

Date:

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M	M
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Y	Y	Y	Y
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Further, I/We confirm that DP/NSDL will not be held liable for any impact on the pending requests related to i.e. demat / remat / conversion / re-conversion / repurchase / tender-offer etc. due to deletion of the name and monitoring of all such pending requests, if any will be done by US.

[illegible]

Account Holder Indicator	Name of Joint Account Holder(s)	
First Holder		<input type="checkbox"/>
Second Holder		<input type="checkbox"/>
Third Holder		<input type="checkbox"/>

Original death certificate or copy of death certificate attested by the joint account holder(s) subject to verification with the original or copy of the death certificate duly attested by a notary public or by a gazetted officer or death certificate downloaded from the online portal of Government carrying digital/- facsimile signature of the issuing authority.

City / Town / Village					PIN Code				
State					Country				

City / Town / Village					PIN Code				
State					Country				

Form Type



KRA001

APPLICATION FORM – FOR INDIVIDUAL
KNOW YOUR CLIENT (KYC)

(Please fill the form in ENGLISH and in BLOCK LETTERS)

A) IDENTITY DETAILS

- Name of the Applicant
- Father's / Husband's Name
- a. Gender ☐ Male ☐ Female ☐ Transgender 3 b. Marital status ☐ Single ☐ Married
- c. Date of Birth DD MM YYYY
- a. Nationality ☐ Indian ☐ Other (Please specify)
- b. Status ☐ Resident Individual ☐ Non-Resident ☐ Foreign National
- a. PAN 5 b. Aadhaar Number, if any
- Specify the proof of the Identity submitted ☐ Pan Card ☐ Any Others (Please specify)

1st Holder Signature

B) OCCUPATION & INCOME (PLEASE TICK)

- ☐ Private Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist
☐ Retired ☐ House-Wife ☐ Student ☐ Other
 Income per annum: Rs. ☐ <1 Lac ☐ 1 to 5 Lac ☐ 5 to 10 Lac ☐ 10 to 25 Lac ☐ More than 25 Lac As on OR
 Net worth is Rs. As on . (Should not be older than 1 year)

C) ADDRESS DETAILS

- Residence / Correspondence Address ☐ Correspondence Address ☐ Residence Address
- Specify the Proof of address submitted for Residence / Correspondence Address:
- Contact Details:

Tel (Off) Tel. (Res.)
 Mobile No. Fax No.
 Email ID

#Mobile No is "Other than Self" Please select following details.
☐ Self ☐ Spouse ☐ Dependent Parent ☐ Dependent children
 #Email ID is "Other than Self" Please select following details.
☐ Self ☐ Spouse ☐ Dependent Parent ☐ Dependent children
- Permanent Address (If different from above, Mandatory for Non-Resident Applicant to specify overseas address)

D) 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 understand that as an SEBI Registered Intermediary, Axis Securities Limited is required to upload / submit my / our KYC details along with a copy of my / our Aadhaar Card and other documents to KRA / CERSAI. I / we herewith give our consent to the Axis Securities Limited to upload / submit my / our Aadhaar Card and other documents along with required details to KRA / CERSAI am/we are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digi Locker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

Date: DD MM YYYY

Place:

Signature of the Applicant

OFFICE USE ONLY
☐ Originals verified and Self-Attested Document copies received

☐ In-Person-Verification (IPV) Done:

a. Name of the Person

b. Designation

c. Name of Organisation

Date: DD MM YYYY

Signature of the authorised signatory

Seal / Stamp of the Branch

Form Type



KRA001

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#Mobile No is "Other than Self" Please select following details.
☐ Self ☐ Spouse ☐ Dependent Parent ☐ Dependent children
 #Email ID is "Other than Self" Please select following details.
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b. Designation

c. Name of Organisation

Date: DD MM YYYY

Signature of the authorised signatory

Seal / Stamp of the Branch

ACCOUNT OPENING CHECKLIST – RESIDENT DEMAT & TRADING ACCOUNT**KRA Registration Form (dully filled & signed by the Applicant)**

- KRA Registration Form Joint Holder (for each Joint Holder in Demat Account- As applicable)
- One Photograph of each Applicant/ Joint Holder

Pan Card (of Applicant & All Joint Applicants(if applicable))**Address Proof (of Applicant & All Joint Applicants (if applicable) – Anyone) – For Communication as well as for Permanent Address**

- Aadhaar Card (First 8 digits of number must be masked)
- Passport/ Voters Identity Card/ Driving License (Valid as on date)

All the documents must be

- Self-Attested by the Applicant / joint Holder
- 'Verified with Original' by Axis Bank/ Axis Securities Ltd employee
- Submitted copies must be clear & readable

DEMISE REPORTING

To,
Axis Securities Ltd.
Aurum Q Parc, Q2 Building, Unit No. 1001, 10th Floor,
Level – 6, Plot No. 4/1 TTC, Thane - Belapur Road, Ghansoli,
Navi Mumbai, Pin Code – 400710.

Date:

Dear Sir/Madam,

Sub.: Intimation of demise information.

Ref.: PAN Client ID

I/We regret to inform you about the demise (Name of the deceased person) _____
having the above PAN / Account, where I/We is/are the joint holder(s) / registered nominee(s) in the accounts maintained with your organisation / entity. Original downloaded / self-attested copy of the Death Certificate is attached for your kind action. I/We am/are enclosing the self-attested PAN copy of claimant or any other valid ID proof for necessary validation.

Please let us know the procedure and documentation requirements to transmit the units in my/our favour. Also, note my/our contact details for necessary communication / contacts in this regard and not for updation in KYC records or in any of the accounts.

Details**Legal Hair / Joint Holder / Nominee**

Name	
PAN	
Mobile	
Email	
Address	
Relationship with Deceased holder	

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements. I/We hereby authorize you to disclose, share, rely, remit in any form, mode, or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the KYC Registration Agency(ies) for necessary action.

 Joint Holder1 / Nominee1 Joint Holder2 / Nominee2 Nominee3

Encl.: Death certificate – Original downloaded or self-attested copy. PAN or other ID proof of Deceased person – self-attested copy. My/our self-attested PAN card copy(ies) or any other self-attested valid ID proof.

Request for Same Mobile Number / Email Id. In Demat Account - Individual

Date:

dd	mm	yyyy

DP ID / Client Id.	DP ID.	Client Id.
Name of Account Holder		
<input type="checkbox"/> Mobile Number		
<input type="checkbox"/> Email Id.		

I hereby declare that the aforesaid mobile number or Email Id. belongs to

☐ Me or☐ My family (spouse, dependent children and dependent parents)

Signature
1st Holder

Signature
2nd Holder

Signature
3rd HolderE-mail: dphelp@axisdirect.in

Tel. No: 022-68515400