



Kotak Mahindra Bank Limited

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

To,

The Manager

Date:

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

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]	<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						
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]									



Kotak Mahindra Bank Limited

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									