



ITUS CAPITAL  
DEMAT AND CUSTODY ACCOUNT OPENING  
FORM

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## INDIVIDUAL RESIDENT ACCOUNT OPENING FORM

### Instructions to be followed by IPV person:


1. Check Number of holders in the account
2. Take Signatures of the client in spaces provided on the form by all the holders
  - A – First Holder
  - B – Second Holder
3. Check KYC documents of each client ( Self attested Pan , Address photo and 2 photographs)
4. Check if Name declaration and DOB mismatch letter is required
5. Profile details in page - **3** to be taken from client at client visit only / inform PMS and Tejaswi if details were not provided by client
6. **IPV person to sign in below docs**
  - CKYC form ( 2 signatures at bank use section in second page)
  - KYC form ( on 2<sup>nd</sup> page)
  - OSV to be done on all pages
7. Handover / Courier documents to below address:  
Tejaswi Jandhyala, Kotak Mahindra Bank , **27BKC, 2nd Floor, Plot No. C - 27, G Block, Mumbai - 400051**  
(D) +91 022-**61661171** (M) +91 8291989064 | (E)  
[Tejaswi.Jandhyala@kotak.com](mailto:Tejaswi.Jandhyala@kotak.com)

## Instructions for opening Resident Individual Account

### Documents to sign in this form:

1. Individual Demat Account Opening form( Annexure J part II)
2. Power of Attorney
3. Know your Client ( Annexure J Part I)
4. Letter of Communication
5. FATCA
6. CKYC
7. Name Declaration
8. Form DA1( Nomination form )

### Instructions:

1. Please sign where the  icon is marked
2. Please fill Customer profile Sheet in page No **3**

### KYC documents required

1. Self-attested Pan copy
2. Self-attested Address proof ( if address mentioned in Aadhaar is different from your current address
3. Self-attested Aadhaar copy
4. 2 photographs



| <b>Details to be taken by IPV person from client</b> |          |          |
|--|----------|----------|
|  | Holder 1 | Holder 2 |
| <b>Name</b>  |          |          |
| Service / Business                                   |          |          |
| Nature of business / activity                        |          |          |
| Time period of activity                              |          |          |
| Gross annual income                                  |          |          |
| Net worth  |          |          |
| Proposed Quantum Investment                          |          |          |
| Mothers maiden name                                  |          |          |
| Contact Number of client                             |          |          |
| Email id of client                                   |          |          |
| 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)

SIGN  
HERE

SIGN  
HERE



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

|  |   |   |  |   |  |   |             |   |  |   |   |   |   |   |   |  |
|--|---|---|--|---|--|---|-------------|---|--|---|---|---|---|---|---|--|
| Participant Name: Kotak Mahindra Bank Limited<br>(DP ID: IN303173)<br>Address: Kotak Infiniti, Building No. 21, Infinity Park, General A K<br>Vaidya Marg, Malad (E), Mumbai - 400 097 |   |   |  |   | <b>Client -ID</b><br>(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>  |   |  |   |  |   |             |   |  |   |   |   |   |   |   |  |
|  | Account holder(s)   | Sole/ First Holder                          |  |   |  | Second Holder                               |             |   |  | Third Holder                                |   |   |   |   |   |  |
|  | Name  |   |  |   |  |   |             |   |  |   |   |   |   |   |   |  |
|  | PAN   |   |  |   |  |   |             |   |  |   |   |   |   |   |   |  |
|  | Occupation (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; _____) |   |   |   |  |
|  | Brief details:  |   |  |   |  |   |             |   |  |   |   |   |   |   |   |  |
| <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:   |   |  |   |  |   |             |   |  |   |   |   |   |   |   |  |
|  | a) Name   |   |  |   |  |   |             |   |  |   |   |   |   |   |   |  |
|  | b) PAN  |   |  |   |  |   |             |   |  |   |   |   |   |   |   |  |
| <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<br><input type="checkbox"/> FPI<br><input type="checkbox"/> NRI- Repatriable<br><input type="checkbox"/> NRI- Non Repatriable<br><input type="checkbox"/> Margin<br><input type="checkbox"/> Foreign National<br><input type="checkbox"/> Promoter<br><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) _____  |
|    | <input type="checkbox"/> 1-5 lac   |  | As on (date) _____  |
|    | <input type="checkbox"/> 5-10 lac  |  | (Net worth should not be older than 1 year)                 |
|    | <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 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   |   |
| 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 authorise you to receive credits automatically into my/our account.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|    | 2  | Account to be operated through Power of Attorney (PoA)   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

|    |   |  |  |                          |                          |
|----|---|--|--|--------------------------|--------------------------|
|    | 3 | Account to be operated through Demat Debit and Pledge Instruction (DDPI)   | <input type="checkbox"/> Yes<br><input 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] |  |                          |                          |
|    |   | <b>Sr. No.</b>   | <b>Holder</b>  | <b>Yes</b>               | <b>No</b>                |
|    |   | 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<br><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   |                          |                          |

**N) Preference for receiving standard documents\***
 Physical  Electronic

(\*Standard documents includes Rights & Obligations of Beneficial Owner and Depository Participant). Kindly visit our website [www.kotak.com](http://www.kotak.com) for further information

**O) Mode of Operations for Joint Accounts**
 Jointly  Anyone of the holder or survivor (s)

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

**P) Guardian Details (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)]

Guardian Name

PAN

Relationship of guardian with minor

**Q) Nomination Option**

I/We wish to make a nomination

**Nomination Details**

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<br>[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)<br>City / Place: State & Country:  |  | City-<br>State –<br>Country- | City-<br>State –<br>Country- | City-<br>State –<br>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] #<br><br><input type="checkbox"/> Photograph & Signature<br><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)<br>City / Place: State & Country:   |  | City-<br>State –<br>Country- | City-<br>State –<br>Country- | City-<br>State –<br>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] #<br><br><input type="checkbox"/> Photograph & Signature<br><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)

**I/ We wish to opt out of a nomination**

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 |  |  |  |           |  |  |  |
|-------------------|--|--------------------------------------|--|--|--|-----------|--|--|--|
|                   |  | Name of the Account Holder/s         |  |  |  | Signature |  |  |  |
| 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:<br>(Family includes spouse, dependent children and dependent parents). | <input type="checkbox"/> Me<br>My family<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent Children<br><input type="checkbox"/> Dependent Parents | <input type="checkbox"/> Me<br>My family<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent Children<br><input type="checkbox"/> Dependent Parents | <input type="checkbox"/> Me<br>My family<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent Children<br><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)<br>(Mr./Ms.) | X                      |
| Second Holder<br>(Mr./Ms.)   | X                      |
| Third Holder<br>(Mr./Ms.)  | X                      |

 SIGN  
HERE

 SIGN  
HERE

**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.**

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.
8. 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.
9. 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
10. 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

=====

**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 |
|---|---|---|---|---|---|---|---|

**Participant Stamp & Signature**

**Annexure**

To,  
**Kotak Mahindra Bank Limited,**  
 27 BKC, C 27, G Block, Bandra Kurla Complex,  
 Bandra (E), Mumbai - 400051  
 India

Dear Sirs,

This is further to the power of attorney dated \_\_\_\_\_ (“Power of Attorney”) granted by us in favour of Kotak Mahindra Bank Limited. This is to inform Kotak Mahindra Bank Limited that \_\_\_\_\_, (hereinafter referred to as “end client”) an entity incorporated under the laws of \_\_\_\_\_ / a resident of \_\_\_\_\_ and having its registered office / place of business at \_\_\_\_\_ / having the residence address at \_\_\_\_\_,

\_\_\_\_\_ is our new client and we are authorised to act as portfolio manager for the investments made through accounts (custody/bank/cash/demat) opened directly with Kotak Mahindra Bank Limited by the end-client.

**For and on behalf of \_\_\_\_\_ (Name of PMS provider).**

|                  |           |       |
|------------------|-----------|-------|
| Signed by: _____ | _____     | _____ |
| Name             | Signature | Date  |

|                  |           |       |
|------------------|-----------|-------|
| Signed by: _____ | _____     | _____ |
| Name             | Signature | Date  |

In the presence of:

|                  |           |       |
|------------------|-----------|-------|
| Signed by: _____ | _____     | _____ |
| Name             | Signature | Date  |



## Letter

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

Date:

**Subject:** Confirmation to Kotak Mahindra Bank Limited ("**Bank**" or "**you**") to rely on the instructions of the Portfolio Manager for operating custody account, cash account, bank account, depository account and any other account maintained with the Bank.

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 Itus Capital Advisors Private Limited ("**Portfolio Manager**") having its registered office at II Floor, No 40, II Main Road, R.A. Puram, Chennai - 600028 to act as a 'Portfolio Manager'. We have been informed by the Portfolio Manager that it has entered into or intends to enter into custody agreement with the Bank to manage the assets of its clients from time to time. We are also a Client of the Portfolio Manager. In order to facilitate seamless provision of services by the Portfolio Manager and at its request including having satisfied ourselves, any or all of our custody account, cash account, bank account, depository account and any other account ("our accounts") has been opened/shall be opened and maintained with you. In accordance with our authorizations to the Portfolio Manager, our accounts may be operated by you at the instructions/directions of the Portfolio Manager.

I/We have issued also a Power of Attorney ("our Power of Attorney) 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) and issue such powers/authorities to such third party entity in that regard (including doing or authorizing acts, giving instructions and powers to the Bank), as the Portfolio Manager deems fit.

I/We hereby request you to rely on and act upon the instructions provided by the Portfolio Manager for operations of our accounts opened with the Bank. 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 shall be entitled to act on instructions of the Portfolio Manager without in any way constrained by the powers granted by us under our Power of Attorney to the Portfolio Manager or to conduct a review of such our Power of Attorney.

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 said Power of Attorney granted by me/us, I/we shall immediately intimate you in writing. You are entitled to assume the continued existence of power and authorities vested in the Portfolio Manager (in terms hereof) to instruct you and/or the authorities provided to you under power of attorney of the Portfolio Manager to you, until you receive an account closure request in writing along with the request of revocation of our Power of Attorney (to Portfolio Manager) 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. I/We agree 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, breach of confidentiality and failure of communications/systems) 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.

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Client Name:  
Client Signature:  
Place:  
Date:

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**Annexure – J**  
**PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)**

| <b>Kotak Mahindra Bank Limited</b>  |   |  |   |   |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
|---|---|--|---|---|------------------|--|-------------|--|---|--|---|---|---|---------------------------|---|---|---|---|---|--|--|--|--|--|
| Kotak Infiniti, Building No. 21, Infinity Park, General A K Vaidya Marg, Malad (E), Mumbai - 400 097  |   |  |   |   |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| Please fill this form in ENGLISH and in BLOCK LETTERS   |   |  |   |   |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| <b>A. IDENTITY DETAILS</b>  |   |  |   |   |                  |  |             |  |   | Photograph<br>Please affix your recent passport size photograph<br><div style="border: 1px solid black; padding: 2px; font-size: x-small;">Signature Across photograph (3A)</div>  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| 1   | Name of the Applicant   |  |   |   |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| 2   | Father's / Husband's Name   |  |   |   |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| 3   | a) Gender   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female                             | b) Marital status                               | <input type="checkbox"/> Single<br><input type="checkbox"/> Married                             | c) Date of Birth | D  | D           | M  | M | Y  | Y | Y | Y |                           |   |   |   |   |   |  |  |  |  |  |
| 4   | a) Nationality  | <input type="checkbox"/> Indian<br><input type="checkbox"/> Other<br>(Please specify, _____) |   |   | a) Status        | <input type="checkbox"/> Resident Individual<br><input type="checkbox"/> Non Resident<br><input type="checkbox"/> Foreign National |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| 5   | a) PAN  |  |   |   |                  |  |             |  |   |  |   |   |   | b) Aadhaar Number, if any |   |   |   |   |   |  |  |  |  |  |
| 6   | Specify the proof of identity submitted   |  |   | <input type="checkbox"/> PAN card<br><input type="checkbox"/> Any other (Please specify; _____) |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| <b>B. ADDRESS DETAILS</b>   |   |  |   |   |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| 1   | Residence / Correspondence Address  |  | <input type="checkbox"/> Correspondence Address |   |                  |  |             | <input type="checkbox"/> Residence Address |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
|   |   |  | _____<br>_____<br>_____                         |   |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
|   |   |  | City/town/village                               |   |                  |  | PIN Code    |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
|   |   |  | State   |   |                  |  | Country     |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| 2   | Specify the proof of address submitted for Residence / correspondence address                                 |  |   |   |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| 3   | Contact Details   |  | Tel. (Off.)                                     |   |                  |  | Tel. (Res.) |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
|   |   |  | Fax No.   |   |                  |  | Mobile No.  |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
|   |   |  | Email ID  |   |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| 4   | Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address) |  | _____<br>_____<br>_____                         |   |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
|   |   |  | City/town/village                               |   |                  |  | PIN Code    |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
|   |   |  | State   |   |                  |  | Country     |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
|   |   |  |   |   |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| <b>C. DECLARATION</b>   |   |  |   |   |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it. |   |  |   |   |                  |  |             |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |
| <div style="border: 2px solid red; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">4A</div> Signature of the Applicant _____   |   |  |   |   |                  |  |             |  |   | Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; font-size: x-small;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> |   | D | D | M                         | M | Y | Y | Y | Y |  |  |  |  |  |
| D   | D   | M  | M   | Y   | Y                | Y  | Y           |  |   |  |   |   |   |                           |   |   |   |   |   |  |  |  |  |  |

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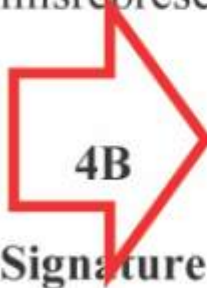
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| FOR OFFICE USE ONLY                                |  |                              |  |   |   |   |                                |   |   |   |   |
|--|--|------------------------------|--|---|---|---|--------------------------------|---|---|---|---|
| Sr. No.  | Particulars  |                              |  |   |   |   |                                |   |   |   |   |
| 1  | <input type="checkbox"/> Originals verified and Self-Attested Document copies received |                              |  |   |   |   |                                |   |   |   |   |
| 2  | In-Person-Verification (IPV) details:  |                              |  |   |   |   |                                |   |   |   |   |
|  | a)   | Name of the person doing IPV |  |   |   |   |                                |   |   |   |   |
|  | b)   | Designation                  |  |   |   |   |                                |   |   |   |   |
|  | c)   | Name of Organization         |  |   |   |   |                                |   |   |   |   |
|  | d)   | Signature                    |  |   |   |   |                                |   |   |   |   |
| e)   | Date   |                              |  | D | D | M | M                              | Y | Y | Y | Y |
| Name & Signature of the Authorised Signatory _____ |  |                              |  |   |   |   | Seal/Stamp of the intermediary |   |   |   |   |
| Date   |  |                              |  | D | D | M |                                |   |   |   | M |



**Annexure – J**  
**PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)**

| <b>Kotak Mahindra Bank Limited</b>  |   |  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
|---|---|--|---------------------------------|---|---------------------------------|--|--|--|---|------------|---|---|---|---|---|---|---|---|---|
| Kotak Infiniti, Building No. 21, Infinity Park, General A K Vaidya Marg, Malad (E), Mumbai - 400 097  |   |  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
| Please fill this form in ENGLISH and in BLOCK LETTERS   |   |  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
| <b>A. IDENTITY DETAILS</b>  |   |  |                                 |   |                                 |  |  |  |   | Photograph |   |   |   |   |   |   |   |   |   |
| 1   | Name of the Applicant   |  |                                 |   |                                 |  |  |  |   |            |   |   | Please affix your recent passport size photograph<br><br>Signature Across photograph (3A) |   |   |   |   |   |   |
| 2   | Father's / Husband's Name   |  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
| 3   | a) Gender   | <input type="checkbox"/> Male  | <input type="checkbox"/> Female | b) Marital status   | <input type="checkbox"/> Single | <input type="checkbox"/> Married   | c) Date of Birth   | D  | D | M          | M | Y | Y   | Y | Y |   |   |   |   |
| 4   | a) Nationality  | <input type="checkbox"/> Indian<br><input type="checkbox"/> Other<br>(Please specify, _____) |                                 |   | a) Status                       | <input type="checkbox"/> Resident Individual<br><input type="checkbox"/> Non Resident<br><input type="checkbox"/> Foreign National |  |  |   |            |   |   |   |   |   |   |   |   |   |
| 5   | a) PAN  |  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
|   |   | b) Aadhaar Number, if any  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
| 6   | Specify the proof of identity submitted   |  |                                 | <input type="checkbox"/> PAN card<br><input type="checkbox"/> Any other (Please specify; _____) |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
| <b>B. ADDRESS DETAILS</b>   |   |  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
| 1   | Residence / Correspondence Address  |  |                                 | <input type="checkbox"/> Correspondence Address   |                                 |  |  | <input type="checkbox"/> Residence Address |   |            |   |   |   |   |   |   |   |   |   |
|   |   |  |                                 | _____   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
|   |   |  |                                 | _____   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
|   |   |  |                                 | _____   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
|   | City/town/village   |  |                                 | PIN Code  |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
|   | State   |  |                                 | Country   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
| 2   | Specify the proof of address submitted for Residence / correspondence address                                 |  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
| 3   | Contact Details   |  |                                 | Tel. (Off.)   |                                 |  |  | Tel. (Res.)                                |   |            |   |   |   |   |   |   |   |   |   |
|   |   |  |                                 | Fax No.   |                                 |  |  | Mobile No.                                 |   |            |   |   |   |   |   |   |   |   |   |
|   |   |  |                                 | Email ID  |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
| 4   | Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address) |  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
|   | _____   |  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
|   | _____   |  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
|   | _____   |  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
|   | City/town/village   |  |                                 | PIN Code  |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
|   | State   |  |                                 | Country   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
| <b>C. DECLARATION</b>   |   |  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it. |   |  |                                 |   |                                 |  |  |  |   |            |   |   |   |   |   |   |   |   |   |
| <br>Signature of the Applicant _____   |   |  |                                 |   |                                 |  | Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> |  |   |            |   | D | D   | M | M | Y | Y | Y | Y |
| D   | D   | M  | M                               | Y   | Y                               | Y  | Y  |  |   |            |   |   |   |   |   |   |   |   |   |

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| FOR OFFICE USE ONLY   |  |                              |   |   |   |   |                                       |   |   |
|---|--|------------------------------|---|---|---|---|---------------------------------------|---|---|
| Sr. No.   | Particulars  |                              |   |   |   |   |                                       |   |   |
| 1   | <input type="checkbox"/> Originals verified and Self-Attested Document copies received |                              |   |   |   |   |                                       |   |   |
| 2   | In-Person-Verification (IPV) details:  |                              |   |   |   |   |                                       |   |   |
|   | a)   | Name of the person doing IPV |   |   |   |   |                                       |   |   |
|   | b)   | Designation                  |   |   |   |   |                                       |   |   |
|   | c)   | Name of Organization         |   |   |   |   |                                       |   |   |
|   | d)   | Signature                    |   |   |   |   |                                       |   |   |
| e)  | Date   | D                            | D | M | M | Y | Y                                     | Y | Y |
| <b>Name &amp; Signature of the Authorised Signatory</b> _____ |  |                              |   |   |   |   | <b>Seal/Stamp of the intermediary</b> |   |   |
| <b>Date</b>   |  | D                            | D | M | M | Y |                                       |   |   |



**On letterhead of client**

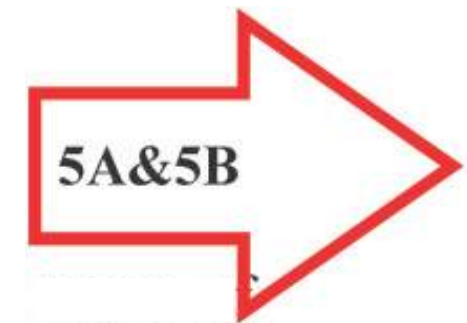
Date:

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: Instruction for communication in relation to fund accounting services provided by Kotak Mahindra Bank Limited.**

**Ref: PAN Card No. \_\_\_\_\_.**

I/We, the undersigned have entered into a portfolio management agreement with Itus Capital Advisors Private Limited (“the Portfolio Manager”) having its office at II Floor, No 40, II Main Road, R.A.Puram, Chennai - 600028 to act as the portfolio manager and the Portfolio Manager has entered into a custody agreement with Kotak Mahindra Bank Limited for availing custody services (for the benefit of the Portfolio Manager and its clients). The Portfolio Manager has further entered into a fund accounting agreement with Kotak Mahindra Bank Limited to procure fund accounting services (for the benefit of the Portfolio Manager and its clients).



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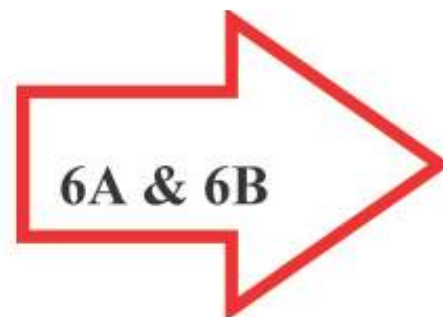
Pursuant to the portfolio management agreement entered into between us and the Portfolio Manager and the power of attorney granted by us in favour of the Portfolio Manager, I / We hereby instruct and authorize Kotak Mahindra Bank Limited to provide the distributor (whose names and details will be provided to Kotak Mahindra Bank Limited by the Portfolio Manager from time to time), at the request of the Portfolio Manager, an online direct access to view our data and performance reports (including holding statement, bank statement, trial balance, transaction statement etc.) generated in relation to the fund accounting services availed by the Portfolio Manager for our benefit. We are aware of the risks associated with such online access to our data and reports being provided to the distributors and having knowledge of the same, we hereby assume and bear all the risks and consequences associated there to and Kotak Mahindra Bank Limited shall not under any circumstances whatsoever (whether mentioned herein or not), be held liable in this regard.

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

Thanking you,  
Yours truly,

SIGN  
HERE



SIGN  
HERE

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

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**FATCA / CRS DECLARATION FOR INDIVIDUAL ACCOUNTS (Including Sole Proprietor)**

Note – The information in this section is being collected because of enhancements to Kotak Mahindra Bank's new account on-boarding procedures in order to comply with Foreign Account Tax Compliance Act (FATCA) requirements pursuant to amendments made to Income-tax Act, 1961 read with Income-tax Rules, 1962.

For more information refer:

[http://www.incometaxindia.gov.in/dtaa/other%20agreements/india\\_iga\\_final-india\\_english.pdf](http://www.incometaxindia.gov.in/dtaa/other%20agreements/india_iga_final-india_english.pdf)

<http://www.oecd.org/ctp/exchange-of-tax-information/automatic-exchange-financial-account-information-common-reporting-standard.pdf>

(We are unable to provide advice about your tax residency. If you have any questions about your tax residency, please contact your tax advisor)

Office / Bank use only  
OPTY ID / SR Number : \_\_\_\_\_

**Part A (All fields are mandatory)**
**Section I**

|           |  | Details of Account Holder   |                          |
|-----------|--|---|--------------------------|
| <b>1.</b> | <b>Customer Relationship Number (CRN) [if any]</b>                                 |   |                          |
| <b>2.</b> | <b>Name of Account Holder</b>  |   |                          |
| <b>3.</b> | <b>Address for Tax Residence (include City, State, Country and Pin code)</b>       |   |                          |
| <b>4.</b> | <b>Address Type (Tick whichever applicable)</b>                                    | (a) Residential <input type="checkbox"/> (b) Business <input type="checkbox"/> (c) Registered Office <input type="checkbox"/> |                          |
| <b>5.</b> | <b>Do you satisfy any of the criteria mentioned below?</b>                         | Yes   | No                       |
|           | a. Citizen of any country other than India (dual / multiple) [including Greencard] | <input type="checkbox"/>  | <input type="checkbox"/> |
|           | b. Country of birth is any country other than India                                | <input type="checkbox"/>  | <input type="checkbox"/> |
|           | c. Tax resident of ANY country / ies other than India                              | <input type="checkbox"/>  | <input type="checkbox"/> |
|           | d. POA or a mandate holder who has an address outside India                        | <input type="checkbox"/>  | <input type="checkbox"/> |
|           | e. 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 Section II of the form, else go to declaration & acknowledgment

**Section II - Other information (Please fill in BLOCK LETTERS)**

Father's name \_\_\_\_\_ (If PAN not available, then mandatory)

Country of Birth \_\_\_\_\_ Place within the Country of Birth \_\_\_\_\_

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 no <sup>5</sup> | Tax identification document (TIN or functional equivalent) |
|--------------------------|------------------------------------|--|
|                          |                                    |  |
|                          |                                    |  |
|                          |                                    |  |

<sup>5</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:

\_\_\_\_\_

\_\_\_\_\_



**Declaration & Acknowledgement**

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.

Customer Signature



Date

SIGN  
HERE

**Bank Use Section:**

Signature Verified by

Sign & Emp Code

Receiver's Stamp

Documents sent to CPC/RPC on

DDMMYYYY

Authorized by



**FATCA / CRS DECLARATION FOR INDIVIDUAL ACCOUNTS (Including Sole Proprietor)**

Note – The information in this section is being collected because of enhancements to Kotak Mahindra Bank's new account on-boarding procedures in order to comply with Foreign Account Tax Compliance Act (FATCA) requirements pursuant to amendments made to Income-tax Act, 1961 read with Income-tax Rules, 1962.

For more information refer:

[http://www.incometaxindia.gov.in/dtaa/other%20agreements/india\\_iga\\_final-india\\_english.pdf](http://www.incometaxindia.gov.in/dtaa/other%20agreements/india_iga_final-india_english.pdf)

<http://www.oecd.org/ctp/exchange-of-tax-information/automatic-exchange-financial-account-information-common-reporting-standard.pdf>

(We are unable to provide advice about your tax residency. If you have any questions about your tax residency, please contact your tax advisor)

Office / Bank use only

OPTY ID / SR Number : \_\_\_\_\_

**Part A (All fields are mandatory)**
**Section I**

|           |  | Details of Account Holder   |                          |
|-----------|--|---|--------------------------|
| <b>1.</b> | <b>Customer Relationship Number (CRN) [if any]</b>                                 |   |                          |
| <b>2.</b> | <b>Name of Account Holder</b>  |   |                          |
| <b>3.</b> | <b>Address for Tax Residence (include City, State, Country and Pin code)</b>       |   |                          |
| <b>4.</b> | <b>Address Type (Tick whichever applicable)</b>                                    | (a) Residential <input type="checkbox"/> (b) Business <input type="checkbox"/> (c) Registered Office <input type="checkbox"/> |                          |
| <b>5.</b> | <b>Do you satisfy any of the criteria mentioned below?</b>                         | Yes   | No                       |
|           | a. Citizen of any country other than India (dual / multiple) [including Greencard] | <input type="checkbox"/>  | <input type="checkbox"/> |
|           | b. Country of birth is any country other than India                                | <input type="checkbox"/>  | <input type="checkbox"/> |
|           | c. Tax resident of ANY country / ies other than India                              | <input type="checkbox"/>  | <input type="checkbox"/> |
|           | d. POA or a mandate holder who has an address outside India                        | <input type="checkbox"/>  | <input type="checkbox"/> |
|           | e. 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 Section II of the form, else go to declaration & acknowledgment

**Section II - Other information (Please fill in BLOCK LETTERS)**

Father's name \_\_\_\_\_ (If PAN not available, then mandatory)

Country of Birth \_\_\_\_\_ Place within the Country of Birth \_\_\_\_\_

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 no <sup>5</sup> | Tax identification document (TIN or functional equivalent) |
|--------------------------|------------------------------------|--|
|                          |                                    |  |
|                          |                                    |  |
|                          |                                    |  |

<sup>5</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:

\_\_\_\_\_

\_\_\_\_\_



**Declaration & Acknowledgement**

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.

Customer Signature



Date

SIGN  
HERE

**Bank Use Section:**

Signature Verified by

Sign & Emp Code

Receiver's Stamp

Documents sent to CPC/RPC on

DDMMYYYY

Authorized by



**Intentionally left Blank**



PLEASE FILL THE FORM IN BLOCK LETTERS AND BLACK INK

**Preferred Home Branch** \_\_\_\_\_ **Employee Code** (applicable only for Kotak Bank Staff) **OPTY ID** \_\_\_\_\_

|                |  |  |   |
|----------------|--|--|---|
| <b>Purpose</b> | <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**  New  Existing – No Change  Existing – Update Change **Update CKYCR Change**  Local  Global  
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 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 <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</b> <sup>1</sup> | <b>Tax identification Document</b><br><small>(TIN or functional equivalent)</small> |
|  |   |   |
| <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                   | OR | Alert Type   | SMS                      | E-mail                   |
|---|--------------------------|--------------------------|----|--|--------------------------|--------------------------|
| a) Daily Balance + Transaction and Value Added Alerts | <input type="checkbox"/> | <input type="checkbox"/> |    | b) Weekly Balance + Transaction and Value Added Alerts | <input type="checkbox"/> | <input type="checkbox"/> |

**CHANNEL ACCESS REQUEST**

|                          |                          |                          |   |   |
|--------------------------|--------------------------|--------------------------|---|---|
| Phone Banking            | Net Banking              | Debit Card #             | Special Debit Card Type   | For CPC Use   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes, I wish to personalize my Debit card with an image | Image Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>(To be filled by Branch, if applied for Image Card) |

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's 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

8A

(Please sign in Black ink only)

SIGN  
ACROSS  
PHOTO IN  
8A BOX

**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 (any document notified by the Central Government)</b>   |          |               |
| Document Name:  |          |               |
| Number:   |          |               |
| <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         |          |               |

**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"/>   |
| <b>Approved By</b>  |  |
| 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                                  |   |                              |

**DOCUMENTS COLLECTED**

EMP\_CERT  Form 60  CPV  BC  PASSBOOK  
 MARRIAGE  SPBS  OTHERS



PLEASE FILL THE FORM IN BLOCK LETTERS AND BLACK INK

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

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

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

|                |  |  |   |
|----------------|--|--|---|
| <b>Purpose</b> | <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  New  Existing – No Change  Existing – Update Change  
 C-KYCR No \_\_\_\_\_ Update CKYCR Change  Local  Global  
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 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 Categorised

**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 <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>  |  |  |
| Country of Tax residency   | Tax identification Number <sup>1</sup> | Tax identification Document (TIN or functional equivalent) |
|  |  |  |
| <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

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

|   |   |
|---|---|
| Special Debit Card Type   | For CPC Use   |
| <input type="checkbox"/> Yes, I wish to personalize my Debit card with an image | Image Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>(To be filled by Branch, if applied for Image Card) |

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's 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

8B

(Please sign in Black ink only)

SIGN  
ACROSS  
PHOTO IN  
8A BOX

**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 (any document notified by the Central Government)</b>   |          |               |
| Document Name:  |          |               |
| Number:   |          |               |
| <b>Simplified Document No</b> <input type="text"/>  |          | <b>NA</b>     |
| <input type="checkbox"/> Identity card with applicant's photograph issued by Govt. Dept.                                      |          |               |
| <input type="checkbox"/> Letter issued by a Gazetted Officer  |          |               |
| <b>Simplified Document No</b> <input type="text"/>  |          | <b>NA</b>     |
| <input type="checkbox"/> Utility Bill   |          |               |
| <input type="checkbox"/> Property or Municipal Tax Receipt  |          |               |
| <input type="checkbox"/> Bank account statement / Passbook  |          |               |
| <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         |          |               |

**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"/>  |   |
| <b>Approved By</b>  |   |
| Sales Official <input type="text"/> Sign, Code & Designation  | Branch Official <input type="text"/> Sign, Code & Designation |
| 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

**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 |                             |                                   |



**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

SIGN  
HERE

**9A** \_\_\_\_\_  
(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

KMBL/Apr-2015/V 1.0

**DUAL SIGNATURE DECLARATION (New Account)**

To,

The Manager

Date:

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 a long 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 : L65110MH1985PLCO38137  
Registered office : 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E),  
Mumbai - 400051.

www.kotak.com  
KMBL/Apr-2015/V 1.0



**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

SIGN  
HERE

**9B**

\_\_\_\_\_  
(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

KMBL/Apr-2015/V 1.0

**DUAL SIGNATURE DECLARATION (New Account)**

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

Date:

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 a long 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 : L65110MH1985PLCO38137  
Registered office : 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E),  
Mumbai - 400051.

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**Form DA 1**

Nomination under Section 45-ZA of the Banking Regulation Act, 1949, and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposits.

I/We

\*Name(s) \_\_\_\_\_

Address(es) \_\_\_\_\_

nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by \_\_\_\_\_

(name and address of branch/office in which deposit is held)

**Deposit**

Nature of \_\_\_\_\_

Distinguishing No. \_\_\_\_\_

Additional details, if any \_\_\_\_\_

**Nominee**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship with depositor, if any \_\_\_\_\_

Age \_\_\_\_\_ If nominee is a minor, date of birth          

As the nominee is a minor on this date, I/we appoint Shri / Smt / Kum\*\*

Name \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

to receive the amount of the deposit on behalf of the nominee, in the event of my / our / minor's death during the minority of the nominee.

Nominee Name to be printed on the Statements/Advices  Yes  No

Date \_\_\_\_\_ Place \_\_\_\_\_

SIGN  
HERE**10A****10B**

Signature(s) / Thumb Impression(s)\*\*\*

First Depositor

Second Depositor

Third Depositor

SIGN  
HERE

Signature of First Witness \*\*\*\*

Signature of Second Witness \*\*\*\*

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\* Nomination facility is available for individual as well as joint deposit accounts with or without "Either or survivor" mandate.

\*\* Strike out if nominee is not a minor.

\*\*\* Where deposit is made in the name of a minor, the variation of nomination should be signed by a person lawfully entitled to act on behalf of the minor.

\*\*\*\* Attestation by two witness is required only for Thumb Impression(s). Signatures need not be witnessed.

**Acknowledgement Slip**

We acknowledge the receipt of 'Nomination' Form DA1 from Mr/Mrs/Ms \_\_\_\_\_

\_\_\_\_\_ relating to Account No       

Date \_\_\_\_\_

For **Kotak Mahindra Bank**

Kotak Mahindra Bank Ltd. CIN: L65110MH1985PLC038137

Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051.

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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.

Subject: Aadhaar Consent Letter

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

Signature of holder with Name



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.

Subject: Aadhaar Consent Letter

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

Signature of holder with Name

