



FORM 34
APPLICATION FOR CLOSING AN ACCOUNT
(For Beneficiary Account only)

To,**The Manager**

Kotak Mahindra Bank Ltd.
Kotak Infiniti, 2nd Floor, Zone I, Building
No 21, Infinity Park, Off Western Express
Highway, General A K Vaidya Marg, Malad
(E), Mumbai 400 097, India

Date:**DP ID-****1. I / We hereby request you to close my/our account with you as per following details:**

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account- _____**3. Client ID** (of account to be closed)

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4. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]																																				
<input type="checkbox"/> Option B [Transfer the balances /holdings In this account as per details given]	<table border="1"><tr><td><input type="checkbox"/> Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account)</td><td colspan="10">Target Account Details</td></tr><tr><td><input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)</td><td><input type="checkbox"/> NSDL</td><td>DP ID</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td><input type="checkbox"/> CDSL</td><td>Client ID</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	<input type="checkbox"/> Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account)	Target Account Details										<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)	<input type="checkbox"/> NSDL	DP ID											<input type="checkbox"/> CDSL	Client ID									
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<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)	<input type="checkbox"/> NSDL	DP ID																																		
	<input type="checkbox"/> CDSL	Client ID																																		
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]																																				

5. Signatures

Sole/ First Holder	
Second Holder	
Third Holder	



Acknowledgement								
We hereby acknowledge the receipt of your request for closing the following Account subject to verification:								
DP ID								
Client ID								
Name of Sole/First Holder								
Name of Second Holder								
Name of Third Holder								
Signature of the Authorised Signatory				Seal/Stamp of Participant				
Date								

