AXIS FINANCE

V_17012024

Details for Relationship Segment (Partnership Frim)

This Segment Partners

To be filled in BLOCK LETTERS

Application Date: D D M M Y Y Y Y

Prefered Language: ☐ English ☐ हिंदी ☐ தமிழ் ☐ తెలుగు ☐ മലയാളം ☐ ગુજરાતી ☐ বাংলা ☐ मराठी
☐ اُردُو ☐ ਪੰਜਾਬੀ ☐ ଓଡ଼ିଆ

Name of the Customer:

i. Details of Individual Partner of the Partnership Firm:

Sr. No.	Full Name of the Individual Partner (Description: Mr., Miss, Mrs., Dr)	Residential Status 1.Resident Indian Individual 2. Foreign/Non-Resident Indian Individual	Gender	Date of Birth	Mobile No.
	(a)	(b)	(c)	(d)	(e)
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Unique No. of Identification Document (Any two KYC is Mandatory)

Sr. No.	PAN Number	Voter ID	Passport Number	Driving License	UID (Last 4 Digits)	Ration Card Number	CKYC (if available)
	(f)	(g)	(h)	(i)	(j)	(k)	(l)
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Address details					
Sr. No.	Address	Pin Code	District	State / Union Territory* (Select Code)	Country* (Select Code)
	(m)	(n)	(o)	(p)	(q)
1.					
2.					
3.					
4.					
5.					
6.					
7.					

ii. Details of Non-Individual Partner of the Partnership Firm:

Sr. No.	Full Name of the Non-Individual Partner	Residential Status 1. Business Entity Registered in India 2. Business Entity Registered Outside India	Business Category* (Select code)	Business Industry Type* (Select Code)	Telephone No.
	(a)	(b)	(c)	(d)	(e)
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Sr. No.	Company Registration Number	Date of Incorporation	PAN	CIN / LLP IN	TIN	Service Tax	CKYC (if available)	Udyam Registration Number (if available)
	(f)	**(g)**	**(h)**	**(i)**	**(j)**	**(k)**	**(l)**	**(m)**
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Address details

Sr. No.	Address	Pin Code	District	State / Union Territory* (Select Code)	Country* (Select Code)
	(n)	**(o)**	**(p)**	**(q)**	**(r)**
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Signature of the Authorized Official: _____
(to be signed by the official authorized to sign)

Full Name of the Authorized Official: _____

Designation / Position: _____

Date: _____ Place: _____