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# **KYC UPDATE FORM**

Kindly fill in BLOCK LETTERS only

Name of Account Holder :	
Date of Birth : D D M M	Y Y Y Y Please affix latest color photograph
PAN No. :	Nationality:
Relationships with the Bank :	
Savings Account	Credit Cards Loans
Account Number #1	Credit Card Number #1 Loan Number #1
Account Number #2	Credit Card Number #2 Loan Number #2
Account Number #3	Credit Card Number #3
Annual income (₹) : ☐ Less than	2L
Occupation Information (Please tick or	ne):
Salaried Retired [ Self-Employed Professional*	☐ Home Maker ☐ Student ☐ Unemployed ☐ Business Owners*   ☐ Others* *(Please specify)
CONTACT DETAIL CHANGE (	OPTIONAL) Only if your existing account details need to be updated
The below mentioned new address is m	ny: Residential Address Office Address
Please fill your new mailing address (for	changing mailing address please submit one of the documents mentioned overleaf as proof)
Line 1 :	
Line 2 : Lin	
Line 2 :	
Line 2 :	
Line 2 :	PIN/ZIP(mandatory):
Line 2 : City : Country: Country: Country: Country: Country : Coun	PIN/ZIP(mandatory):
Line 2:  City:  Country:  Please Note: For accounts with Joint signate.  E-Mail Address:  Phone (Mobile): Country Code	PIN/ZIP(mandatory):
Line 2:  City:  Country:  Please Note: For accounts with Joint signates and the signates are controlled by the signates are	PIN/ZIP(mandatory):
Line 2:  City:  Country:  Please Note: For accounts with Joint signates and the signates are considered as a signate and considered as a signate and considered as a signate and considered as a signate	PIN/ZIP(mandatory):  ature rule, a separate instruction signed by all holders needs to be submitted for address change.
City:  Country:  Please Note: For accounts with Joint signate.  E-Mail Address:  Phone (Mobile): Country Code  Phone (Res): Country Code  Phone (Off): Country Code  Phone (Off): Country Code	PIN/ZIP(mandatory):  ature rule, a separate instruction signed by all holders needs to be submitted for address change.
City:  Country:  Please Note: For accounts with Joint signal  E-Mail Address:  Phone (Mobile): Country Code  Phone (Res): Country Code  Phone (Off): Country Code  Please tick this box if you would like  DECLARATION (MANDATORY	PIN/ZIP(mandatory):  ature rule, a separate instruction signed by all holders needs to be submitted for address change.  to receive your Statements and all other advices electronically.  by me is correct, and the document(s)* submitted is(are) valid as of this date. In case my address changes,

\*For list of acceptable documents, please see overleaf.

Please note all the holders in the account need to fill the KYC Update form and submit it to the nearest branch, in person.

### List of acceptable documents:

## IDENTITY PROOF (Any one of below documents)

- ✓ Pan Card
- ✓ Driver's License
- ✓ Voter's ID Card
- ✓ Passport
- ✓ Aadhaar Card

## ADDRESS PROOF (Any one of below documents)

- ✓ Valid Passport / Driver's License/Voter's ID Card /Aadhaar Card
- ✓ Utility Bill not more than 3 months old with name and address (Landline Telephone Bill, Mobile Bill, Electricity Bill, Water or Gas Bill)
- ✓ Lease Deed/Rent agreement Copy/Property Registration Document in the name of the Customer
- ✓ Bank account statement printed on bank's letterhead, not more than 3 months old, signed and stamped by existing banker. However if this statement is a computer generated, the stamp and signature of the official is optional. Please note Citibank Statements will not be considered as address proof

### FOR OFFICE USE ONLY

☐ Originals verified & Retu☐ Copies of documents co	, ,		Designation: Stamp with Emp	D:	
For Proof of Identity:					
Passport	UID (Aadhaar)	☐ Voter ID	☐ Driving License	☐ PAN Card	
For Proof of Address:					
Passport	UID (Aadhaar)	☐ Driving License	☐ Latest Water Bill	☐ Latest Gas Bill	
Registered Agreement   Voter Identity Card		☐ Latest Bank A/c Statem	nent / Passbook	☐ Latest Telephone Bill	
☐ Latest Electricity Bill					
Employment Information:					
I please fill the appropriate Occupation code number based on description provided by customer					
CDD Case Number: (Only for High Risk)					
In Person meeting at:	☐ Mailing Address	☐ Non-Mailing Address	Branch		
Corporate Address: (only for Suvidha Salary)					
Date and Time of meeting	g:				
Name & signature of Employee :					

(Please affix stamp with Emp.ID)