



# CUSTOMER UPDATION FORM FOR KYC NON-INDIVIDUALS

Please fill the form in BLOCK LETTERS only.

Date :  D  D  M  M  Y  Y  Y  Y

Form Type CAF 17

A/c No.:

Account opened Date :

Customer ID

## A) APPLICANT (Individual / Firm / Company / Organization) DETAILS

Please leave one space between words

APPLICANT TITLE  APPLICANT NAME

A) Constitution  Proprietorship  Partnership  Limited Liability Partnership  Public Limited Company  Pvt Limited company  Trust  Self Help Group  Societies  
 Section 25 Company  Credit Co-operative  University  Bank  Financial Services Co  Foreign Bodies Project Office  
 Foreign Bodies-Branch Office  Foreign Bodies Liaison Office  Association  Consulate/Embassy  Educational Institution  State Government  
 Local Authority  Central Government  Club

B) Type of Business  Manufacturing  Service Provider  Stock Broker  Real Estate  Trading (Retail/Wholesale)  Agri  Jewellers  Transport  Education  
 Trust  NGO  Bullion  Regulator  Others

C) Annual Turnover  Upto Rs 5 crore  Rs 5 - Rs 10 Crore  Rs 10 - Rs 50 Crore  Rs 50 - Rs 150 Crore  Rs 150 - Rs 500 Crore  Rs 500 - Rs 750 Crore  Above Rs. 750 Crore  
Expected Per Annum

Date of Birth/Incorporation  D  D  M  M  Y  Y  Y  Y PAN/GIR No.  (Please  )  
(Karta or Sole Prop./Firm or Company) (NOTE : If not having PAN / GIR No. fill form 60) FORM 60 / 61 attached

## B) CONTACT DETAILS

There is no change in my Communication Address  I wish to change my Communication Address

CORRESPONDENCE ADDRESS Flat No/Bldg Name   
Road Name   
Landmark   
City  Pin Code   
STATE  Country   
STD Code  Number   
Mobile  Fax   
Office Type  Owned  Rented/Leased

Please provide complete address for faster courier deliveries. Please note that all communications including your Cheque Book, Debit Card, Debit Card Pin Mailer and Account Statement will be sent to the correspondence address.

REGD OFFICE/ PERMANENT ADDRESS Flat No/Bldg Name  There is change in My Permanent / Registered Address  There is No Change in My Permanent / Registered Address  
Road Name   
Landmark   
City  Pin Code   
STATE  Country   
STD Code  Number   
Mobile  Fax   
Office Type  Owned  Rented/Leased

## C) ACCOUNT OPERATION

(A) Mode of Operation  Prop / Auth Sign.  Any one partner  Any one Trustee  Any two jointly  Jointly by all  
 As per resolution  Other (Please specify)

1) MOBILE NUMBER

2) EMAIL ID:  (if available)

Any updation of our details including personal information, change of address etc. will be provided by us to the bank, along with documents of proof within 2 weeks

Signature of the declarant

## D) DETAILS OF INDIVIDUAL / PROPRIETOR / PARTNERS / KARTA / DIRECTORS / AUTHORISED SIGNATORIES

1. Customer ID   
Mr/Ms/Mrs   
Address   
Landmark  CITY   
STATE  Country  Pin Code   
Date of Birth  D  D  M  M  Y  Y  Y  Y Gender  M  F PAN  (If not having PAN/ GIR No. fill form 60) (Please  )  
Aadhar No.  (if available) Marital Status   
Occupation/Designation  /   
Mother's Maiden Name

Please paste your recent coloured photo here and sign across

Branch Stamp with Initials

Customer Signature

The form is processed under automated system. Please ensure that all fields are filled correctly else the form is liable to be rejected.

**E) DETAILS OF INDIVIDUAL / PROPRIETOR / PARTNERS / KARTA / DIRECTORS / AUTHORISED SIGNATORIES**

<b>1.</b>		<b>Customer ID</b>	
Mr/Ms/Mrs			
Address			
Landmark	CITY		
STATE	Country	Pin Code	
Date of Birth	D D M M Y Y Y Y	Gender (M/F)	PAN (If not having PAN/ GIR No. fill form 60) (Please ✓ ) form 60/61 attached
Aadhar No.	(if available)		Marital Status
Occupation/Designation	/		
Mother's Maiden Name			

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Branch Stamp with Initials

Customer Signature

**NOTE :** All individuals who are authorised to operate the account (proprietor, karta, partners, directors, authorised signatories) MUST provide separate identity and address proof in conformity with the details furnished in the application form.

(II) Authorised Signatories

Authorised Signatory	Document Name	Document No	Issuing Authority	Place of issue	Country of Issue
Authorised Signatory 1	KYC ID Document				
	KYC Address Document				
Authorised Signatory 2	KYC ID Document				
	KYC Address Document				
Authorised Signatory 3	KYC ID Document				
	KYC Address Document				
Authorised Signatory 4	KYC ID Document				
	KYC Address Document				

Signature of the declarant

**F) AUTHORISED SIGNATORY**

Signatures (1)	(2)	(3)	(4)
Name (1)	(2)	(3)	(4)
Signatures (5)	(6)	(7)	(8)
Name (5)	(6)	(7)	(8)

**Section IV - FORM NO. 60** (See third provision to rule 114B)

(Form of Declaration to be filled by a person who does not have either a PAN or GIR No. who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114B)

Are you a tax assessee ?  Yes  No

If yes, Details of Ward/Circle/Range where the last return of income was filed : \_\_\_\_\_

Reason for not having PAN / GIR Number: \_\_\_\_\_

Details of the document being produced in support of address on page (I) of this form \_\_\_\_\_

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified at \_\_\_\_\_ today, the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_ .

Signature of the declarant

**FOR BRANCH OFFICE USE ONLY**

REQUEST RECEIVED DATE: <input type="text"/>	Certified that this Form 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. For AXIS BANK LTD.  Signature: _____  Designation: <input type="checkbox"/> OH <input type="checkbox"/> BH S.S No: _____
FORWARDED TO OCL DATE: <input type="text"/>	
REQUEST ACCEPTED BY: _____	
EMPLOYEE NUMBER: _____	
SIGNATURE: _____	

**ACKNOWLEDGEMENT TO CUSTOMER**

Customer Name:

Date of Request Received:  Request Option No

Name of Branch Official:

Employee Number of Branch Official:  Signature: \_\_\_\_\_

**G) DETAILS OF PARTNER / DIRECTORS / AUTHORISED SIGNATORIES**

															<b>Customer ID</b>					
Mr/Ms/Mrs																				
Address																				
Landmark											CITY									
STATE						Country					Pin Code									
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender (M/F)	M	F	PAN				(If not having PAN/ GIR No. fill form 60)	(Please ✓ ) form 60/61 attached			
Aadhar No.											(if available)					Marital Status				
Occupation/Designation	/																			
Mother's Maiden Name																				

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Branch Stamp with Initials

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Customer Signature

**H) DETAILS OF PARTNER / DIRECTORS / AUTHORISED SIGNATORIES**

															<b>Customer ID</b>					
Mr/Ms/Mrs																				
Address																				
Landmark											CITY									
STATE						Country					Pin Code									
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender (M/F)	M	F	PAN				(If not having PAN/ GIR No. fill form 60)	(Please ✓ ) form 60/61 attached			
Aadhar No.											(if available)					Marital Status				
Occupation/Designation	/																			
Mother's Maiden Name																				

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Branch Stamp with Initials

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Customer Signature

**I) DETAILS OF PARTNER / DIRECTORS / AUTHORISED SIGNATORIES**

															<b>Customer ID</b>					
Mr/Ms/Mrs																				
Address																				
Landmark											CITY									
STATE						Country					Pin Code									
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender (M/F)	M	F	PAN				(If not having PAN/ GIR No. fill form 60)	(Please ✓ ) form 60/61 attached			
Aadhar No.											(if available)					Marital Status				
Occupation/Designation	/																			
Mother's Maiden Name																				

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Branch Stamp with Initials

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Customer Signature

**J) DETAILS OF PARTNER / DIRECTORS / AUTHORISED SIGNATORIES**

															<b>Customer ID</b>					
Mr/Ms/Mrs																				
Address																				
Landmark											CITY									
STATE						Country					Pin Code									
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender (M/F)	M	F	PAN				(If not having PAN/ GIR No. fill form 60)	(Please ✓ ) form 60/61 attached			
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Occupation/Designation	/																			
Mother's Maiden Name																				

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Branch Stamp with Initials

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Customer Signature

**K) DETAILS OF PARTNER / DIRECTORS / AUTHORISED SIGNATORIES**

															<b>Customer ID</b>					
Mr/Ms/Mrs																				
Address																				
Landmark											CITY									
STATE						Country					Pin Code									
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender (M/F)	M	F	PAN				(If not having PAN/ GIR No. fill form 60)	(Please ✓ ) form 60/61 attached			
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Branch Stamp with Initials

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Customer Signature

