the right to seek any information from any source or to give any information and /or assign any work to any third party at its sole discretion. We further agree that the facility that may be provided of us shall be governed by the rules of the bank that may be in force from time to time. We will be bound by the terms and conditions of the facility that may granted to us.
4. We understand that as a pre-condition, relating to grant of the facility to us, the bank requires our consent for the disclosure by the bank of information and relating to us, the credit facility availed of /to be availed of in relation and default, if any, committed by us, in discharge thereof . According, we hereby agree and give consent for the disclosure by the bank of all or any such information and date relating to us, the credit facility availed of/to be availed of in relation thereto and default, if any, committed by us, in discharge thereof as the Bank may deem appropriate and necessary, to disclose and furnish to the Credit Information Bureau (India) Ltd ["CIBIL"], and any other agency authorised in this behalf by Reserve Bank of India ["RBI"], Repayment in such account.
5. We declare that the information and date furnished by us to the Bank are true and correct. We undertake that: a)CIBIL and any other agency so authorised may use, process the said information and data disclosed by the Bank in the manner as deemed fit by them; and b) CIBIL and any other agency so authorised may furnish for consideration, the processed information and data disclosed or product thereof prepared by them, to Bank/ (Financial Institutions) and any other Credit Grantors or Registered Users, as may be specified by RBI in this behalf.
6. We confirm that the enclosed copies of financial / Bank Statements / Title / Legal and documents etc. are submitted by us against our loan application and are true copies.
7. We understand that charges paid to the Bank towards out of pocket expenses and /or log-in/processing fees are non-refundable and upon the application being withdrawn by us or being rejected by the Bank for any reason whatsoever in the pre-sanction or post-sanction stage, we will not be entitled to any refund either in part or in full.
8. We understand that all charges pertaining to the loan including processing fees and foreclosure charges are to be borne by us. We further understand that the relevant Stamp Duty, Legal Expenses, Valuation Expenses, Expenses pertaining to creation of charges with ROC, charges for documentation and any out of pocket expenses as per actual will be borne by us.
9. We understand that disbursement will be subject to production if necessary documents as may be required by the Bank from time to time, satisfactory completion of Bank's appraisal and documentation process and compliance with Banks laid down norms/guidelines.
10. I/We confirm that I/We had no insolvency proceeding initiated against me/us nor have I/We ever been adjudicated insolvent.
11. I/We authorize Axis Bank to make references and enquiries relative to information in this application which the bank considers necessary.
12. I/We authorize the Bank to exchange, part /Share with all information relating to my/our loan details and repayment history to other Banks/Financial inst. Etc. as may be required and shall not hold the Bank liable for use of this information.
13. I/We undertake to inform the Bank regarding change in my residence / employment and to provide any further information that the Bank may require.
14. I/We agree that my/our loan shall be governed by the rules of the Bank which may be in force from time to time. I/We understand that the Bank has the right to reject my/ our application without providing any reason thereof.
15. I/We agree that in event of non-payment of Equated Monthly Instalments (EMI's) as per the car loan agreement and even after issuance of reminders / notices, if the loan is not regularized, the bank has unequivocal right to seize the vehicle and such seizing of the vehicle will not perceive as a criminal offence by bank and or its agents.
16. We undertake that the proceeds of this facility shall not be used for investment in the capital market.
17. We confirm that shall utilise the said Credit Facility only for the purposes for Business as mentioned above.
18. I/We agree(s) that in case of non-payment of dues b the customer in case of any facility availed from the Bank and consequently the account is to be classified as NPA, all other loan accounts of the Borrower, with the Bank also classified as NPA as per the guidelines issued by RBI and it shall entitle the Bank to recall all such loans/ facilities availed by the customer from the Bank, irrespective of the regular repayment in such accounts.
19. My personal / KYC details may be shared with Central KYC Registry.
20. I/We hereby consent to receiving information from Central KYC Registry through SMS /Email on the above registered number /email address.
21. I/We authorize Axis Bank to verify and authenticate my/our Aadhaar number during processing my/our application for legitimate Business purposes.
22. I/We further authorise the Bank to share my Aadhaar related details/information with regulatory / statutory bodies as and when required.
23. Axis Bank Ltd. reserves the right to retain the photographs and documents submitted with this application and will not return the same to the applicant.
24. 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.
25. I/We authorize Axis Bank to Verify/Authen cate my/our KYC OVDs/Aadhaar number/loan documents during processing my/oubaan applica on through third party agencies via digitally/physically forlegi mate business purpose.
26. In case of any update in the documents submitted by the customer at the time of establishment of business relationship / account-based relationship and thereafter, as necessary, customers shall submit to the Bank the update of such documents. This shall be done within 30 days of the update to the documents for the purpose of updating the records at Banks' end.

Customer declaration in respect of relationship with Director/ Senior Officer of the Bank/any other bank

Relationship of the Applicant	Yes	No
I/We am/are director(s) of Axis Bank Limited and also a director(s) / partner(s), manager(s), managing agent (s), employee (s), or guarantor(s) or holder(s) of substantial interest of the borrower or its subsidiary or its holding company.	<input type="checkbox"/>	<input type="checkbox"/>
I/We am/are director(s) of any other bank or the subsidiaries of any of the banks or trustees of mutual funds / venture capital funds set up by the banks and also a director(s) / partner(s), manager(s), managing agent(s), employee(s) or guarantor(s) or holder(s) of substantial interest of the borrower.	<input type="checkbox"/>	<input type="checkbox"/>
I/We am/are the relative(s) of the director(s) of Axis Bank Limited or any other Bank, as defined by extant guidelines of RBI from time to time, and also a director(s) / partner(s) or guarantor(s) or major shareholder(s) or in control of the borrower or a major shareholder(s) or in control of the holding or subsidiary company of the borrower.	<input type="checkbox"/>	<input type="checkbox"/>
I/We am/are senior official(s) of the Bank or relative of the senior official of the Bank , as defined by extant guidelines of RBI from time to time, and also a director(s) / partner(s), or guarantor(s) or holder(s) of substantial interest of the borrower.	<input type="checkbox"/>	<input type="checkbox"/>

• If any of the above clause is applicable, then please furnish the details. In case if any of the above stated declarations are breached during the tenor of the facility, the borrower shall inform the bank immediately. In case of non-compliance with the undertaking or giving wrong undertaking in relation to the provisions Connected Lending/Section 20 of the BR Act, at any time during the currency of loan, the Bank reserves the right to recall the loan immediately

In the event that the Applicant / Co-applicant are related to any of Director of Axis Bank/ Director of other bank/ Senior officer(s) of Axis Bank:

I/We declare(s) that the I/we am/are related to the director(s) and / or Senior Officer(s) of Axis Bank or of any other bank as specified hereto*:

Sr. No	Name of Director(s)/Senior Officer (s)	Designation	Relationship
1			
2			
3			

*including directors of Scheduled Co-operative Banks, directors of subsidiaries/trustees of mutual funds/venture capital fun
If the above declaration is found to be false then the Bank will be entitled to revoke and/or recall the credit facility.

Signature of Applicant

Signature of Co-Applicant 1

Signature of Co-Applicant 2

Politically Exposed Person (PEP) Declaration

Politically exposed persons are individuals who are or have been entrusted with prominent public functions by a foreign country, e.g., Heads of States or Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

For Individuals

I declare that I am not a Politically Exposed Person (PEP) nor I am related to any Politically Exposed Person (PEP)

For non- Individuals

I/We declare that there is no Politically Exposed Person (PEP) either as a Director/Partner/Trustee/Office Bearer/Promoter/Authorised Signatory/Beneficial owner in my/our organisation, and neither of them are related to any Politically Exposed Person (PEP)

Bank's Code of Conduct

• I/We have confirmed that I/we have received a copy of the "Code of Bank's Commitment to Customers". I/We have been confirmed the contents of the same and also understand that it is available online at the Bank's website, 'www.axisbank.com'. I/We understand that the proceeds of this facility shall not be used for investments in the capital market.

Signature of Applicant

***Declaration for Priority Sector Category / Medium and Small Enterprise**

PSL Category	Description / Declaration by the applicant
[Please Tick () as applicable]	

Priority Sector Lending and End Use Declaration:

I/We hereby declare / confirm that the vehicle Purchased / to be purchased by me/ us shall be used for the purpose: (Choose any one)

A. For Business Purpose (For MSME):

I/We are carrying out the following activity (as ticked below) and the aforesaid loan/vehicle shall be used by me/us solely for the purpose of the below activity and / or to assist the transport of Agri or allied activity input and farm products.

B. Farm Credit:

For agriculture activity purpose For agriculture produce transportation (farmer own produce)

Small and Marginal Farmer under weaker section

Others

Land upto 2.5 acres

Land more than 5 acres

Land more than 2.5 acres upto 5 acres

Commercial Vehicle & Construction Equipment Documents to be Submitted

GENERAL

- 1. Application Form
- 2. Processing Fee Cheque
- 3. Pro-Forma Invoice

KYC DOCUMENTS

- Identity & Address Proof / Proof of Age**
 Passport (Not expired) or PAN Card (Only ID proof) Passport
 PAN Card (only as identity proof)
 PAN Card (Only ID proof)
 Permanent Driving License or Voter ID
 Aadhaar letter/Card issued by UIDAI (Mandatory)
 Job Card Issued by NREGA(duly signed by office of the state govt)
 *Utility bills which is not more than two months old .Utility bill of any service provider (electricity,telephone ,
 postpaid mobile phone, piped gas ,water bill)is acceptable(address proof only)

INCOME DOCUMENTS

- 1. ITR for last 3 years alongwith computation of income
- 2. Balance Sheet, P/L A/c and schedules thereto for last 3 years
- 3. Latest 6 months bank statement
- 4. Copy of latest MOA/AOA & Incorporation Certificate
- 5. Share-Holding pattern & List of Directors on the letter-head of the company certificated by authorized director
- 6. Copy of latest annual return filed with ROC
- 7. Board Resolution (for borrowing and certifying authorized director to execute loan documents)
- 8. Copy of latest partnership deed, wherever applicable
- 9. Trust Bylaws (Incase of School)

OTHER DOCUMENTS

- Latest 12 months repayment track record for existing CV / CE loans
- Copy of Registration Certificate of existing vehicles
- Existing Sheet list with details of free / Finance with name of financiers
- NOC copy of existing free vehicle
- Original Invoice incase of Refinance / Repurchase of unregistered assets

Acknowledgement for receipt of Application form

Date:

To,

Axis Bank will convey its decision (within 2 weeks for credit limit up to ₹ 5 lakh and within 3 weeks for credit limit above ₹ 5 lakh and up to ₹ 25 lakh for Micro & Small enterprises borrowers) and (within 30 working days for other borrowers) from the date of receipt of the application provided the application is complete in all respects and is submitted along with all the documents as per 'check list' provided in the application for loan and/or any additional documents as may be required by the bank for proper appraisal of the application. The computation of time lines shall starts from the day on which all documents required for a proper appraisal of the application are provided by the Customer to bank.

For Status / Inquiry please contact us on
 18604195555/18605005555 (Local charges applicable) OR visit www.axisbank.com/support

Serial No.

For Axis Bank Authorised Ltd.

Authorised Official