

**DEMAT ACCOUNT (ANNEXURE J), CUSTODY ACCOUNT AND BANK ACCOUNT OPENING FORM  
(FOR INDIVIDUALS)**

Participant Name: Kotak Mahindra Bank Limited (DP ID: IN303173) Address: Kotak Infiniti, Building No. 21, Infinity Park, General A K Vaidya Marg, Malad (E), Mumbai - 400 097					<b>Client –ID</b> (To be filled by Participant)													
I/We request you to open a depository account in my/our name as per the following details: (Please fill all the details in CAPITAL LETTERS only)										<b>Date</b>	D	D	M	M	Y	Y	Y	Y
<b>A)</b>	<b>Details of Account holder(s):</b>																	
	<b>Account holder(s)</b>	<b>Sole/ First Holder</b>					<b>Second Holder</b>					<b>Third Holder</b>						
	<b>Name</b>																	
	<b>PAN</b>																	
	<b>Occupation</b> (please tick any one and give brief details)	<input type="checkbox"/> Private Sector		<input type="checkbox"/> Agriculturist			<input type="checkbox"/> Private Sector		<input type="checkbox"/> Agriculturist			<input type="checkbox"/> Private Sector		<input type="checkbox"/> Agriculturist				
		<input type="checkbox"/> Public Sector		<input type="checkbox"/> Retired			<input type="checkbox"/> Public Sector		<input type="checkbox"/> Retired			<input type="checkbox"/> Public Sector		<input type="checkbox"/> Retired				
		<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife			<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife			<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife				
		<input type="checkbox"/> Business		<input type="checkbox"/> Student			<input type="checkbox"/> Business		<input type="checkbox"/> Student			<input type="checkbox"/> Business		<input type="checkbox"/> Student				
		<input type="checkbox"/> Professional		<input type="checkbox"/> Others (Please specify; _____)			<input type="checkbox"/> Professional		<input type="checkbox"/> Others (Please specify; _____)			<input type="checkbox"/> Professional		<input type="checkbox"/> Others (Please specify; _____)				
	<b>Brief details:</b>																	
<b>B)</b>	For, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the -, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:																	
	<b>a) Name</b>						<b>b) PAN</b>											
<b>C)</b>	<b>Securities Account Type</b>								<b>Cash Account Type (Request you to open a bank account as indicated below)</b>									
	<input type="checkbox"/> Ordinary Resident <input type="checkbox"/> FPI <input type="checkbox"/> NRI- Repatriable <input type="checkbox"/> NRI- Non Repatriable <input type="checkbox"/> Margin <input type="checkbox"/> Foreign National <input type="checkbox"/> Promoter <input type="checkbox"/> Others (Please specify)_____								<input type="checkbox"/> INR (Current)									
<b>D)</b>	<b>Name of Securities Accounts</b>								<b>Name of Cash Accounts</b>									
<b>E)</b>	<b>Country &amp; Date of Birth</b>																	
	<b>Country of Tax Residence (for Regulatory / Tax Declaration purpose)</b>																	

F)	<b>Residence/ Registered Address</b>				<b>Mailing Address</b>											
G)	<b>Contact Details</b>															
	Tel (Off)				Tel (Res)											
	Fax No.				Mobile No											
	Email ID															
H)	<b>Gross Annual Income Details</b>															
	Income Range per annum (please tick any one)								Details of source of Funds				Net worth			
	<input type="checkbox"/> Below 1 lac												Amount (INR) _____ As on (date) _____ (Net worth should not be older than 1 year)			
	<input type="checkbox"/> 1-5 lac															
	<input type="checkbox"/> 5-10 lac															
	<input type="checkbox"/> 10-25 lac															
	<input type="checkbox"/> More than 25 lac															
I)	<b>In case of NRIs/ Foreign Nationals</b>															
	RBI Approval Reference Number															
	RBI Approval date								D	D	M	M	Y	Y	Y	Y
J)	<b>Bank details</b>															
	1	Bank account type <input type="checkbox"/> Savings Account <input checked="" type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____														
	2	Bank Account Number														
	3	Bank Name														
	4	Branch Address														
				City/town/village				PIN Code								
	5	MICR Code														
6	IFSC															
K)	Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)															
L)	<b>Standing Instructions</b>															
	1	I/We authorize you to receive credits automatically into my/our account.										<input type="checkbox"/> Yes <input type="checkbox"/> No				
	2	Account to be operated through Power of Attorney (PoA)										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

	3	Account to be operated through Demat Debit and Pledge Instruction (DDPI)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																	
M)	4	<b>SMS Alert facility:</b> [Mandatory if you are giving Power of Attorney (PoA/DDPI). Ensure that the mobile number is provided in the KYC Application Form]																																		
		Sr. No.	Holder	Yes	No																															
		1	Sole/First Holder	<input checked="" type="checkbox"/>	<input type="checkbox"/>																															
		2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>																															
	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>																																
	5	Mode of receiving Statement of Account [Tick any one] <input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form].																																		
	6	For Joint accounts, communication to be sent to (See Note 7) <input type="checkbox"/> First holder <input type="checkbox"/> All Joint account holders																																		
M)	<b>Preference for receiving standard documents*</b> <input type="checkbox"/> Physical <input checked="" type="checkbox"/> Electronic (*Standard documents includes Rights & Obligations of Beneficial Owner and Depository Participant). Kindly visit our website <a href="http://www.kotak.com">www.kotak.com</a> for further information																																			
N)	<b>Mode of Operations for Joint Accounts</b> <input type="checkbox"/> First holder <input type="checkbox"/> Anyone of the holder or survivor (s)  <small>If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor (s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted</small>																																			
O)	<b>Guardian Details</b> (where sole holder is a minor): [For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)] <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Guardian Name</td> <td colspan="10"></td> </tr> <tr> <td>PAN</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Relationship of guardian with minor</td> <td colspan="10"></td> </tr> </table>			Guardian Name											PAN											Relationship of guardian with minor										
Guardian Name																																				
PAN																																				
Relationship of guardian with minor																																				

P)	<b>Nomination Option</b>			
I/We wish to make a nomination				
<b>Nomination Details</b>				
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.				
Nomination can be made up to three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of each Nominee	%	%	%
	Equally [If not equally, please specify percentage]	Any odd lot after division shall be transferred to the first nominee mentioned in the form.		

3	Relationship With the Applicant ( If Any)			
4	Address of Nominee(s) City / Place: State & Country:	City- State – Country-	City- State – Country-	City- State – Country-
5	Mobile / Telephone No. of nominee(s) #			
6	Email ID of nominee(s) #			
7	Nominee Identification details – [Please tick any one of following and provide details of same] #  <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			
<b>Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:</b>				
8	Date of Birth {in case of minor nominee(s)}			
9	Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}			
10	Address of Guardian(s) City / Place: State & Country:	City- State – Country-	City- State – Country-	City- State – Country-
	PIN Code			
11	Mobile / Telephone no. of Guardian #			
12	Email ID of Guardian #			
13	Relationship of Guardian with nominee			
14	Guardian Identification details – [Please tick any one of following and provide details of same] #  <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			
* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature				
# Optional Fields (Information required at Serial nos. 5, 6, 7, 11, 12 & 14 is not mandatory)				
<b>I/ We wish to opt out of a nomination</b>				

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

	Date: -								D	D	M	M	Y	Y	Y	Y
	<b>Name of the Account Holder/s</b>										<b>Signature</b>					
Sole/First Holder																
Second Holder																
Third Holder																

**Annexure A**

	1st Holder	2nd Holder	3rd Holder
Name			
<input type="checkbox"/> Mobile Number			
<input type="checkbox"/> Email ID			
I hereby declare that the aforesaid mobile number or E-mail ID belongs to: (Family includes spouse, dependent children and dependent parents).	<input type="checkbox"/> Me  My family <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Me  My family <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Me  My family <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents

**Declaration**

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

We understand and confirm that the accounts will be operated under Power of Attorney and shall be governed under the terms and conditions of the Agreement for Custody Services executed between Kotak Mahindra Bank Limited and our Portfolio Management Service Provider and the same is agreeable to us.

Name(s) of holder(s)		Signature(s) of holder
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)		X
Second Holder (Mr./Ms.)		X
Third Holder (Mr./Ms.)		X

**Notes :**

- All communication shall be sent at the address of the Sole/First holder only.
- Thumb impressions must be attested by witness or a Magistrate or a Notary Public or a Special Executive Magistrate
- Signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- The nomination and Declaration form may be signed using e-Sign facility or wet signature and in these cases, witness will not be required.
- For receiving Statement of Account in electronic form:
  - Client must ensure the confidentiality of the password of the email account.
  - Client must promptly inform the Participant if the email address has changed.
  - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.
- In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 4. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.

Strike off whichever is not applicable.

8. Instructions related to nomination, are as below:

- I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form.
- II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
- III. The Nominee shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
- IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
- V. Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the Participant against the legal heir.
- VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
- VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee.

9. For receiving Statement of Account in electronic form:

- I. Client must ensure the confidentiality of the password of the email account.
- II. Client must promptly inform the Participant if the email address has changed.
- III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.

10. If EU General Data Protection Regulation 2016/679 ("GDPR") applies to the processing of your personal data by us, then you may please refer to 'Privacy Notice for EU Users' on our website ( <https://www.kotak.com/en/privacy-policy.html> ) to know our approach to data protection to fulfil our obligations under the GDPR

11. In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise

7. In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at Sr. No. 4. In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at Sr. No. 4 and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.

8. Strike off whichever is not applicable.

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### Acknowledgement

Participant Name, Address & DP ID

Received the application from Mr/Ms\_\_\_\_\_ as the sole/first holder along with \_\_\_\_\_ and \_\_\_\_\_ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
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**Participant Stamp & Signature**

PLEASE FILL THE FORM IN BLOCK LETTERS AND BLACK INK

Preferred Home Branch \_\_\_\_\_

 Employee Code applicable only for Kotak Bank Staff \_\_\_\_\_

OPTY ID \_\_\_\_\_

Purpose	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Third Party Products	<input type="checkbox"/> Other Services
	<input type="checkbox"/> Current Account	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Mutual Fund <input type="checkbox"/> General Insurance <input type="checkbox"/> Non-MF Investments	<input type="checkbox"/> Demand Draft <input type="checkbox"/> Kotak World Multi Currency Travel Card <input type="checkbox"/> NEFT <input type="checkbox"/> Misc. Remittance <input type="checkbox"/> Best Compliment Card <input type="checkbox"/> Others _____
	<input type="checkbox"/> Deposits		

**PERSONAL DETAILS** \* Fields are Mandatory **Existing CRN** ☐ **YES** \_\_\_\_\_ ☐ **NO** (Please fill the below details)

<b>*CKYCR</b> <input type="checkbox"/> New <input type="checkbox"/> Existing – No Change <input type="checkbox"/> Existing – Update Change C-KYCR No _____	Update CKYCR Change <input type="checkbox"/> Local <input type="checkbox"/> Global <small>Local change will not be updated in Central KYC Repository (CKYCR) and will only be applicable to Kotak Mahindra Bank Limited</small>
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**\*Name** Title \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_ (Upto 40 characters only)

**Maiden Name** \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_ **\*Mother's Maiden Name** \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_  
(applicable to married woman, documentary proof required) (Mention Mother's Pre-Marriage Name)
**\*DOB**

D	D	M	M	Y	Y	Y	Y
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☐ Minor ☐ Senior Citizen **\*Father / \*Spouse Name** \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_  
(If PAN not available Father's Name Mandatory)
**\*Residential Status** ☐ Residential Indian ☐ Foreign National **\*Citizenship** ☐ Indian ☐ Others \_\_\_\_\_

**\*Gender** ☐ Male ☐ Female ☐ Transgender **\*Education** ☐ Non-Graduate ☐ Graduate ☐ Post Graduate ☐ Others \_\_\_\_\_

**\*Marital Status** ☐ Single ☐ Married ☐ Others \_\_\_\_\_ **\*Annual Income** ☐ 0 - 2 lakhs ☐ > 2 - 5 lakhs ☐ > 5 - 10 lakhs ☐ > 10 - 25 lakhs ☐ > 25 lakhs

**Facebook ID** \_\_\_\_\_ **Twitter ID** \_\_\_\_\_

**\*Occupation Type** Service – ☐ Private Sector ☐ Public Sector ☐ Government Sector  
☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ Business ☐ Not Categorized

**Permanent Address**

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_ Landmark \_\_\_\_\_

**\*District** \_\_\_\_\_ **\*City** \_\_\_\_\_ **\*PIN Code** \_\_\_\_\_

**\*State** \_\_\_\_\_ Telephone No. (STD) \_\_\_\_\_

☐ **Residence Address /** ☐ **Office Address**

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_ Landmark \_\_\_\_\_

**\*District** \_\_\_\_\_ **\*City** \_\_\_\_\_ **\*PIN Code** \_\_\_\_\_

**\*State** \_\_\_\_\_ Telephone No. (STD) \_\_\_\_\_

**Preferred Mobile No.** \_\_\_\_\_ **Alternate Mobile No.** \_\_\_\_\_

**Preferred Email ID** \_\_\_\_\_

(Monthly e-statements & alerts will be sent on email id mentioned here)
**\*Preferred Correspondence Address** ☐ Permanent Address ☐ Residence Address ☐ Office Address

**FATCA / CRS Declaration**

Part A			
	Yes	No	
a. Are you Citizen of any country other than India (dual / multiple) [including Greencard]	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is your Country of birth is any country other than India	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are you Tax resident of ANY country / ies other than India	<input type="checkbox"/>	<input type="checkbox"/>	
d. Do you have POA or a mandate holder who has an address outside India	<input type="checkbox"/>	<input type="checkbox"/>	
e. Is your Address or telephone number outside India	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If your answer to any of the above questions is a 'YES', please fill Part B</b>			

Part B		
Address for Tax Residence <small>(include City, State, Country and Pin code)</small>		
Country of Birth	Place within the Country of Birth	
<small>(In case Country of Birth is USA, however Nationality and Country of Tax Residency is other than USA, please provide documentary evidence)</small>		
Source of Wealth	Nationality	
<small>Please list below the details, confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers.</small>		
<b>Country of Tax residency</b>	<b>Tax identification Number <sup>1</sup></b>	<b>Tax identification Document (TIN or functional equivalent)</b>
<small><sup>1</sup>It is mandatory to supply a TIN or functional equivalent (in case TIN not available) if the country in which you are tax resident issues such identifiers. If no TIN /functional equivalent is yet available or has not yet been issued, please provide an explanation below:</small>		

I being the beneficial owner of the account opened / to be opened with Kotak Mahindra Bank Limited and the income credited therein, declare that the above information and information in the submitted documents to be true, correct and updated, and the submitted documents are genuine and duly executed. I acknowledge that towards compliance with tax information sharing laws, such as FATCA / CRS, the Bank may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if the Bank does not receive a valid self certification from me) the Bank may be obliged to share information on my account with relevant tax authorities. Should there be any change in any information provided by me I ensure that I will intimate the Bank promptly, i.e., within 30 days. Towards compliance with such laws, the Bank may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, the Bank may also be constrained to withhold and pay out any sums from my account or close or suspend my account(s). I also understand that the account will be reported if any one of the aforesaid FATCA / CRS criteria for any of the account holders i.e. primary or joint are met.



SMS BANKING & ALERT FACILITY

Please select either (a) or (b) as per your requirement

	Alert Type	SMS	E-mail
a)	Daily Balance + Transaction and Value Added Alerts	<input type="checkbox"/>	<input type="checkbox"/>

OR

	Alert Type	SMS	E-mail
b)	Weekly Balance + Transaction and Value Added Alerts	<input type="checkbox"/>	<input type="checkbox"/>

CHANNEL ACCESS REQUEST

	Phone Banking	Net Banking	Debit Card #
Deposit Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To apply for EMV Chip and PIN based card for Domestic usage only, Please tick ☐

# Default Debit Card will be EMV Chip and PIN enabled for International usage. For Privy League Customers default Debit Card will be Privy League Platinum / Signature Chip Card depending on the program chosen.

CUSTOMER DECLARATION

I hereby declare that the above information is true and correct to the best of my knowledge. I further agree that any false / misleading information given by me or suppression of any material fact will result in withholding declining of the transaction of the Bank. I do hereby authorize the Bank to conduct my Credit History verification with CIBIL or any other Credit Rating agency. I authorize the Bank to share my transaction details with regulatory / enforcement authorities whenever such information is called for. I authorize the Branch official to update the document details in the Bank records as per copies of documents submitted by me. **SMS BANKING & ALERT FACILITY:** I understand that Alert Facility enables me to receive alerts on my Email id and /or Mobile number regarding account transactions and maintenances. I further understand that New Alerts may be added from time to time. By selecting any of the options, I expressly consent and authorize the Bank to make Telephone calls and send SMS and / or Emails to inform me on any information or updates related to Bank's existing / new Product / Services. The said consent is valid till such time I withdraw the same in writing. In case I do not wish to receive information / updates, I will register myself for "Do Not Call" on the Bank' website www.kotak.com. I am aware that alerts that have been mandated by RBI and such alerts as deemed appropriate by the Bank will be sent even if I have not subscribed for the facility. I am further aware that the transactions & Value Added Alerts will be sent to the First Holder / Guardian for all individual accounts where the mode of operation is "Singly" or "Either/Survivor" and to all holders where mode of operation is "Jointly". I understand that charges for this services as mentioned in General Schedule of Feature and Charges will be levied. **MOBILE BANKING:** I agree and understand that Mobile Banking services will be activated if opted for Net Banking access / Debit Card.

SIGNATURE / THUMB IMPRESSION & PHOTOGRAPH

Affix latest Coloured  
Passport Size  
Photo

(Please sign in Black ink only)

Documents Section (BANK USE)

Document Name	ID Proof	Address Proof
Passport Number <input type="text"/>		
Passport Expiry Date <input type="text"/>		
Voter ID Card <input type="text"/>		
PAN <input type="text"/>		
Driving License <input type="text"/>		
Driving License Expiry Date <input type="text"/>		
E-UID( AADHAAR) <input type="text"/>		
NREGA Job Card <input type="text"/>		
<b>Others</b> (any document notified by the Central Government)		
Document Name:		
Number: <input type="text"/>		
<b>Simplified Document No</b> <input type="text"/>		
<input type="checkbox"/> Identity card with applicant's photograph issued by Govt. Dept.		NA
<input type="checkbox"/> Letter issued by a Gazetted Officer		
<b>Simplified Document No</b> <input type="text"/>		
<input type="checkbox"/> Utility Bill		
<input type="checkbox"/> Property or Municipal Tax Receipt		
<input type="checkbox"/> Bank account statement / Passbook		NA
<input type="checkbox"/> Pension or family pension payment orders (PPOs)		
<input type="checkbox"/> Letter of allotment of accommodation from employer issued by State or Central Government departments		
<input type="checkbox"/> Documents issued by Govt. Dept. of Foreign Jurisdiction / Foreign Embassy / Mission in India		

DOCUMENTS COLLECTED

<input type="checkbox"/> EMP_CERT	<input type="checkbox"/> Form 60	<input type="checkbox"/> CPV	<input type="checkbox"/> BC	<input type="checkbox"/> PASSBOOK
<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> SPBS	<input type="checkbox"/> OTHERS		

KYC Verification Carried Out By (BANK USE)

Emp. Name <input type="text"/>	
Emp. Designation <input type="text"/>	
Emp. Code <input type="text"/>	Emp. Branch <input type="text"/>
Date <input type="text"/>	Employee Sign <input type="text"/>

Approved By

Sales Official <input type="text"/>	Branch Official <input type="text"/>
Category: <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/> DS <input type="checkbox"/> DG	
Customer Segment: <input type="checkbox"/> RL <input type="checkbox"/> CB	*Risk Profile <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
Additional Info <input type="text"/>	(If Walk-In, then FI done by) (LOV's e.g. PEP, Illiterate, Blind etc. are available on intranet)
Source Code <input type="text"/>	LG Code / Promo Code <input type="text"/>
LC Code <input type="text"/>	LOB <input type="text"/>
RM Code <input type="text"/>	Corporate/Group Co. Code <input type="text"/>
Group Co. Emp Code <input type="text"/>	Branch Code <input type="text"/>
Classification <input type="text"/>	Sub-Classification <input type="checkbox"/> Key <input type="checkbox"/> Associate
<input type="checkbox"/> Authorization Letter 1 (only for Privy)	<input type="checkbox"/> Authorization Letter 2 (only for Privy)
*Account Type <input type="checkbox"/> Normal <input type="checkbox"/> Small <input type="checkbox"/> Simplified (for low risk customers)	

Branch / Acquisition staff has meet customer at communication address

Employee Name (Emp ID) & Signature

RPC USE

FATCA Received <input type="checkbox"/> YES	FATCA Reportable <input type="checkbox"/> YES	Country <input type="text"/>
Re-KYC <input type="checkbox"/> YES	CRN Created <input type="text"/>	

RPC Stamps

PLEASE FILL THE FORM IN BLOCK LETTERS AND BLACK INK

<b>Preferred Home Branch</b> _____		<b>Employee Code</b> <small>applicable only for Kotak Bank Staff</small> _____	<b>OPTY ID</b> _____
<b>Purpose</b>	<input type="checkbox"/> <b>Savings Account</b>	<input type="checkbox"/> <b>Third Party Products</b>	<input type="checkbox"/> <b>Other Services</b>
	<input type="checkbox"/> <b>Current Account</b>	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Demand Draft <input type="checkbox"/> Kotak World Multi Currency Travel Card
	<input type="checkbox"/> <b>Deposits</b>	<input type="checkbox"/> General Insurance <input type="checkbox"/> Non-MF Investments	<input type="checkbox"/> NEFT <input type="checkbox"/> Misc. Remittance
		<input type="checkbox"/> Best Compliment Card	<input type="checkbox"/> Others _____

**PERSONAL DETAILS** \* Fields are Mandatory **Existing CRN** ☐ **YES** \_\_\_\_\_ ☐ **NO** (Please fill the below details)

<b>*CKYCR</b>	<input type="checkbox"/> New	<input type="checkbox"/> Existing – No Change	<input type="checkbox"/> Existing – Update Change	<b>Update CKYCR Change</b>	<input type="checkbox"/> Local	<input type="checkbox"/> Global
	C-KYCR No _____			<small>Local change will not be updated in Central KYC Repository (CKYCR) and will only be applicable to Kotak Mahindra Bank Limited</small>		
<b>*Name</b>	Title _____ (First Name) _____ (Middle Name) _____ (Last Name) _____ (Upto 40 characters only)					
<b>Maiden Name</b>	_____ (First Name) _____ (Last Name)		<b>*Mother's Maiden Name</b> _____ (First Name) _____ (Last Name)			
<small>(applicable to married woman, documentary proof required) (Mention Mother's Pre-Marriage Name)</small>						
<b>*DOB</b>	<input type="checkbox"/> Minor	<input type="checkbox"/> Senior Citizen	<b>*Father / *Spouse Name</b> _____ (First Name) _____ (Last Name)			
<small>(If PAN not available Father's Name Mandatory)</small>						
<b>*Residential Status</b>	<input type="checkbox"/> Residential Indian	<input type="checkbox"/> Foreign National	<b>*Citizenship</b>	<input type="checkbox"/> Indian	<input type="checkbox"/> Others _____	
<b>*Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<b>*Education</b>	<input type="checkbox"/> Non-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others _____	
<b>*Marital Status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others _____	<b>*Annual Income</b>	<input type="checkbox"/> 0 - 2 lakhs <input type="checkbox"/> > 2 - 5 lakhs <input type="checkbox"/> > 5 - 10 lakhs <input type="checkbox"/> > 10 - 25 lakhs <input type="checkbox"/> > 25 lakhs	
<b>Facebook ID</b>	_____			<b>Twitter ID</b>	_____	
<b>*Occupation Type</b>	Service – <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector					
	<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Not Categorized					

**Permanent Address**

Line 1	_____																
Line 2	_____																
Line 3	_____												Landmark	_____			
<b>*District</b>	_____				<b>*City</b>	_____				<b>*PIN Code</b>	_____						
<b>*State</b>	_____				<b>Telephone No.</b> <small>(STD)</small> _____												

☐ **Residence Address /** ☐ **Office Address**

Line 1	_____																
Line 2	_____																
Line 3	_____												Landmark	_____			
<b>*District</b>	_____				<b>*City</b>	_____				<b>*PIN Code</b>	_____						
<b>*State</b>	_____				<b>Telephone No.</b> <small>(STD)</small> _____												

<b>Preferred Mobile No.</b>	_____												<b>Alternate Mobile No.</b>	_____			
-----------------------------	-------	--	--	--	--	--	--	--	--	--	--	--	-----------------------------	-------	--	--	--

<b>Preferred Email ID</b>	_____															
<small>(Monthly e-statements &amp; alerts will be sent on email id mentioned here)</small>																

**\*Preferred Correspondence Address** ☐ Permanent Address ☐ Residence Address ☐ Office Address

**FATCA / CRS Declaration**

Part A			
	Yes	No	
a. Are you Citizen of any country other than India (dual / multiple) [including Greencard]	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is your Country of birth is any country other than India	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are you Tax resident of ANY country / ies other than India	<input type="checkbox"/>	<input type="checkbox"/>	
d. Do you have POA or a mandate holder who has an address outside India	<input type="checkbox"/>	<input type="checkbox"/>	
e. Is your Address or telephone number outside India	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If your answer to any of the above questions is a 'YES', please fill Part B</b>			

Part B		
<b>Address for Tax Residence</b> <small>(include City, State, Country and Pin code)</small>		
<b>Country of Birth</b>	<b>Place within the Country of Birth</b>	
<small>(In case Country of Birth is USA, however Nationality and Country of Tax Residency is other than USA, please provide documentary evidence)</small>		
<b>Source of Wealth</b>	<b>Nationality</b>	
<small>Please list below the details, confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers.</small>		
<b>Country of Tax residency</b>	<b>Tax identification Number <sup>1</sup></b>	<b>Tax identification Document (TIN or functional equivalent)</b>
<small><sup>1</sup>It is mandatory to supply a TIN or functional equivalent (in case TIN not available) if the country in which you are tax resident issues such identifiers. If no TIN /functional equivalent is yet available or has not yet been issued, please provide an explanation below:</small>		

I being the beneficial owner of the account opened / to be opened with Kotak Mahindra Bank Limited and the income credited therein, declare that the above information and information in the submitted documents to be true, correct and updated, and the submitted documents are genuine and duly executed. I acknowledge that towards compliance with tax information sharing laws, such as FATCA / CRS, the Bank may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if the Bank does not receive a valid self certification from me) the Bank may be obliged to share information on my account with relevant tax authorities. Should there be any change in any information provided by me I ensure that I will intimate the Bank promptly, i.e., within 30 days. Towards compliance with such laws, the Bank may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, the Bank may also be constrained to withhold and pay out any sums from my account or close or suspend my account(s). I also understand that the account will be reported if any one of the aforesaid FATCA / CRS criteria for any of the account holders i.e. primary or joint are met.

SMS BANKING & ALERT FACILITY

Please select either (a) or (b) as per your requirement

	Alert Type	SMS	E-mail
a)	Daily Balance + Transaction and Value Added Alerts	<input type="checkbox"/>	<input type="checkbox"/>

OR

	Alert Type	SMS	E-mail
b)	Weekly Balance + Transaction and Value Added Alerts	<input type="checkbox"/>	<input type="checkbox"/>

CHANNEL ACCESS REQUEST

	Phone Banking	Net Banking	Debit Card #
Deposit Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To apply for EMV Chip and PIN based card for Domestic usage only, Please tick ☐

# Default Debit Card will be EMV Chip and PIN enabled for International usage. For Privy League Customers default Debit Card will be Privy League Platinum / Signature Chip Card depending on the program chosen.

CUSTOMER DECLARATION

I hereby declare that the above information is true and correct to the best of my knowledge. I further agree that any false / misleading information given by me or suppression of any material fact will result in withholding declining of the transaction of the Bank. I do hereby authorize the Bank to conduct my Credit History verification with CIBIL or any other Credit Rating agency. I authorize the Bank to share my transaction details with regulatory / enforcement authorities whenever such information is called for. I authorize the Branch official to update the document details in the Bank records as per copies of documents submitted by me. **SMS BANKING & ALERT FACILITY:** I understand that Alert Facility enables me to receive alerts on my Email id and /or Mobile number regarding account transactions and maintenances. I further understand that New Alerts may be added from time to time. By selecting any of the options, I expressly consent and authorize the Bank to make Telephone calls and send SMS and / or Emails to inform me on any information or updates related to Bank's existing / new Product / Services. The said consent is valid till such time I withdraw the same in writing. In case I do not wish to receive information / updates, I will register myself for "Do Not Call" on the Bank' website www.kotak.com. I am aware that alerts that have been mandated by RBI and such alerts as deemed appropriate by the Bank will be sent even if I have not subscribed for the facility. I am further aware that the transactions & Value Added Alerts will be sent to the First Holder / Guardian for all individual accounts where the mode of operation is "Singly" or "Either/Survivor" and to all holders where mode of operation is "Jointly". I understand that charges for this services as mentioned in General Schedule of Feature and Charges will be levied. **MOBILE BANKING:** I agree and understand that Mobile Banking services will be activated if opted for Net Banking access / Debit Card.

SIGNATURE / THUMB IMPRESSION & PHOTOGRAPH

Affix latest Coloured  
Passport Size  
Photo

(Please sign in Black ink only)

Documents Section (BANK USE)

Document Name	ID Proof	Address Proof
Passport Number <input type="text"/>		
Passport Expiry Date <input type="text"/>		
Voter ID Card <input type="text"/>		
PAN <input type="text"/>		
Driving License <input type="text"/>		
Driving License Expiry Date <input type="text"/>		
E-UID( AADHAAR) <input type="text"/>		
NREGA Job Card <input type="text"/>		
<b>Others</b> (any document notified by the Central Government)		
Document Name:		
Number: <input type="text"/>		
<b>Simplified Document No</b> <input type="text"/>		
<input type="checkbox"/> Identity card with applicant's photograph issued by Govt. Dept.		NA
<input type="checkbox"/> Letter issued by a Gazetted Officer		
<b>Simplified Document No</b> <input type="text"/>		
<input type="checkbox"/> Utility Bill		
<input type="checkbox"/> Property or Municipal Tax Receipt		
<input type="checkbox"/> Bank account statement / Passbook		NA
<input type="checkbox"/> Pension or family pension payment orders (PPOs)		
<input type="checkbox"/> Letter of allotment of accommodation from employer issued by State or Central Government departments		
<input type="checkbox"/> Documents issued by Govt. Dept. of Foreign Jurisdiction / Foreign Embassy / Mission in India		

DOCUMENTS COLLECTED

<input type="checkbox"/> EMP_CERT	<input type="checkbox"/> Form 60	<input type="checkbox"/> CPV	<input type="checkbox"/> BC	<input type="checkbox"/> PASSBOOK
<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> SPBS	<input type="checkbox"/> OTHERS		

KYC Verification Carried Out By (BANK USE)

Emp. Name <input type="text"/>	
Emp. Designation <input type="text"/>	
Emp. Code <input type="text"/>	Emp. Branch <input type="text"/>
Date <input type="text"/>	Employee Sign <input type="text"/>

Approved By

Sales Official <input type="text"/>	Branch Official <input type="text"/>
Category: <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/> DS <input type="checkbox"/> DG	
Customer Segment: <input type="checkbox"/> RL <input type="checkbox"/> CB	*Risk Profile <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
Additional Info <input type="text"/>	(If Walk-In, then FI done by) (LOV's e.g. PEP, Illiterate, Blind etc. are available on intranet)
Source Code <input type="text"/>	LG Code / Promo Code <input type="text"/>
LC Code <input type="text"/>	LOB <input type="text"/>
RM Code <input type="text"/>	Corporate/Group Co. Code <input type="text"/>
Group Co. Emp Code <input type="text"/>	Branch Code <input type="text"/>
Classification <input type="text"/>	Sub-Classification <input type="checkbox"/> Key <input type="checkbox"/> Associate
<input type="checkbox"/> Authorization Letter 1 (only for Privy)	<input type="checkbox"/> Authorization Letter 2 (only for Privy)
*Account Type <input type="checkbox"/> Normal <input type="checkbox"/> Small <input type="checkbox"/> Simplified (for low risk customers)	

Branch / Acquisition staff has meet customer at communication address

Employee Name (Emp ID) & Signature

RPC USE

FATCA Received <input type="checkbox"/> YES	FATCA Reportable <input type="checkbox"/> YES	Country <input type="text"/>
Re-KYC <input type="checkbox"/> YES	CRN Created <input type="text"/>	

RPC Stamps

## **Instructions for opening Resident Individual Account**

### **Documents to sign in this form:**

1. Individual Demat Account Opening form
2. Letter of Communication
3. CKYC
4. Letter from the end Client – POA
5. Name Declaration ( to be signed only if required )
6. Dual Signature Declaration ( to be signed only if required )

### **KYC documents required for each Account Holder:**

1. Self-attested Pan copy
2. Self-attested Address proof
3. 1 photograph for each holder

Profile Sheet		
Name	Holder 1	Holder 2
Service / Business		
Company Name		
Marital Status		
Gross annual income		
Net worth		
Mothers maiden name		
Contact Number of client		
Email id of client		
Nationality		
Nominee Name		
Nominee Relationship and Age		NA
Nominee Pan No		NA
Nominee Contact Number		NA
Nominee Email ID		NA

I hereby confirm that above details to be captured in the demat account opening form



(Signature of Client)

**DUAL SIGNATURE Declaration (New Account)**

Date:

To,  
The Manager  
Kotak Mahindra Bank Ltd.  
..... Branch

Dear Sir,

☐ **New Account (no signature proof)**

I, Mr. / Ms. \_\_\_\_\_ have submitted my \_\_\_\_\_  
(documents) for opening a Savings / Current account at your branch.

However the above referred signature on the \_\_\_\_\_ (document) is my old signature and is not the same as my present signature.

I have affixed my present signature being \_\_\_\_\_ in the Account Opening Form.

I don't have any document with my present signature. Hence I have signed in presence of Bank staff along with my latest identity proof document ----- to confirm my identity, a copy of the same is enclosed herewith.

Request you to consider my signature as on the account opening form as my present signature.

☐ **New Account (different signatures on documents)**

I, Mr. / Ms. \_\_\_\_\_ have submitted my \_\_\_\_\_  
(documents) for opening a Savings / Current account at your branch.

My signature as per \_\_\_\_\_ (document) is my old signature while my signature as per \_\_\_\_\_ (document) is my present signature which is affixed in the Account opening Form.

Request you to consider my signature as on the \_\_\_\_\_ (document) and the account opening form as my present signature.

Kindly do the needful and process the same.

Thanking You,

Yours Faithfully,

\_\_\_\_\_ (New Signature)

**Bank Use Section**

I hereby confirm that the customer has signed in my presence

Name: \_\_\_\_\_ Employee Signature :

Employee ID :

**Kotak Mahindra Bank Ltd. CIN: L65110MH1985PLC038137**

**Registered Office:** 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E), Mumbai - 400051

## Letter

To,  
The Manager  
Kotak Mahindra Bank Limited (KMBL)  
Kotak Custody  
Kotak Infiniti, 2nd Floor, Zone I  
Infinity IT Park, Off Western Express Highway  
Malad (E), Mumbai 400 097

Date:

**Subject:** Confirmation to Kotak Bank to rely on the Power of Attorney issued in favour of

\_\_\_\_\_.

I/We \_\_\_\_\_ an individual/company/trust residing at \_\_\_\_\_ / incorporated under the laws of \_\_\_\_\_ / constituted under the Indian Trust Act, 1982, having its registered office at \_\_\_\_\_ (“**Client**” or “I/we” or “my”/“our”) has entered into a Portfolio Management Agreement with \_\_\_\_\_ (“**Portfolio Manager**”) having its registered office at \_\_\_\_\_ to act as a ‘Portfolio Manager’.

I/We have issued a Power of Attorney (copy enclosed with this letter) in favour of the Portfolio Manager *inter alia* to:

1. operate the accounts opened in our name by issuing instructions;
2. further authorize a third party entity to do all such things, acts, deeds (including in respect of our accounts), as the Portfolio Manager is authorized to do in terms of our Power of Attorney and issue such powers/authorities to such third party entity in that regard (including by delegation of our power), as the Portfolio Manager deems fit.

In lieu of the above mentioned, I/We hereby request you to rely on the enclosed Power of Attorney and act upon the instructions provided by the Portfolio Manager for operations of our accounts opened with Kotak Mahindra Bank Limited. We also understand that the Portfolio Manager may also grant a power of attorney to you, *inter alia*, further delegating the powers granted by us in its favour to you.

You are entitled to rely on instructions provided or purportedly provided by the Portfolio Manager as if the instructions are duly authorized by us, irrespective of whether or not the Portfolio Manager is entitled to provide such instructions to you, whether under our Power of Attorney or otherwise. You shall not be held responsible or liable for acting upon the instructions provided or purportedly provided by the Portfolio Manager. We shall indemnify you for any losses, damages, costs, claims, expenses incurred by you on account of acting upon the instructions provided or purportedly provided by the Portfolio Manager.

In case of revocation of the enclosed Power of Attorney, I/we shall immediately intimate you in writing. You are entitled to rely upon the Power of Attorney and/or the authorities provided thereunder or pursuant thereto or authorities granted by us hereunder, until you receive an account closure request in writing along with the request of revocation of Power of Attorney and the said account/s is/are closed at your end.

I/we understand, acknowledge and accept that the instructions sent to you by Portfolio Manager or by any other person (including us) would be sent over public lines and are not encrypted; the transmission methods are not necessarily secure means of transmission and delivery of information, and that there are associated risks, including of breach of confidentiality, unauthorized access to data, possible unauthorized alteration and / or unauthorized use, unintentional disclosure of our data to other persons and failure of communication. The Client agrees to exempt/release you from any and/or all responsibility in this regard (including but not limited to any misuse of communication, unauthorized access of data and breach of confidentiality) and hold you harmless from any loss, costs, expenses, damages or claims that you may suffer or incur in this regard. It is hereby clarified that our recourse is only with the Portfolio Manager and we shall not hold you liable for any such or similar instances.

**From:**

Name:

Designation:

Place:

Date:



**Name Declaration form**

Date:

To,

Kotak Mahindra Bank Ltd.,

Branch : \_\_\_\_\_

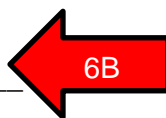
I Mr. / Mrs. / Ms. \_\_\_\_\_, state and declare that I am  
also known as \_\_\_\_\_ and many of my official records bear my  
name as \_\_\_\_\_.

I say that I desire to open a savings / current account with you under the name and style  
of \_\_\_\_\_, although the documents submitted by me are  
bearing my name as \_\_\_\_\_.

I request you therefore to open the account with your bank on my aforesaid representation as per the form duly  
filled in by me and accept the documents furnished by me in support thereof. I agree to abide by all the terms  
& conditions of the bank as are applicable for the opening and operation of the said account.

I state that without prejudice to the Banks other right in law or under the term & condition or otherwise, I shall  
be liable to pay damages and compensation to the Bank, which may be incurred or suffered by the  
bank upon the bank opening the as requested by me relying on my aforesaid representation

\_\_\_\_\_  
(Signature)



\_\_\_\_\_  
(Full Name)

**Kotak Mahindra Bank Ltd.** CIN: L65110MH1985PLC038137  
**Registered Office:** 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051.  
www.kotak.com

**Name Declaration form**

Date:

To,

Kotak Mahindra Bank Ltd.,

Branch : \_\_\_\_\_

I Mr. / Mrs. / Ms. \_\_\_\_\_, state and declare that I am  
also known as \_\_\_\_\_ and many of my official records bear my  
name as \_\_\_\_\_.

I say that I desire to open a savings / current account with you under the name and style  
of \_\_\_\_\_, although the documents submitted by me are  
bearing my name as \_\_\_\_\_.

I request you therefore to open the account with your bank on my aforesaid representation as per the form duly  
filled in by me and accept the documents furnished by me in support thereof. I agree to abide by all the terms  
& conditions of the bank as are applicable for the opening and operation of the said account.

I state that without prejudice to the Banks other right in law or under the term & condition or otherwise, I shall  
be liable to pay damages and compensation to the Bank, which may be incurred or suffered by the  
bank upon the bank opening the as requested by me relying on my aforesaid representation

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Full Name)



**Kotak Mahindra Bank Ltd.** CIN: L65110MH1985PLC038137  
**Registered Office:** 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051.  
www.kotak.com

Date:

To:

Head – Custody Services  
Kotak Mahindra Bank Limited  
Kotak Infiniti, 6th Floor  
Zone IV Building No. 21, Infinity Park  
Off Western Express Highway  
General A K Vaidya Marg, Malad (E)  
Mumbai - 400 097

**Sub: Address for communication for the depository and bank accounts opened with Kotak Mahindra Bank Limited.**

**Ref: Depository Account No. and Bank account No.**

4A & 4B

Signature

We draw your attention to our aforesaid depository and bank account opened in the name of \_\_\_\_\_ with Kotak Mahindra Bank Limited.

We also wish to inform you that we have entered into a Portfolio Management agreement with \_\_\_\_\_ (The Portfolio Manager) having its office at \_\_\_\_\_ to act as Portfolio Manager and the Portfolio Manager has also entered into a Custodial Services agreement with Kotak Mahindra Bank Limited having its office at Kotak Infiniti, 6th Floor, Zone IV Building No. 21, Infinity Park, Off Western Express Highway, General A K Vaidya Marg, Malad (E), Mumbai - 400 097 to act as Local Custodian in India to maintain the pool level custody account, bank account and depository account with the Local Custodian.

Pursuant to the Portfolio Management Agreement entered into between us and The Portfolio Manager I / We hereby instruct and authorize Kotak Mahindra Bank Limited to send all the reports / statements etc pertaining to the above mentioned depository and bank account directly to The Portfolio Manager acting in the capacity of our Attorney and that we would receive the complete necessary reporting from The Portfolio Manager.

I/ We request you to please carryout the instructions with immediate effect.

Thanking you,  
Yours truly,

3A & 3B

\_\_\_\_\_  
Account Holder