

Axis Securities Limited,
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:

Account Number

DP ID Client ID

Account holder's details

Account Holder Indicator	Name of Joint Account Holder(s)	Tick against the holder(s) who has/have deceased
First Holder		☐
Second Holder		☐
Third Holder		☐

Self-attested copy of death certificate of the deceased holder or subject to verification with the original or Original death certificate 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.

Declaration:

I/We, the undersigned, being the surviving holder(s) in the joint account, hereby request you to delete the name of the deceased account holder(s) and continue to maintain the account in the sole or joint surviving names in the same order.

I/We confirm that ASL/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.

(Please tick anyone)

- ☐ I/We confirm that there are no changes in the residential address(es), mobile number(s), email address(es), bank account details, annual income, and nominee(s) of the surviving holder(s).

Or

- ☐ I/We inform that there are changes in the residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s) of the surviving holder(s) and I/We wish to update such changes in the demat account at the time of processing transmission requests. #

Participants are advised to collect the required information as per the extant norms of SEBI/NSDL.

Or

- ☐ I/We inform that there are changes in the residential address(es), mobile number(s), email address(es), bank account details, annual income, and nominee(s) of the surviving holder(s). The updated information will be provided as per the extant guidelines of SEBI/NSDL after the transmission of securities.

(Please tick if applicable) -

- ☐ Pursuant to the name deletion of the deceased holder(s), the joint account becomes a Sole/single-holding account, and the choice of nomination was not provided earlier, I request ASL to update the choice of nomination ☐ nomination or ☐ opt out of nomination as per the enclosed request form

Signature of surviving joint holder(s)

Sr.No.	Name of the Surviving Joint Holder(s)	Signature
1		
2		

DEMISE REPORTING

To,

Date: D D / M M / Y Y Y Y

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.

Dear Sir/Madam,

Sub.: Intimation of demise information.

DECEASED PERSON DETAILS

Particulars	Details
Name of Deceased Person	
PAN of Deceased Person	
Aadhaar No of deceased (only last four digit)	
Date of Birth of Deceased Person	D D / M M / Y Y Y Y
Date of Death of Deceased Person	D D / M M / Y Y Y Y

I/We regret to inform you about the demise 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.

NOTIFIER DETAILS

Particulars	Notifier / Claimant Details
Notifier Type	☐ Joint Holder ☐ Registered Nominee ☐ Legal Heir ☐ Other:
Notifier Name	
PAN	
POI Type (Proof of identity)	
POA Number (Proof of address)	
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.

Encl.:

Death certificate – Original downloaded or self-attested copy. PAN or other ID proof of Deceased person – by the claimant. Self-attested PAN card copy (ies) or any other valid ID proof.

Signature: _____

Form Type



KRA001

**APPLICATION FORM – FOR INDIVIDUAL
KNOW YOUR CLIENT (KYC)**

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

A) IDENTITY DETAILS

1. Name of the Applicant
2. Father's / Husband's Name
3. a. Gender ☐ Male ☐ Female ☐ Transgender 3 b. Marital status ☐ Single ☐ Married
3. c. Date of Birth
4. a. Nationality ☐ Indian ☐ Other (Please specify) _____
4. b. Status ☐ Resident Individual ☐ Non-Resident ☐ Foreign National
5. a. PAN

 5 b. Aadhaar Number, if any
6. 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

1. Residence / Correspondence Address ☐ Correspondence Address ☐ Residence Address

 City / Town / Village

 PIN Code

 State

 Country
2. Specify the Proof of address submitted for Residence / Correspondence Address: _____
3. Contact Details:

Tel (Off)

 Tel. (Res.)

 Mobile No.

 Fax No.

 Email ID

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

 City / Town / Village

 PIN Code

 State

 Country

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. I 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:

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:

Signature of the authorised signatory

Seal / Stamp of the Branch

Account Details Addition/Modification Request Form (Trading/Demat A/c)

CDSL DP ID

1	2	0	4	9	2	0	0	-											
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 NSDL DP ID

I	N	3	0	4	2	9	5	-											
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Date:

DD		
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MM		
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YYYY				
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PAN

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TRADING Code

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Dear Sir/Madam,

I/We request you to update the following addition/modification in my/our all Trading Account/s (Primary & Sub accounts - if any) & Demat Accounts (opened with same holding pattern - Sole/ Joint or being managed by the same set of Authorised signatory/ies - in case of non-individual account).

Please fill all the details in BLOCK LETTER in english & fill separate request for NSDL & CDSL (Please mark on the appropriate column)

FATCA Declaration: I/we confirm that my/ our Country of Birth/Nationality/ Citizenship/ Tax Residency/ Address/ Telephone No./ Address of POA or Mandate holder is of India ☐ Yes ☐ No

(If answer to your question is 'No', then please submit FATCA Declaration separately for each holder.)

PART A - ADDRESS & CONTACT DETAILS Please fill and submit the KRA KYC form separately

☐ Correspondence ☐ Permanent / Registered ☐ Both (Use separate forms if correspondence and permanent address are different)

Address _____

 Landmark _____ City _____
 PIN* _____ State _____ Country _____

Mobile _____ Belongs to ☐ Self ☐ Spouse ☐ Dependent Parent ☐ Dependent Children
 Email Id _____
 Belongs to ☐ Self ☐ Spouse ☐ Dependent Parent ☐ Dependent Children

PART B - OTHER DEATILS

OCCUPATION AND INCOME DETAILS

Occupation:
☐ Private Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist
☐ Retired ☐ House-Wife ☐ Student ☐ Other _____
 Income per annum (in Rs):
☐ <1 Lac ☐ 1 to 5 Lac ☐ 5 to 10 Lac ☐ 10 to 25 Lac ☐ 25 Lac to 1 Crore ☐ Above 1 Crore
 Networth: (in Rs.) _____ as on date _____ (Networth should not be older than 1 year)
 Note: If your account is enabled for F&O segment then any one proof of income / financial is mandatory. (Plesae refer checklist)

BANK MODIFICATION ☐ Trading ☐ Demat [☐ Charge Bank Account ☐ Dividend Account#] ☐ For all

☐ Default Bank A/c for Funds credit (If not indicated, in case of Axis Bank - account shall be considered as default bank account for Crediting the funds, for other Banks - account shall be linked as an additional bank accounts)

Bank Name & Branch Address _____
 Bank A/c No. _____ A/c Type _____
 MICR No _____ IFSC Code _____

Demat Bank details for Dividend account (If different from above)

Bank Name & Branch Address _____
 Bank A/c No. _____ A/c Type _____
 MICR No _____ IFSC Code _____

DEMAT MODIFICATION (TRADING ACCOUNT)

☐ Default for Payout ☐ Additional non-default account
 (If not indicated, newly added demat a/c will be considered as default demat a/c for securities payout)

DP Name	DP ID	Demat Account Number	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; display: flex; justify-content: space-between;"><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div style="border: 1px solid black; display: flex; justify-content: space-between;"><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	☐ Link ☐ De-link
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; display: flex; justify-content: space-between;"><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div style="border: 1px solid black; display: flex; justify-content: space-between;"><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	☐ Link ☐ De-link

Declaration: I/We hereby confirm that the information provided above is true and correct to the best of my/our knowledge and belief. I/We understand that if any of the information is found to be false, misleading, or misrepresented, I/We may be held responsible for it. I/We also agree to inform Axis Securities Limited within 7 days in case any information on this form changes or becomes incorrect. I/We have also reviewed and agreed to the terms and conditions outlined on page 2 In case of email/ mobile updation, I /We hereby give consent to receive all communication from Axis Securities Limited on the above email / mobile number.

Name _____

Name _____

Name _____

 First /Sole Holder /Authorised Signatory

 Second Holder Signature

 Third Holder Signature

Annexure – I : Documents Required

- Supporting documents (applicable as per below matrix) must be
 - attested by Sole/all Joint Holders/ Authorized signatories as per mode of operations – For Non-Individual accounts
 - duly certified as 'Verified with Original' by Branch Official under branch stamp (with his/her Full Signature mentioning Name, Designation and Employee code)
- Trading Account Holder must be Sole/ First holder in Bank/ Demat Account to be linked with Trading Account
- If multiple bank accounts are available but not specified, the Axis Bank account will be considered the default for crediting funds. Accounts with other banks will be linked as additional bank accounts
- If multiple demat accounts are available but not specified, the newly added demat account will be considered the default for securities payout
- The modification request form (alongwith applicable supporting documents) are required to be dispatched/ submitted to :

Axis Securities Limited, Operations Department

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.

A) Common Documents:

- Application Form Duly Filled and signed by All Holders/ Authorized signatories as per mode of operations – For Non-Individual accounts
- Proof of Identity (Of Sole Holder or either of Holders Visiting the Branch and with Identifiable Photograph)- Copy of any of the following documents
 - 1) PAN Card
 - 2) UIDAI (Unique Identification Authority of India)- Aadhaar Card
 - 3) Passport, which is valid
 - 4) Voter ID Card
 - 5) Driving License which is valid

C) Additional Documents: Addition of Bank Details

- Proof of Bank Account (In the name of Sole/First Holder)- Copy of any of the following documents consisting MICR details:
 - 1) Personalized Cancelled Cheque Leaf
 - 2) Bank Statement/ Passbook (with transaction not older than three month)
 - 3) Branch MICR confirmation letter with the bank details
- If you wish to give Bank Mandate Letter (BML) for your Axis Bank Account, BML needs to be signed by the client and all joint holders in bank account to be linked with trading account.

B) Additional Documents: Change of Address

- KRA-KYC Form
- Proof of New Address – Copy of any of the following documents
 - 1) UIDAI (Unique Identification Authority of India)- Aadhaar Card
 - 2) Valid Passport
 - 3) Valid Driving License
 - 4) Voter ID
 - 5) NREGA

D) Additional Documents: Addition of Demat Details with Trading Account

- Proof of Demat Account (In the name of Sole/First Holder)- Copy of Client Master List (CML) / Holding Statement duly attested by issuing Depository
- Demat Debit and Pledge Instruction (DDPI) - Duly executed on non-judicial stamp paper of Rs. 500/- or with franking of equivalent amount & signed by Client & all Joint holders in Demat account to be linked with the Trading Account.
- SMS Alert Facility must be enabled in New Demat Account to be linked with Trading Account (Separate Request for enabling SMS Alert facility needs to be obtained if already not activated)

E) Financial income proof for Derivatives / F&O segment clients: (Any one)

- 1) Copy of ITR Acknowledgement (*Gross annual income exceeding INR 2,00,000*)
- 2) In case of salary income Salary Slip, Copy of Form 16 (*Minimum INR 18,000 gross monthly salary*)
- 3) Copy of demat account holding statement (*Minimum value of Free Balance ISIN of INR 50,000*)
- 4) Any other relevant documents substantiating ownership of asset (*Income of more than INR 2,00,000*)
- 5) Copy of Annual Accounts Net worth certificate (*Income of more than INR 5,00,000*)
- 6) Bank account statement for last 6 months (*Minimum credit of more than INR 10,000 in a month*)
- 7) Self declaration with relevant supporting documents (*Income of more than INR 2,00,000*)

Terms and conditions related to FATCA declaration.

I/We understand that Axis Securities Limited is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The Axis Securities Limited is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.

- 1) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- 2) I/We agree that as may be required by domestic regulators/tax authorities, Axis Securities Limited may also be required to report reportable details to CDDT or close or suspend my account.
- 3) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.
- 4) I/We permit/authorise Axis Securities Limited to collect, store, communicate and process information relating to the Account and all transactions therein, by Axis Securities Limited and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- 5) I / We hereby accept and acknowledge that Axis Securities Limited shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to Axis Securities Limited.

I/We shall indemnify Axis Securities Limited for any loss that may arise to Axis Securities Limited on account of providing incorrect or incomplete information

Annexure-A

(To be filled by individual applying singly or jointly)

Date DD/MM/YYYY

NSDL ☐ CDSL ☐ (Please select any one)

Trading ID

NSDL DP ID

CDSL DP ID

Demat Client ID

MANDATORY DETAILS

☐ 1. I / We wish to make nomination [as per details given below] (You can nominate upto 3 persons)

	Details	1st Nominee	2nd Nominee	3rd Nominee
1	Name of the nominee*			
2	Relationship with the Applicant*			
3	Date of Birth*			

2. I want the following nomination details to be printed in the account / holding statements (tick one of the boxes below):

☐ Name of the Nominee(s)

☐ Whether nomination given: Yes / No (not name of the nominee)

3. Optional details of nomination:

	Details	1st Nominee	2nd Nominee	3rd Nominee
a	% Share of nominee**			
b	Mobile of nominee/guardian***			
c	Email ID of nominee/ guardian***			
d	Specify Personal identifier document ☐ Aadhaar (last four digit) ☐ PAN ☐ Driving Licence ☐ Passport			

**equal share if % is not specified. **Any odd lot after division shall be transferred to the first nominee mentioned in the form.

*** The aforesaid details shall be optionally provided for the Guardian, in case of nominee is a minor. DP / MF RTA will be able to reach out to your nominee /guardian if you provide the contact details.

Name & Signature of Account Holder(s)	1st / Sole Holder	2nd Holder	3rd Holder
Name(s) of holder (s)			
Signature(s) of holder (s) / thumb impression			

Details of Witness for Nomination (Mandatory if the account holder affixes thumb impression, instead of wet signature.)

Name of the Witness	Witness 1	Witness 2
Address of Witness		
Signature of Witness		

Date DD/MM/YYYY

Place _____

Y

Note:

- Investors can provide, changes or cancel nominations any number of times.
- The signature of all the joint holders shall be obtained for providing / changing nomination regardless of mode of operations.
- This nomination shall supersede any prior nomination made by the investor(s), if any.
- Investor have the right to receive acknowledgement of the nomination form for each instance of nomination / subsequent change.

Annexure-B

(To be filled by individual applying singly or jointly)

Date DD/MM/YYYY

NSDL ☐ CDSL ☐ (Please select any one)

Trading ID

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NSDL DP ID I N 3 0 4 2 9 5

CDSL DP ID	1	2	0	4	9	2	0	0
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Demat Client ID

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DECLARATION FOR OPTING-OUT OF NOMINATION

☐ I hereby confirm that I do not wish to appoint any nominee(s) to my demat account/ mutual fund folio at this point of time.

I understand that -

- (i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.
- (ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).
- (iii) if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

Name & Signature of Account Holder(s)	1st / Sole Holder	2nd Holder	3rd Holder
Name(s) of holder (s)			
Signature(s) of holder (s) / thumb impression			

Details of Witness for Nomination (Mandatory if the account holder affixes thumb impression, instead of wet signature.)

Name of the Witness	Witness 1	Witness 2
Address of Witness		
Signature of Witness		

Date DD/MM/YYYY Place

Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.