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## Profile Update Form (Domestic)

| (I) Personal Details  |  |  |
|---|--|--|
| Name:   |  |  |
| Telephone Numbers:  |  |  |
| Residence:  |  |  |
| Cellular:   |  |  |
| Purpose of the Account:   |  |  |
| Please tick any one or more of the following)   |  |  |
| Basic Household Expenses Investments Business Transactions Others (Please Specify)  |  |  |
| (II) Employment/Business Details  |  |  |
| Salaried  |  |  |
| Employer:   |  |  |
| Designation: No. of years in present organization:  |  |  |
| Please provide annual compensation details (in INR):  |  |  |
| Nature of business of the company:  |  |  |
| Position held in the company (Please indicate if senior/management position if any):                                      |  |  |
| Is the company publicly or privately owned: Public Ltd Private Ltd  |  |  |
| Past experience if any in a senior position (CEO, Chairman etc.)  |  |  |
| Stocks held if any (ESOPs):   |  |  |
| Please note: If number of years in current organisation is less than 2 years, please provide previous employment details: |  |  |
|   |  |  |
|   |  |  |
| Self-Employed   |  |  |
| Please tick one below: CA/CS/CWA Lawyer Doctor Engineer Architect/Interior Designer Consultant                            |  |  |
| Others (Please specify)   |  |  |
| Please provide details of the profession:   |  |  |
| Area of specialty (if applicable):  |  |  |
| Length in profession (in years):  |  |  |
| Annual Income (in INR):   |  |  |
| Please note: If number of years in current organisation is less than 2 years, please provide previous employment details: |  |  |

## Business Owner

| Name of Primary Business: N  | ature of Primary Business:                  |  |
|--|---|--|
| Annual business turnover (in INR):   |   |  |
| Percentage ownership in business:  |   |  |
| Names & percentage of ownership of other holders:  |   |  |
| No. of employees: No. of   | of locations/offices:                       |  |
| Estimated annual net income (in INR):  | No. of years in business:                   |  |
| Details of market penetration ( in %):   |   |  |
| Primary trade areas:   |   |  |
| Any significant patents/inventions:  |   |  |
| Is the company listed: Yes No Does the company receive revenues from Government contracts/licenses: Yes No   |   |  |
| Others (Please choose one below): Retired Student If retired/Unemployed, please provide details of prior employment. For Homemaker / Student, please |   |  |
| Nature of Employment: Self- Employed Salaried  |   |  |
| Nature of Business:  |   |  |
|  |   |  |
| Number of years in employment or business:   Annual Income (in INR):   |   |  |
| Please note: If number of years in current organisation is less than 2 years, Please provide previous employment details:                            |   |  |
| Current source of wealth:  |   |  |
| (III) Details of Wealth from other sources   |   |  |
| Details of Inheritance   |   |  |
| From whom was the inheritance received:  |   |  |
| How was the wealth created:  |   |  |
| Type of inheritance received (Real estate, Securities, Cash etc):  |   |  |
| Amount inherited: P  | ercentage of ownership of wealth inherited: |  |
| Details of Investments   |   |  |
| Where did source of wealth originate   |   |  |
| What are the investments into (Real estate, stocks, mutual funds):   |   |  |
| What is the current size of the investment:  |   |  |
| What is the estimated capital appreciation on the investment:  |   |  |
| How long have you been an investor:  |   |  |

## (IV) Net Worth Details: Please provide approximate details of the following (in INR)

Total Assets: \_\_\_\_\_\_ Total Liabilities: \_\_\_\_\_

Net Worth\*:

\*Net Worth is calculated by subtracting your liabilities (Loans, Mortgages etc.) from your assets (Cash, Investments, Real Estate, Jewelry etc.)

I hereby confirm that the information given by me above is true and correct to the best of my knowledge.

Name of Account Holder

Signature of Account Holder

