

**DEMAT ACCOUNT (ANNEXURE K), CUSTODY ACCOUNT AND BANK ACCOUNT OPENING FORM
(FOR NON-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				Client –ID (To be filled by Participant)			
We request you to open a depository account in our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>				Date			
A) Details of Account holder(s):							
	Name			PAN			
Sole/ First Holder							
Second Holder							
Third Holder							
B) For -, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the - Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:							
a) Name				b) PAN			
C) Securities Account Type				Cash Account Type			
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Stock Broker - Proprietary <input type="checkbox"/> HUF <input type="checkbox"/> FI <input type="checkbox"/> FII/ FPI <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Trust <input type="checkbox"/> Bank <input type="checkbox"/> CM <input type="checkbox"/> Other (Please specify) _____				<input type="checkbox"/> INR <input type="checkbox"/> USD			
D)	Name of Securities Accounts			Name of Cash Accounts		Name of Principal Contact Person	
E)	Income Details (please specify)			Details of Source of Funds			
	Income Range per annum (INR)					Net worth	
	<input type="checkbox"/> Below ` 20 Lac					Amount (INR)_	
	<input type="checkbox"/> ` 20 – 50 Lac			Details of Nature of Business		As on (date)	
	<input type="checkbox"/> ` 50 Lac – 1 crore						
	<input type="checkbox"/> Above ` 1 crore					(Net worth should not be older than 1 year)	
F)	Country & Date of Incorporation						
	Country of Tax Residence (for Regulatory / Tax Declaration purpose)						

G)	Registered Address				Mailing Address													
	Contact Details																	
	Tel (Off)						Tel (Res)											
	Fax No.						Mobile No											
	Email ID																	
H)	In case of FIIs/Others (as may be applicable)																	
	RBI Approval Reference Number																	
	RBI Approval date																	
	Registration Number (for FIIs / FPIs)																	
I)	Bank details																	
	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						
						State						Country						
	5	MICR Code																
	6	IFSC																
	Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:										<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)							
J)	Clearing Member Details (to be filled up by Clearing Members only)																	
	1	Name of Stock Exchange																
	2	Name of Clearing Corporation/ Clearing House																
	3	Clearing Member ID																
	4	SEBI Registration Number																
	5	Trade Name																
	6	CM-BP-ID (to be filled up by Participant)																
K)	Standing Instructions																	
	1	We authorize you to receive credits automatically into 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	
4	SMS Alert facility: [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 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 3 and ensure that email ID is provided in KYC Application Form].			
L) Preference for receiving standard documents*						
<input type="checkbox"/> Physical <input type="checkbox"/> Electronic (*Standard documents includes Rights & Obligations of Beneficial Owner and Depository Participant). Kindly visit our website www.kotak.com						
M) List of Coparceners/ Family members (Separate Annexure may be provided in case number of members is higher)						
Sr. No	Name of Coparcener/ Member	Gender	Date of Birth	Relation with Karta	Whether Coparcener/ Member (please specify)	Signature

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and 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, we are aware that we may be held liable for it. 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 us / our Portfolio Management Service Provider and the same is agreeable to us.

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF, detail of Karta to be given)

Sole/First Holder	Name	Signature(s)
First Signatory/ Karta of HUF		X
Second Signatory		X
Third Signatory		X
<u>Other Holders</u>		
Second Holder		X
Third Holder		X

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)

<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

Notes:

- In case of additional signatures, separate annexures should be attached to the application form.
- Thumb impressions and 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.
- 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.
- 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
- Strike off whichever is not applicable.

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Acknowledgement

Participant Name, Address & DP ID

Received the application from M/s _____ 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 (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Participant Stamp & Signature

To,

Custody Services,

Kotak Mahindra Bank,

Mumbai

Sub: Clarification on Date of Birth

Dear Sir,

I Mr. / Mrs. / Ms. _____, have submitted documents for opening custody account with your bank . There is a mismatch in DOB in the documents provided for account opening.

I request you consider DOB as per _____, i.e. __/____/____, duly filled in by me and accept the documents furnished by me in support thereof.

(Signature)

(Full Name)

**** kindly sign only if there is a mismatch in DOB of the applicant with the proofs provided**

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

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

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:

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"/>		
Others (any document notified by the Central Government)		
Document Name:		
Number: <input type="text"/>		
Simplified Document No <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		
Simplified Document No <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		

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 _____.

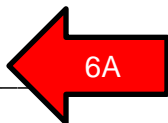
I say that I desire to open a savings / current account with you under the name and style
of _____, although the documents submitted by me are
bearing my name as _____.

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 _____.

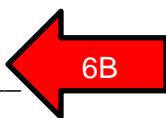
I say that I desire to open a savings / current account with you under the name and style
of _____, although the documents submitted by me are
bearing my name as _____.

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

PLEASE FILL THE FORM IN BLOCK LETTERS AND BLACK INK

Preferred Home Branch

Employee Code

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"/> Demand Draft <input type="checkbox"/> Kotak World Multi Currency Travel Card
	<input type="checkbox"/> Deposits	<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)

*CKYCR	<input type="checkbox"/> New	<input type="checkbox"/> Existing – No Change	<input type="checkbox"/> Existing – Update Change	Update CKYCR Change	<input type="checkbox"/> Local	<input type="checkbox"/> Global
	C-KYCR No			Local change will not be updated in Central KYC Repository (CKYCR) and will only be applicable to Kotak Mahindra Bank Limited		

*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 DD MM YY ☐ 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"/>	
If your answer to any of the above questions is a 'YES', please fill Part B			

Part B		
Address for Tax Residence (include City, State, Country and Pin code)		
Country of Birth	Place within the Country of Birth	
(In case Country of Birth is USA, however Nationality and Country of Tax Residency is other than USA, please provide documentary evidence)		
Source of Wealth	Nationality	
Please list below the details, confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers.		
Country of Tax residency	Tax identification Number *	Tax identification Document (TIN or functional equivalent)
*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:		

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"/>		
Others (any document notified by the Central Government)		
Document Name:		
Number: <input type="text"/>		
Simplified Document No <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		
Simplified Document No <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