

# DEMAT AND CUSTODY ACCOUNT OPENING FORM



### **INDIVIDUAL RESIDENT ACCOUNT OPENING FORM**

### <u>Instructions to be followed by IPV person:</u>

- 1. Check Number of holders in the account
- Take Signatures of the client in spaces provided on the form by all the holders
  - A First Holder
  - B Second Holder
- 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  $\frac{3}{5}$  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

### **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 Attorny
- 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 prolie Sheet in page No 3

### **KYC documents required**

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

Details to be	taken by IPV pers	on from client
	Holder 1	Holder 2
Name		
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)

(DP ID	): IN303173)	tak Mahindra Bank ti, Building No. 21	Limited , Infinity Park, Gene	ral A K	Client (To be		l by Partici	ipant)	)					
I/We re	equest you to op (Please fill all		097 ecount in my/our nat ITAL LETTERS onl		the follow	wing	Date	D	D	M	M	Y	Y	Y Y
	Account holder(s) Name PAN	Sole/ First Holde	er	Second I	Holder				Third	. Holde	er			
	Occupation (please tick any one and give brief	Private Sector  Public Sector  Government	Agriculturist  Retired  Housewife	Public			Agriculturist Retired Housewife	[	Pu Go	ivate Seculiaries	tor		Agric Retire House	
	details)	Business Professional	Student  Others (Please specify;	Busine Profes	ess		Student Others (Ple specify;	ase	Bı	ervice usiness ofession	al		Stude Other specification	s (Please
	Brief details:					<u> </u>						1		
B)		ns, the name & PA	P), Partnership Firm N of the -, Associate				_			-	-			
	a) Name				b	) PAN	N							
C)	Securities Ac	count Type			Cash A indicate		nt Type (R ow)	Reque	est yo	u to o	pen a	ban	k acco	ount as
	FPI NRI- Re NRI- Ne Margin Foreign Promote	National				NR (Cı	urrent)							
D)	Name of Secu	urities Accounts			Name o	of Cas	h Accoun	ts						
E)	Country & D  Country of Declaration p	Tax Residence	(for Regulatory	/ Tax										
F)	Residence/ R	egistered Address	S			Maili	ing Addre	SS						



G) **Contact Details** Tel (Res) Tel (Off) Fax No. Mobile No Email ID H) **Gross Annual Income Details** Income Range per annum (please tick any one) Details of source of Net worth Funds Below 1 lac Amount (INR)\_ As on (date) \_ 1-5 lac (Net worth should not be older than 1 year) 5-10 lac 10-25 lac More than 25 lac I) In case of NRIs/ Foreign Nationals RBI Approval Reference Number RBI Approval date D D M M Y Y Y Y **Bank details** J) Current Account Bank account type Savings Account Others (Please specify) Bank Account Number 3 Bank Name Branch Address City/town/village PIN Code Country State MICR Code **IFSC** K) Please tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) **Standing Instructions** L) I/We authorise you to receive credits automatically into my/our account. Yes No Account to be operated through Power of Attorney (PoA) Yes No Account to be operated through Demat Debit and Pledge Instruction (DDPI) Yes No



	1		Yes	No
		Sole/First Holder		
	2	Second Holder		
	3	Third Holder		
	5 Mode of receiving Statement of Account [Tick	Physical Form		
	any one]	Electronic Form [Read Note 4 and ensure the	nat email ID is provided in KYC	C Application Form]
	6 For Joint accounts, communication to be sent to (See Note 7)	First holder All Joint account hold	ders	
N)	Preference for receiving standard	documents*		
	Physical	Ele	ectronic	
	(*Standard documents includes R website <u>www.kotak.com</u> for furth	ights & Obligations of Beneficial Owner and er information	Depository Participant).	Kindly visit our
O)	Mode of Operations for Joint Acco	unts		
	Jointly Anyone of	the holder or survivor (s)		
		en as anyone of the holder or survivor (s), only specified operati	ions such as transfer of securities i	ncludina Inter-
	Depository Transfer, pledge / hypothecation / r	nargin pledge / margin re-pledge (creation, closure and invocation) ies and / or specific number of securities will be permitted		
	and neeze/unneeze of account and 7 of securit	les and / or specific humber of securities will be permitted		
	Guardian Details (where sole hold	er is a minor): Application Forms must be filled i.e. one for the	guardian and another for t	he minor ( to be
	signed by guardian)]	application Forms must be fined i.e. one for the	guardian and another for t	ine minor ( to be
	Guardian Name			
	PAN			
	Relationship of guardian with			
	minor			



**Nomination Option** Q) I/We wish to make a nomination [As per details given below] **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 **Details of 1st Nominee Details of 2nd Nominee Details of 3rd Nominee** three nominees in the account. **Mandatory Details** Name of the nominee(s) (Mr./Ms.)\* **Share of** Equally % [If not equally, each please specify Nominee percentage] Any odd lot after division shall be transferred to the first nominee mentioned in the form. **Relationship With the** Applicant (If Any) Date of Birth and Name of Guardian to be provided in case of minor nominee(s) DD/MM/YYYY Name of Guardian Date of Birth **Non-Mandatory Details** Address of Nominee(s) City / Place: State & Country: PIN Code Mobile / Telephone No. of nominee(s)/ Email ID of nominee(s) Nominee(s) / Identification details – [Please tick any one of following and provide details of same] Photograph & Signature PAN Aadhaar Saving Bank account no. Proof of Identity **Demat Account ID** Sr. Nos. 9-12 should be filled only if nominee(s) is a minor: Address of Guardian (in case of Minor nominee(s)) City / Place: State & Country: PIN Code



10	Mobile / Telephone No. of Guardian (in case of Minor nominee(s))		
11	Email ID of		
	Guardian (in case of Minor nominee(s))		
12	Guardian Identification details (in case of Minor nominee(s))		
	<ul><li>– [Please tick any one of following and provide details of same]</li></ul>		
	Photograph & Signature		
	PAN Aadhaar Saving Bank account no. Proof of Identity Demat Account ID		
		Name of the Holder(s)	Signature(s) of holder*
S	ole / First Holder (Mr./Ms)		
	Second Holder (Mr./Ms)		
	Third Holder (Mr./Ms)		

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Depository Participant shall provide acknowledgement of the nomination form to the account holder(s).

<sup>\*</sup> Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature **Note:** 



### **Declaration for opting-out of nomination**

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ 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 MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

Date : DD/MM/YY		
Signature(s) of	Name of the Holder(s)	
holder*		
		Sole / First Holder (Mr./Ms)
		Second Holder (Mr./Ms)
		Third Holder (Mr./Ms)
		Third Holder (Mr./Ms)

<sup>\*</sup> Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.



#### Annexure A

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

#### **Declaration**

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

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

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

#### Notes:

- 1. All communication shall be sent at the address of the Sole/First holder only.
- 2. Thumb impressions must be attested by witness or a Magistrate or a Notary Public or a Special Executive Magistrate
- 3. 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.
- 4. The nomination and Declaration form may be signed using e-Sign facility or wet signature and in these cases, witness will not be required.
- 5. 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.
- 6. In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.



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

### 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 (<a href="https://www.kotak.com/en/privacy-policy.html">https://www.kotak.com/en/privacy-policy.html</a>) 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 & I

							Par	ticipa	nt Name, Address & DP ID
Received	the	app	olicatio	on	from a	M nd _	Ir/Ms_		as the sole/first holder along with as the second and third holders respectively for
opening of	a dep	osito	ry acc	ount.	Pleas	e qu	ote th	e DP	ID & Client ID allotted to you in all your future correspondence.
Date:	D	D	M	М	Y	Y	Y	Y	Participant Stamp & Signature



#### Annexure

To,					
Kotak Mahindra	Bank Limited,				
27 BKC, C 27, G	Block, Bandra Kurla	Complex,			
Bandra (E), Muml	bai - 400051				
India					
Dear Sirs,					
This is further	to the power of	attorney dated	("Power of A	Attorney") granted by	us in favour of Kotak
Mahindra Bank L	imited. This is to info	orm Kotak Mahindra Bank Li	nited that	, (he	ereinafter referred to as "end
client") an entity i	incorporated under th	ne laws of	/ a reside	ent of	and having
its registered offic	ce / place of business	at	/ having the	residence address at	,
For and on behal	lf of	(Name of	PMS provider).		
Signed by:					
N	Name	Signature	Date		
Signed by:					
N	Name	Signature	Date		
In the presence of	•				
Signed by:					
1	Name	Signature	Date		



#### Letter

To,	Date:
Kotak Mahindra Bank Limited	
Custody Services	
Kotak Infiniti, 2nd Floor, Zone I Infinity IT Park, Off Western Express High	
Malad (E), Mumbai 400 097	vvay
Subject: Confirmation to Kotak Mahindr	Bank Limited ("Bank" or "you") to rely on the instructions of the Portfolio Manager for operating
-	ount, 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
("Cli	ent" or "I/we" or "my"/"our") has entered into a Portfolio Management Agreement with Itus Capi

("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.





Client Name: Client Signature: Place:

Date:



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

	Kotak Infiniti, Bu			hindra B			lalad (	E), Mur	nbai	- 400	097					
	ase fill this form in ENGLISH and															
Α.	IDENTITY DETAILS												Pho	tograp	h	
1	Name of the Applicant												ease aff sport si			
2	Father's / Husband's Name										3A	$\rangle$		9197	nature A otograph	
3	a) Gender	b) Marital s	tatus	Single Marrie		c) Date of	Birtl	n D	) [	D	M N	1 Y	Y	Y	7	×
4	a) Nationality Indian Other (Please specify.	,		)	a) 5	Status		Non	Res	sider	lividua nt ional	al				
5	a) PAN	b)	Aadhaar	Number,	if any	i										
6	Specify the proof of identity subn	nitted	PAN Any o	card other (Plea	se spe	cify;									)	
В.	ADDRESS DETAILS															
1	Residence / Correspondence Address	Corresp	ondence	Address				_ Re	side	ence	Addre	ESS				
		City/town/v	illage			2	PIN	N Code								
		State					Co	untry								2
2	Specify the proof of address submorrespondence address	nitted for Res	idence /													
		Tel. (Off.)					Tel	. (Res.	)							
3	Contact Details	Fax No.					Мо	bile N	o.							
		Email ID														
4	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to															
	specify overseas address)	City/town/v	illage				PIN	N Code								
		State					Со	untry							*	
C.	DECLARATION															
info	ereby declare that the details furn form you of any changes therein, im- prepresenting, I am aware that I may	mediately. In	case any													_
	44															S
_	nature of the Applicant						Da	te		D	D M	М	Y	Y	Y S	Ý.



Sr. No. Particulars    Originals verified and Self-Attested Document copies received	In-Person-Verification (IPV) details:  a) Name of the person doing IPV  b) Designation c) Name of Organization d) Signature e) Date  Name & Signature of the Authorised Signatory  Seal/Stamp of the									F	OR OI	FFIC	E US	E O	NLY							
In-Person-Verification (IPV) details:  a) Name of the person doing IPV  b) Designation c) Name of Organization d) Signature e) Date  Name & Signature of the Authorised Signatory  Seal/Stamp of the	1	Sr. No.	Pai	rtic	ulars	i i																
a) Name of the person doing IPV b) Designation c) Name of Organization d) Signature e) Date  Name & Signature of the Authorised Signatory  Seal/Stamp of the	a) Name of the person doing IPV b) Designation c) Name of Organization d) Signature e) Date  Name & Signature of the Authorised Signatory  Seal/Stamp of the			O	igina	ıls ve	rified	and S	elf-Atte	sted Docu	ment co	pies	rece	ived								
a) Name of the person doing IPV b) Designation c) Name of Organization d) Signature e) Date  Name & Signature of the Authorised Signatory  Seal/Stamp of the	a) Name of the person doing IPV b) Designation c) Name of Organization d) Signature e) Date  Name & Signature of the Authorised Signatory  Seal/Stamp of the		In-P	ers	on-V	erific	ation	(IPV)	details:													
2 b) Designation c) Name of Organization d) Signature e) Date  Name & Signature of the Authorised Signatory  Seal/Stamp of the	b) Designation c) Name of Organization d) Signature e) Date  Name & Signature of the Authorised Signatory  Seal/Stamp of the	1						2. 2.9														
c) Name of Organization d) Signature e) Date  Name & Signature of the Authorised Signatory  Date  Seal/Stamp of the	c) Name of Organization d) Signature e) Date  Name & Signature of the Authorised Signatory  Seal/Stamp of the	2							8													
d) Signature e) Date  Name & Signature of the Authorised Signatory  Seal/Stamp of the	d) Signature e) Date  Name & Signature of the Authorised Signatory  Seal/Stamp of the	-	-	N	ame	of Org	ganiza	ation														
Name & Signature of the Authorised Signatory  Date  Seal/Stamp of the	Name & Signature of the Authorised Signatory  Seal/Stamp of the		d)																		24.0	
Authorised Signatory  Date  Seal/Stamp of the	Authorised Signatory  Seal/Stamp of the		e)												D	D		M	M	Y	Y.	Y
Date D M M Y Y Y Y Scanstally of the intermediary	Date D M M Y Y Y Y Scarstanp of the intermediary	Author	& Sig	nat Sigi	are o	f the y																
		Date													T	Ī		T	-	Seal	/Stam	n of the
											D	D.	M	M	Y.	Y	Y	¥		Seal in	/Stam terme	p of the diary



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

7,80	Kotak Infiniti, Bui ase fill this form in ENGLISH and		S	ildya Maig, Maiac	i (E), Mumo	u1 - 40					
A.	IDENTITY DETAILS								Pho	tograph	
1	None of the Auglioset								ease aff	ix your r	ecent
	Name of the Applicant							pas	sport si	10000000	ature Acr
2	Father's / Husband's Name						3В			phot	ograph (
3	a) Gender	b) Marital status	Single Married	c) Date of Bir	rth D	D	M N	1 Y	Y	Y	Y
1	a) Nationality Indian Other (Please specify,	,	) a)	Status E	☐ Reside ☐ Non R ☐ Foreig	teside		al			72
5	a) PAN	b) Aadhaa	r Number, if any	/							
5	Specify the proof of identity subn	nittod	Veard other (Please sp	ecify;							_)
В.	ADDRESS DETAILS										
1	Residence / Correspondence Address										
		City/town/village		P	IN Code						
		State		C	ountry						
2	Specify the proof of address subn correspondence address	nitted for Residence	/								
		Tel. (Off.)		Т	el. (Res.)						
3	Contact Details	Fax No.		N	Iobile No.						
		Email ID									
ı	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to										
	specify overseas address)	City/town/village		P	IN Code						
		State		C	ountry					4.0	**
	DECLARATION										
Z.											
h	ereby declare that the details furn orm you of any changes therein, im- srepresenting, I am aware that I may	nmediately. In case an	ny of the above i		/						
h	orm you of any changes therein, im	nmediately. In case an	ny of the above i		/						

Seal/Stamp of the

intermediary



**Authorised Signatory** 

Date

FOR OFFICE USE ONLY Sr. **Particulars** No. Originals verified and Self-Attested Document copies received 1 In-Person-Verification (IPV) details: Name of the person doing IPV a) Designation b) 2 Name of Organization c) Signature Date e) Name & Signature of the

### 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: i) Instructions for communication in relation to the depository and bank accounts opened with Kotak Mahindra Bank Limited

ii)Instructions for communication in relation to fund accounting services provided by Kotak Mahindra Bank Limited (if opted for, by the Portfolio Manager).

**Ref: Depository Account No.** ; Bank account No. ; and PAN Card No 4A & 4B We draw your attention to our aforesaid depository and bank account opened in the name of with Kotak Mahindra Bank Limited. We also wish to inform you that we have entered into a portfolio management agreement with Portfolio Manager") having ("the its office to act as Portfolio Manager and the Portfolio Manager has also entered into a Custody Agreement with Kotak Mahindra Bank Limited having its office at Kotak Infiniti, 6th Floor, Zone IV Building No. 21, Infinity Park, Off Western Express Highway, General A K Vaidya Marg, Malad (E), Mumbai -400 097 to act as local custodian in India to maintain the pool level custody account, bank account and depository account with the local custodian.

Pursuant to the portfolio management agreement entered into between us and the Portfolio Manager 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 send all the reports / statements etc pertaining to the above mentioned depository, custody and bank account directly to the Portfolio Manager acting in the capacity of our attorney, and that we would receive the complete necessary reporting from the Portfolio Manager.

I/We hereby further 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, \_\_\_\_(NAV), trial balance, transaction statement etc.) generated in relation to the fund accounting services availed / to be 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 thereto and Kotak Mahindra Bank Limited shall not under any circumstances whatsoever (whether mentioned herein or not), be held liable in this regard. The instruction/authorization in this para will be operative only when the Portfolio Manager opts to avail fund accounting services provided by Kotak Mahindra Bank Limited (for our benefit) and in relation to the said services have executed the relevant documentation as required by Kotak Mahindra Bank Limited.

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

Thanking you,
Yours truly,

3A & 3B

Account Holder

Name of Account Holder)

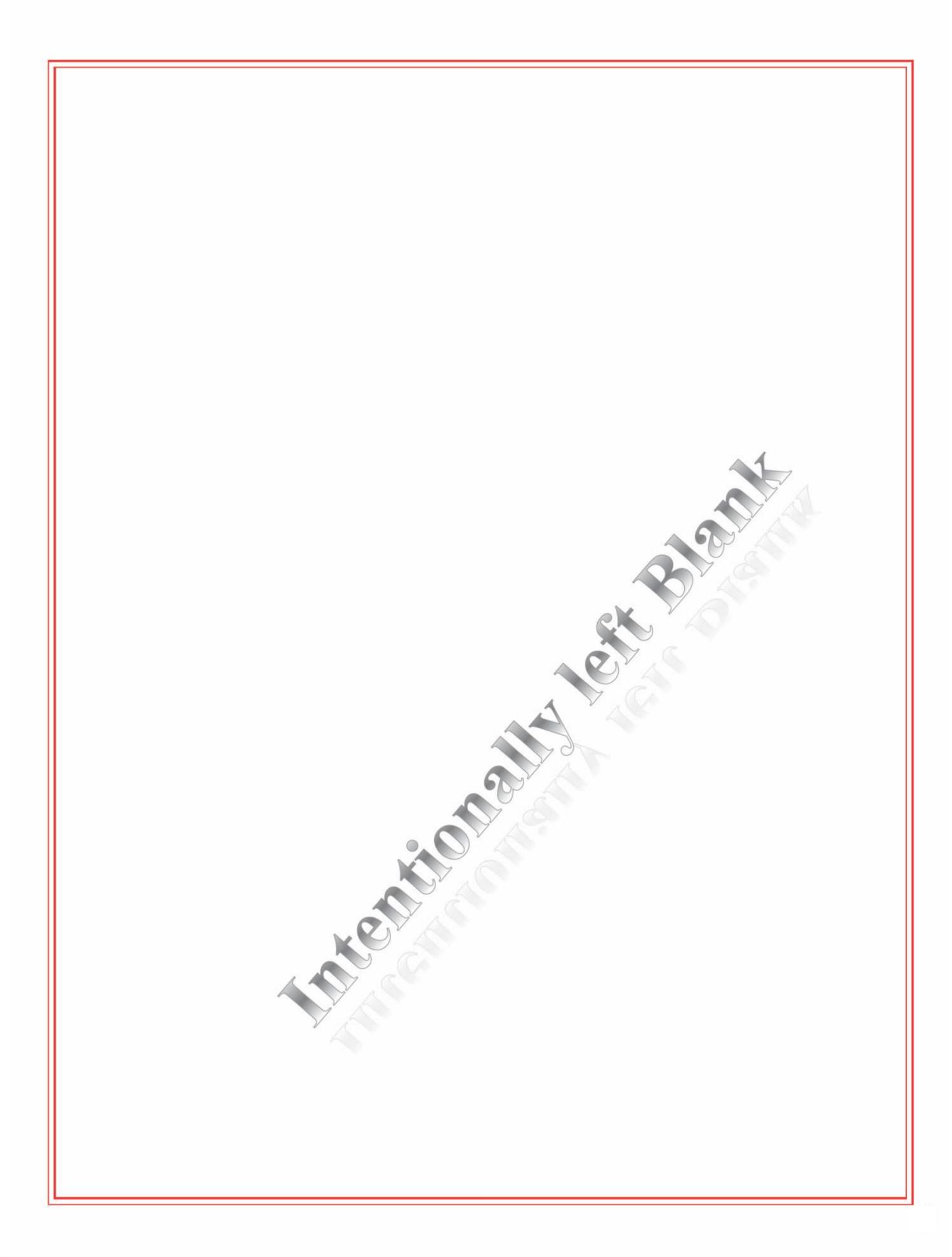
SIGN

**HERE** 

SIGN HERE

SIGN HERE

SIGN HERE





### 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.oecd.org/ctp/exchange-of-tax-information/automatic-exchange-financial-account-information-common-reporting-standard.pdf

Business (c) Registered Office
Business (c) Registered Office
2
2
2
2
to declaration & acknowledgment
th
ncy/ citizenship and ALL Tax Identificati
ument (TIN or functional equivalent



### Kotak Mahindra Bank

### 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.

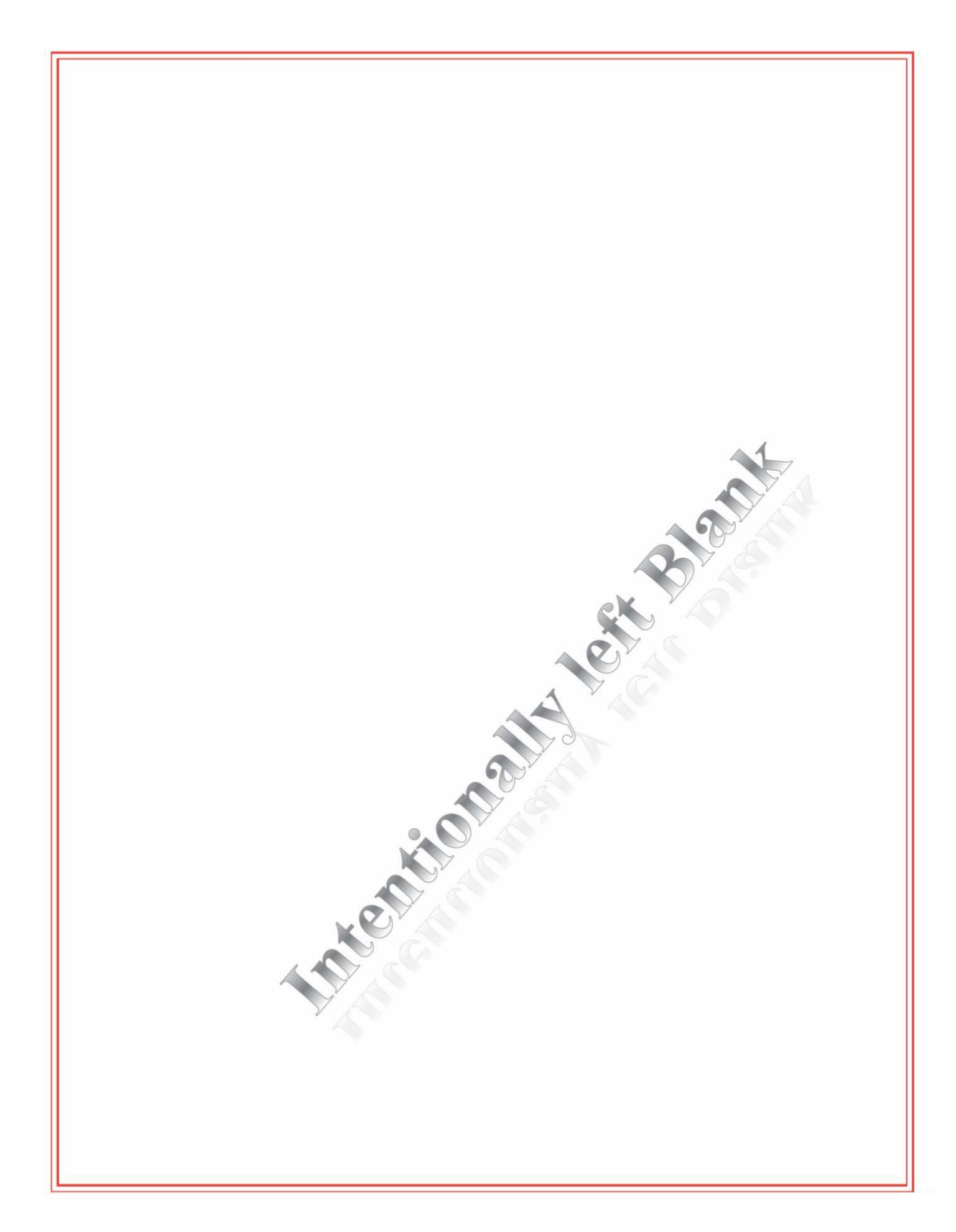
For more information refer:

http://www.incometaxindia.gov.in/dtaa/other%20agreements/india iga final- india english.pdf

http://www.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)

advis	or)		
	ice / Bank use only FY ID / SR Number :		
OF	i i iD/ 3K Nullibel	<del></del>	
		Part A (All field	ds are mandatory)
Secti	on I	Part A (All field	
			Details of Account Holder
1.	Customer Relationship		
2. 3.	Name of Account Hold	er nce (include City, State, Country	
٥.	and Pin code)	ince (include City, State, Country	
4.	Address Type (Tick which	thever applicable)	(a) Residential (b) Business (c) Registered Office
5.	Do you satisfy any of the	ne criteria mentioned below?	Yes No
	a. Citizen of any count [including Greencard	ry other than India (dual / multiple) []	
	b. Country of birth is an	y country other than India	
	c. Tax resident of ANY o	ountry/ies other than India	
	d. POA or a mandate h India	nolder who has an address outside	
	e. Address or telephone	number outside India	
Secti	on II - Other informatio	ove questions is a 'YES', please fill Se n (Please fill in BLOCK LETTE) (If PAN not available, the	
Coun	try of Birth	Plac	ce within the Country of Birth
Sourc	e of Wealth	Nationality _	
Pleas Numi		onfirming ALL countries of tax res	idency/ permanent residency/ citizenship and ALL Tax Identification
Cou	intry of Tax residency	Tax identification no <sup>5</sup>	Tax identification document (TIN or functional equivalent)
\$ ·			
	[18] (18] [18] (18] (18] (18] (18] (18] (18] (18] (	: [4] [1] [4] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1	IN not available )if the country in which you are tax resident issues has not yet been issued, please provide an explanation below:
		- Jet arandore of	production of the second of th





## RESIDENT INDIVIDUAL CUSTOMER RELATION FORM

# Barcode

	Savings Account	Thir	rd Party Pro	oducts							Other Services							
Purpose	Current Account	Life Insurance	-	tual Fund	ı	F	Demai NEFT	nd Dra	aft	Ī	Ко	tak W	orld M mittan	ulti C	urrer	ncy Tra	avel (	Card
	Deposits	General Insura	ance No	n-MF Inve	estment	s	Best C	ompli	ment (	Card		hers_	IIIILLaII	ce				
PERSONA	L DETAILS * Fields are Man	ndatory Existing C	RN Y	ES								NO	(Please	e fill th	ne bel	ow de	tails)	
		Existing – No Chang	ge Exis	ting – Upd	late Cha	nge	Update	CKACI	Chan	70				Local			lobal	
*CKYCR	C-KYCR No						Local change				C Reposi	tory (CKYC			oplicable t			
Name	ide (First Name)		(Middle Nami	) ] ]			.ast Nam	e)				(Upto	40 than	octers	only)			
/laiden lame	First Name)		(Last Name)		*Mot Maid	her's den Naı			First Na	10-0					Las	Nam	e)	
DOB D D	olicable to married woman, docume		or Citizen	*Father	/ *Sp	ouse Na		ion ivioti	First Na	Marriage	Name)				Las	l Nam	e)	1.1
				PAN not avail			**************************************		٠.			- 0.1				1		
Residentia		ential Indian		National		itizens	•	L		dian		_	ners					
Gender	Male Female		*Education		Graduate	: L	Graduat	e	Post	Gradua	te	Oth	ners			2020		
Marital Stat		ed Others		Annual Inc	come	0 - 2			5 lakh	s 2	> 5 - 1	10 lakh	is 2	> 10 -	25 la	khs	> 2	25 lakl
acebook I		Drivete Coster	Dublic Co				itter IC											
Occupatio	on Type Service –	Professional	Public Se Self Emp		CINO VINIS	rnment		awifo		Studon		D	inocc		Not (	Catego	orised	ľ
ermanen	nt Address	Professional	Jen Emp		Retire	u	House	ewile		Studen		bus	siness		NOL	catego	JIIJEU	
ne 1																ĨÎ		
ine 2																		
ine 3							Landm	nark									1	
District			*City						*P	IN Cod	le							
State				7 3							1_						- 1	
								Tel	lephone	e No.	STD)							
SALANSEONE II.	oneo Address / C	Office Address						Tel	lephone	e No.	STD)							
Reside	ence Address / C	Office Address			ī		ì	Tel	ephone	e No. (S	STD)							
Reside	ence Address / C	Office Address						Tel	ephone	e No. (S	STD)							
Reside ine 1 ine 2	ence Address / C	Office Address							ephone	e No. (5	STD)							
Resident ine 1 ine 2 ine 3	ence Address / C	Office Address					Landm											
Resident ine 1 ine 2 ine 3 District	ence Address / C	Office Address	*City				Landm	nark	**	PIN Cod								
Reside	ence Address / C	Office Address	*City				Landm	nark		PIN Cod								
Residentine 1 ine 2 ine 3 District	ence Address / C	Office Address	*City				Landm	nark Tel	*P	PIN Cod	le (STD)							
Resident ine 1 ine 2 ine 3 District State referred Foreferred Fore	Mobile No.		*City				Landm	nark Tel	*P	PIN Cod	le (STD)							
Residentine 1 ine 2 ine 3 District State Preferred Northly e-statential	Mobile No. Email ID ments & alerts will be sent on email	il id mentioned here)			Reside	ence Ado		nark Tel	*P lephone ternate	PIN Cod	le L							
Resident in e 1 in e 2 in e 3 District State referred Education of the Preferred Prefe	Mobile No.	il id mentioned here)	*City	s	Reside	ence Ado		nark Tel	*P lephone ternate	PIN Cod	le L							
Resident ine 1 ine 2 ine 3 District State referred Footbly e-state Preferred Preferred	Mobile No. Email ID ments & alerts will be sent on email Correspondence Addr RS Declaration	Il id mentioned here)		S S	Reside	ence Ado		nark Tel	*P lephone ternate	PIN Cod	le (STD)	ert B						
Resident in e 1 in e 2 in e 3 in e 3 in e 3 in e 5 in e 5 in e 5 in e 6 in e 6 in e 6 in e 7	Mobile No. Email ID ments & alerts will be sent on email Correspondence Addr RS Declaration	il id mentioned here)  Perm		No No	Reside			nark Tel Alt	*Plephone ternate	PIN Cod	le (STD)		City, Statu,	Country	Ind Pin o			
Resident in e 1 in e 2 in e 3 District State referred Education Preferred Education ATCA / CI	Mobile No. Email ID ments & alerts will be sent on email Correspondence Addr RS Declaration	l id mentioned here)  Pess Perm  Part A	nanent Addres		Reside		dress	nark Tel Alt	*Plephone ternate	PIN Cod	le (STD)		City, State,	Country a	I I I I I I I I I I I I I I I I I I I	i i i		
Resident in a 1 in a 2 in a 3 District State Preferred Formula Preferred Formula ATCA / CI	Mobile No. Email ID ments & alerts will be sent on email Correspondence Addr RS Declaration	Part A  Per than India	nanent Addres			Address	dress for Tax	nark Tel Alt	*Plephone ternate	PIN Cod e No. (3 Mobile	e No.	(include	the	Country	and Pin co			
Resident in e 1 in e 2 in e 3 District State referred Enoughly e-state Preferred ATCA / Cl	Mobile No.  Email ID ments & alerts will be sent on email Correspondence Addr RS Declaration  Citizen of any country oth multiple) [including Greence	Perm Part A  Per than India card]	nanent Addres			Address Country of Birth	dress for Tax	Tel Alt	*Plephone ternate	PIN Cod e No. (S Mobile	e No.	within ary of B	the irth —		~ ~	trov s	ocumenta	ary evidence
Resident in a 1 in a 2 in a 3 District State Preferred Entertain Preferred Entertain ATCA / Classical Are you (dual / number of the control o	Mobile No. Email ID ments & alerts will be sent on email Correspondence Addr RS Declaration  Citizen of any country oth	Perm Part A  Per than India card]	nanent Addres			Address Country of Birth (In case Cou	dress for Tax	Tel Alt Reside	*Plephone ternate Office	PIN Cod PIN Co	Place County of	within try of B	the irth ency is other Natio	r than US/	A, please	provide d		
Resident in a 1 in a 2 in a 3 District State Preferred Enterted En	Mobile No.  Email ID ments & alerts will be sent on email Correspondence Addr RS Declaration  Citizen of any country oth multiple) [including Green country of birth is any co	Part A  Perm Part A  intry	nanent Addres			Address Country of Birth (In case Cou	dress for Tax of Wealt elow the det	Tel Alt Reside	*Plephone ternate Office	PIN Cod PIN Co	Place County of the country of the c	within try of B	the irth ency is other Natio	r than US/ nality	A, please ship and	provide d ALL Tax Id	lentificatio	
Reside ine 1 ine 2 ine 3 District State Preferred Enterthy e-states Preferred ATCA / Cl  a. Are you (dual / number of the content of the cont	Mobile No.  Email ID ments & alerts will be sent on email Correspondence Addr RS Declaration  Citizen of any country oth multiple) [including Green country of birth is any co	Part A  Perm Part A  intry	nanent Addres			Address Country of Birth (In case Cou	dress for Tax	Tel Alt Reside	*Plephone ternate Office	PIN Cod PIN Co	Place Country of	within try of B f Tax Reside	the irth ency is other Natio	r than US/ nality	A, please ship and	provide d ALL Tax Id <b>tificati</b>	lentificatio	on Number
Resident in a line 2 line 3 line 3 line 3 line 5 line 5 line 5 line 6 line 6 line 7 line 7 line 7 line 7 line 7 line 8 line 8 line 8 line 8 line 9 line 8 line 9 li	Mobile No.  Email ID ments & alerts will be sent on email Correspondence Addr RS Declaration  Citizen of any country oth multiple) [including Greence and India Tax resident of ANY country an India	Part A  Perm Part A  The than India card]  Intry  Try / ies	nanent Addres			Address Country of Birth (In case Cou	dress for Tax of Wealt elow the det	Tel Alt Reside	*Plephone ternate Office	PIN Cod PIN Co	Place Country of	within ary of B fax Residency/ perman	the irth ency is other Natio	r than US/ nality	A, please ship and	provide d ALL Tax Id <b>tificati</b>	lentification	on Number
Resident in a line 2 line 3 line 3 line 5 line 5 line 5 line 5 line 6 line 7 line 8 line 8 line 8 line 8 line 9 li	Mobile No.  Email ID ments & alerts will be sent on email  Correspondence Addr  RS Declaration  Citizen of any country oth multiple) [including Green country of birth is any	Part A  Perm Part A  Ter than India card]  Intry  Try / ies	nanent Addres			Address Country of Birth (In case Co	fress for Tax for Wealt elow the det Countr Tax resi	Residency  Tel Alt  Alt  Tel Alt  alls, confirm  ry of dency	*Plephone ternate Office ence	PIN Code PIN	Place Count Country of	within ary of B fax Residency/ permanentificate imber s	the irth ency is other Natio ent residence tion	r than US/ onality cy/ citizens Ta	A, please ship and a ix iden (TIN o	provide d ALL Tax Id <b>tificati</b> r function th you are	lentification Doc al equival	on Number cument ilent)
Resident in a 1 in a 2 in a 3 District State referred Formula in a 1 in a 2 in a 3 District State referred Formula in a 2 in a 3 District State referred Formula in a 3 Distri	Mobile No.  Email ID ments & alerts will be sent on email Correspondence Addr RS Declaration  Citizen of any country oth multiple) [including Green country of birth is any country an India  Tax resident of ANY country an India  have POA or a mandate here	Part A  Perm Part A  Ter than India card]  Intry  try / ies  older	nanent Addres			Address Country of Birth (In case Co	fress for Tax of Wealt elow the det Countr Tax resi	Residency  Tel Alt  Alt  Tel Alt  alls, confirm  ry of dency	*Plephone ternate Office ence	PIN Code PIN	Place Count Country of	within ary of B fax Residency/ permanentificate imber s	the irth ency is other Natio ent residence tion	r than US/ onality cy/ citizens Ta	A, please ship and ix iden (TIN o	provide d ALL Tax Id <b>tificati</b> r function th you are	lentification Doc al equival	on Number cument ilent)

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.



Albana Wanan			) as per your requirement	CARC - "
	SMS E-ma	ail OR	b) Weekly Balance + Transaction and Value	SMS E-mail
a) Daily Balance + Transaction and Value Added Alerts			b) Weekly Balance + Transaction and Value	Added Alerts
CHANNEL ACCESS REQUEST				
Phone Banking Net Banking Deb	it Card #	Special De	ebit Card Type	For CPC Use
Deposit Account(s)		Yes	s, I wish to personalize my Debit card with an image	Image Code
To apply for EMV Chip and PIN based card for Domestic usage only, Plea			* **	(To be filled by Branch, if applied for Image Card)
# Default Debit Card will be EMV Chip and PIN enabled for International usage. For Pi	rivy League Customers			
CUSTOMER DECLARATION			SIGNATURE / THUMB IMPRESSION & P	HOTOGRAPH
I hereby declare that the above information is true and correct to the best of my kno false / misleading information given by me or suppression of any material fact will re the transaction of the Bank. I do hereby authorize the Bank to conduct my Credit Histo other Credit Rating agency. I authorize the Bank to share my transaction details authorities whenever such information is called for. I authorize the Branch official to the Bank records as per copies of documents submitted by me. <b>SMS BANKING &amp;</b> that Alert Facility enables me to receive alerts on my Email id and /or Mobile number and maintenances. I further understand that New Alerts may be added from time options, I expressly consent and authorize the Bank to make Telephone calls and sen me on any information or updates related to Bank's existing / new Product / Service such time I withdraw the same in writing. In case I do not wish to receive information for "Do Not Call" on the Bank' website www.kotak.com. I am aware that alerts the and such alerts as deemed appropriate by the Bank will be sent even if I have not further aware that the transactions & Value Added Alerts will be sent to the First Hol accounts where the mode of operation is "Singly" or "Either/Survivor" and to all hold "Jointly". I understand that charges for this services as mentioned in General Sched be levied. <b>MOBILE BANKING:</b> I agree and understand that Mobile Banking services Banking access / Debit Card.	esult in withholding decory verification with CIE with regulatory / enfoundate the document ALERT FACILITY: I untregarding account trait to time. By selecting and SMS and / or Emails and SMS and / or Emails and I updates, I will regist that have been mandate subscribed for the facilities where mode of opedule of Feature and Charles	eclining of BIL or any forcement details in inderstand insactions any of the to inform is valid till ter myself ed by RBI cility. I am individual peration is arges will	Affix latest Coloured Passport Size Photo	(Please sign in Black ink only)
Documents Section (BANK USE)		leased 1	KYC Verification Carried	Out By (BANK USE)
Document Name	Proof Pro	oof	Emp. Name	
Passport Number			Emp. Designation	
Passport Expiry Date   D   D   M M   Y   Y   Y   Y			Emp. Code Emp. Brand	h Employee Sign
Voter ID Card			Date D D M M Y Y Y Y	
		_	Approve	d By
PAN				
Driving License			Color Official	- LOW: I
Driving License Expiry Date			Sales Official Sign, Code & Designation Br	anch Official Sign, Code & Designation
E-UID( AADHAAR)			Category: D A B	C S G DS DG
NREGA Job Card		X X	Customer Segment: RL CB	*Risk Profile H M L
Others (any document notified by the Central Government)			Additional Info (If Walk-In,	
				then FI done by) (LOV's e.g. PEP, Illiterate, Blind etc. are available on intranet)
Document Name:			Source Code LG	then FI done by) (LOV's e.g. PEP, Illiterate, Blind etc. are available on intranet)  Code / Promo Code
Document Name:  Number:			Source Code LG LC Code LOI	Code / Promo Code
			LC Code LOI	Code / Promo Code
Number:	ept. N		LC Code LOI RM Code Cor	Code / Promo Code
Number:  Simplified Document No	ept.	NA .	LC Code LOI RM Code Cor	Code / Promo Code  B  porate/Group Co. Code  nch Code
Number:  Simplified Document No  Identity card with applicant's photograph issued by Govt. December 1.	ept.	NA .	LC Code LOI  RM Code Cor  Group Co. Emp Code Bra	Code / Promo Code  B  porate/Group Co. Code  nch Code
Number:  Simplified Document No  Identity card with applicant's photograph issued by Govt. December 1. December 2. December 2. December 2. December 2. December 2. December 3.	ept.	NA .	LC Code LOI  RM Code Cor  Group Co. Emp Code Bra  Classification	Code / Promo Code  B porate/Group Co. Code  nch Code  Sub-Classification Key Associate  Authorization Letter 2 (only for Privy)
Number:  Simplified Document No  Identity card with applicant's photograph issued by Govt. De  Letter issued by a Gazetted Officer  Simplified Document No  Utility Bill	ept.	NA .	LC Code  RM Code  Group Co. Emp Code  Classification  Authorization Letter 1 (only for Privy)	Code / Promo Code  B  porate/Group Co. Code  nch Code  Sub-Classification Key Associate  Authorization Letter 2 (only for Privy)  Simplified (for low risk customers)
Number:  Simplified Document No  Identity card with applicant's photograph issued by Govt. De Letter issued by a Gazetted Officer  Simplified Document No  Utility Bill  Property or Municipal Tax Receipt		NA .	Classification  Authorization Letter 1 (only for Privy)  *Account Type  Normal  Branch / Acquisition staff has meet custo	Code / Promo Code  B porate/Group Co. Code nch Code  Sub-Classification Key Associate  Authorization Letter 2 (only for Privy)  Simplified (for low risk customers)  mer at communication address
Number:  Simplified Document No  Identity card with applicant's photograph issued by Govt. Decomplished Document No  Utility Bill  Property or Municipal Tax Receipt  Bank account statement / Passbook	ept. N	NA .	LC Code  RM Code  Group Co. Emp Code  Classification  Authorization Letter 1 (only for Privy)  *Account Type  Normal  Small	Code / Promo Code  B porate/Group Co. Code nch Code  Sub-Classification Key Associate  Authorization Letter 2 (only for Privy)  Simplified (for low risk customers)  mer at communication address
Number:  Simplified Document No  Identity card with applicant's photograph issued by Govt. De Letter issued by a Gazetted Officer  Simplified Document No  Utility Bill  Property or Municipal Tax Receipt  Bank account statement / Passbook  Pension or family pension payment orders (PPOs)		NA .	Classification  Authorization Letter 1 (only for Privy)  *Account Type  Normal  Branch / Acquisition staff has meet custo	Code / Promo Code  By porate/Group Co. Code Inch Code Sub-Classification Authorization Letter 2 (only for Privy) Simplified (for low risk customers) Inch Code Authorization Letter 2 (only for Privy) Simplified (for low risk customers) Inch Code  Authorization Letter 2 (only for Privy)  Simplified (for low risk customers)  Inch Code  Authorization Letter 2 (only for Privy)  Simplified (for low risk customers)  Inch Code  Authorization Letter 2 (only for Privy)  Simplified (for low risk customers)
Number:  Simplified Document No  Identity card with applicant's photograph issued by Govt. De Letter issued by a Gazetted Officer  Simplified Document No  Utility Bill  Property or Municipal Tax Receipt  Bank account statement / Passbook		NA .	LC Code  RM Code  Group Co. Emp Code  Classification  Authorization Letter 1 (only for Privy)  *Account Type  Normal  Small  Branch / Acquisition staff has meet custo  Employee Name (Em	Code / Promo Code  B  B  B  B  B  B  B  B  B  B  B  B  B
Number:  Simplified Document No  Identity card with applicant's photograph issued by Govt. De Letter issued by a Gazetted Officer  Simplified Document No  Utility Bill  Property or Municipal Tax Receipt  Bank account statement / Passbook  Pension or family pension payment orders (PPOs)  Letter of allotment of accommodation from employer		NA .	LC Code  RM Code  Group Co. Emp Code  Classification  Authorization Letter 1 (only for Privy)  *Account Type  Normal  Branch / Acquisition staff has meet custo  Employee Name (Em	Code / Promo Code  B  B  B  B  B  B  B  B  B  B  B  B  B
Number:  Simplified Document No  Identity card with applicant's photograph issued by Govt. De Letter issued by a Gazetted Officer  Simplified Document No  Utility Bill  Property or Municipal Tax Receipt  Bank account statement / Passbook  Pension or family pension payment orders (PPOs)  Letter of allotment of accommodation from employer issued by State or Central Government departments  Documents issued by Govt. Dept. of Foreign Jurisdiction /		NA .	Classification  Authorization Letter 1 (only for Privy)  *Account Type Normal Small  Branch / Acquisition staff has meet custo  Employee Name (Em	Code / Promo Code  B  B  B  B  B  B  B  B  B  B  B  B  B



# RESIDENT INDIVIDUAL CUSTOMER RELATION FORM

# Barcode

	Savings Account	Thir	d Party	Products						0	ther	Serv	ices					
Purpose	Current Account  Deposits	Life Insurance		Mutual Fund			Demar NEFT Best Co		ft nent Ca	ard		k Worl . Remi rs			rency	Trave	el Ca	rd
PERSONA	AL DETAILS * Fields are Man	datory Existing C	RN	YES				100		11		NO (P	lease f	ill the	below	detai	ils)	
		Existing – No Chang		xisting – Upo	late Chang	ge ı	Indate	CKYCE	Change					ocal		Glob	- 0	
*CKYCR	C-KYCR No								updated in Co		tepository	(CKYCR) a			able to Ko			Limite
Name	Title (First Name)		(Middle Na	ame)		La	ist Name	) ]				Upto 40	tharpo	ters on	ly)			
Maiden Name	plicable to married woman, docume	antany proof required	Last Nar	ne)	*Mothe	er's en Nam		on Moth	First Nam er's Pre-Ma		mal		11		Las N	lame)		
	D M M Y Y Y Y		or Citizen	*Father		use Nam	ne		First Nam	1 1	ine)		1 1		Last N	lame)		
*Residentia	al Status Reside	ential Indian	Forei	(If PAN not avai gn National		Name Ma izensh			India	an	П	Other	s					
*Gender	Male Female		*Education		Graduate		raduate	2	Post Gr		Н	Other						
Marital Stat	tus Single Marrie			*Annual Inc										10 - 2!	5 lakh	s	> 25	laki
Facebook		CONTRACTOR			_		tter ID	1						77.50				
*Occupation	on Type Service –	Private Sector		Sector	Govern	nment S	ector											
Dormana	nt Addross	Professional	Self Er	nployed	Retired	l	House	wife	St	udent		Busin	ess	N	ot Cat	egoris	sed	
	nt Address									Ĩ		Ť	ï	1		Ĭ	ľ	
ine 1								1							1			
ine 3							Landm	ark							1			1
District			*City						*PIN	l Code					7			
State			,									-		1 1	7	-		i
	ence Address /	Office Address						Tele	phone I	No. (STI	))							
	ence Address /	Office Address						Tele	phone I	No. (STI	)							
Reside	ence Address /	Office Address					Landm		phone I	No. (STI								
Reside Line 1	ence Address / C	Office Address	*City				Landm			No. (STI								
Reside Line 1 Line 2 Line 3	ence Address / O	Office Address	*City				Landm	ark		N Code								
Residential Interview 1	ence Address / C	Office Address	*City				Landm	ark	*PI	N Code								
Residence 1 Line 2 Line 3 District State Preferred I	Mobile No.		*City				Landm	ark	*PIN	N Code								
Residential Reside	Mobile No. Email ID ements & alerts will be sent on email	I id mentioned here)		ress	Residen	Ce Add		ark	*PINephone I	No. STI	           							
Residence 1 Line 2 Line 3 District State Preferred I Monthly e-state Preferred I	Mobile No.	I id mentioned here)	*City	ress	Residen	ce Addr		ark	*PINephone I	N Code	           							
Residence 1 Line 2 Line 3 District State Preferred I Monthly e-state Preferred I	Mobile No. Email ID ements & alerts will be sent on email I Correspondence Address CRS Declaration	I id mentioned here)		ress	Residen	ce Addr		ark	*PINephone I	No. STI	           	В						
Residence 1 Line 2 Line 3 District State Preferred I Monthly e-state Preferred I	Mobile No. Email ID ements & alerts will be sent on email I Correspondence Address CRS Declaration	I id mentioned here)  Perm		ress		ce Addr	ress	ark Tele	*PINephone I	No. STI	lo.	B anclude City	Starte, Cox	antry and	Pin code)			
Residence 1 ine 2 ine 3 District State Preferred In Monthly e-state Preferred In ATCA / C	Mobile No.  Email ID Ements & alerts will be sent on email I Correspondence Address CRS Declaration  I Citizen of any country oth	I id mentioned here)  Perm  Part A  Per than India	nanent Add		A	ddress	ress	ark Tele	*PINephone I	No. (STE	lo.	MARKE		antry and	Pin code)			
Residence 1 Line 2 Line 3 District State Preferred In Monthly e-state Preferred In Are you (dual / in the last your follows) b. Is your five the last your follows and the last your follows are given by the last years are given by the last y	Mobile No.  Email ID  ements & alerts will be sent on email  Correspondence Addre  RS Declaration  Citizen of any country oth multiple) [including Greence Country of birth is any country of birth is	l id mentioned here)  ess Perm  Part A  ner than India card]	nanent Add		A C O	address Country of Birth	ress for Tax	Tele Alto	*PINephone I	No. STE	lo.	thin th of Birt	e h is other th	an USA, pl		ide docum	mentary e	vidence
Residence in the state of the s	Mobile No.  Email ID Ements & alerts will be sent on email I Correspondence Address CRS Declaration  Citizen of any country oth multiple) [including Greence	l id mentioned here)  ess Perm  Part A  ner than India card]	nanent Add		A C O (In Si	ountry of Birth ource o	ress for Tax try of Birth i	ark Tele Alte	*PINephone I	No. STE	lo. Part	thin th of Birth	e h is other th	an USA, pl	ease prov			
Residence 1 Line 2 Line 3 District State Preferred In Monthly e-state Pref	Mobile No.  Email ID  ements & alerts will be sent on email  Correspondence Addre  RS Declaration  Citizen of any country oth multiple) [including Greence Country of birth is any country of birth is	ess Perm Part A  Per than India card]	nanent Add		A C O (In Si	ountry of Birth ource o	ress for Tax try of Birth i	Tele Alto Susa, how h ils, confirm	*PIN ephone I ernate N Office	No. STE	lo. Part	thin the of Birth	e h is other th Nationa residency/	an USA, pl ality citizenship Tax i	ease prov	Tax Identif	fication N	umber
Residence ine 1 ine 2 ine 3 District State Preferred Information P	Mobile No.  Email ID  ments & alerts will be sent on email I Correspondence Addre CRS Declaration  Citizen of any country oth multiple) [including Greence Country of birth is any country han India  Tax resident of ANY count	ess Perm Part A  Per than India card]  http://ies	nanent Add		A C O' (Ir Signature)	ountry f Birth n case Count ource of	ress for Tax try of Birth i	Tele Alte Susa, how h ils, confirm y of lency	*PIN ephone I ernate N Office	No. STE	lo. Part	thin the of Birth Residency Permanent iffication ber 5	e h is other th Nationa residency/	an USA, pl ality citizenship Tax i	and ALL 1  dentification or funding the second seco	Tax Identif <b>cation</b> ctional eq	fication N <b>Docun</b> quivalent	umbe n <b>ent</b>
Residence ine 1 ine 2 ine 3 District State Preferred Interpred Interpretation of the preferred	Mobile No.  Email ID Ements & alerts will be sent on email I Correspondence Addre ERS Declaration  Citizen of any country oth multiple) [including Greence Country of birth is any country han India  Tax resident of ANY country han India  have POA or a mandate ho	Part A  Permanentioned here)  Pess Permanentioned here)  Permanentioned here)	nanent Add		A C O' (Ir Signature)	Country of Birth ource of lease list bel	ress for Tax try of Birth if Wealt low the deta Countr Tax resid	Tele Alte Susa, how h ils, confirm y of lency	*PIN ephone I ernate N Office	Pla Collity and Countries of tax re Ta	Part  ace with ountry of Tax esidency/ x ident Num	thin the of Birth Residency Permanent ification ber 5	e h is other th Nationa residency/ n	an USA, pl ality citizenship Tax i	and ALL 1  dentification or fundaments  which you	Tax Identification ctional equal to the control of	fication N  Docun quivalent resident	nent

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.

Alert Type SMS	5	E-mail			Ale	ert Type		SMS	E-mail
a) Daily Balance + Transaction and Value Added Alerts			OR	b) Weekly Ba		action and Value A	dded Alerts		
CHANNEL ACCESS REQUEST									
Phone Banking Net Banking Debit C	ard #	Speci	ial De	bit Card Type				For CPC Us	е
Deposit Account(s)			Yes	, I wish to persor	nalize my Debit	card with an image	Image Cod		
To apply for EMV Chip and PIN based card for Domestic usage only, <b>Please 1</b> # Default Debit Card will be EMV Chip and PIN enabled for International usage. For Privy I		compre defau	l+ Dobie	t Card will be Brise	oagus Platinum /	Signature Chie Cord done		1,00	ied for Image Card)
CUSTOMER DECLARATION	eague Cust	omers delau				PRESSION & PH			
I hereby declare that the above information is true and correct to the best of my knowled	dae I furthe	r agree that :		IGNATURE /	THOMB IM	PRESSION & PR	OTOGRAFI		
false / misleading information given by me or suppression of any material fact will result the transaction of the Bank. I do hereby authorize the Bank to conduct my Credit History vother Credit Rating agency. I authorize the Bank to share my transaction details with authorities whenever such information is called for. I authorize the Branch official to upd the Bank records as per copies of documents submitted by me. <b>SMS BANKING &amp; ALE</b> I that Alert Facility enables me to receive alerts on my Email id and /or Mobile number regard and maintenances. I further understand that New Alerts may be added from time to time options, I expressly consent and authorize the Bank to make Telephone calls and send SN me on any information or updates related to Bank's existing / new Product / Services. The such time I withdraw the same in writing. In case I do not wish to receive information / updates related to Bank's existing / new Product / Services. The such time I withdraw the same in writing. In case I do not wish to receive information / updates as deemed appropriate by the Bank will be sent even if I have not substituther aware that the transactions & Value Added Alerts will be sent to the First Holder accounts where the mode of operation is "Singly" or "Either/Survivor" and to all holders "Jointly". I understand that charges for this services as mentioned in General Schedule be levied. <b>MOBILE BANKING:</b> I agree and understand that Mobile Banking services will Banking access / Debit Card.	rerification was regulatory attemed the documentation accounts. By select MS and / or Ethe said compdates, I will have been maked for the where mode of Feature and the selection of the selectio	vith CIBIL or a  / enforcem  ument detail  Y: I understa  unt transaction  cting any of  Emails to information  nsent is valid  I register my  nandated by  the facility. I  for all individual  e of operation  and Charges	any eent s in and ons the orm I till self RBI am fual n is	Passp	st Coloured fort Size noto		(Ple	ease sign in	8B Black ink only)
Documents Section (BANK USE)					KYC Verif	ication Carried C	out By (BAN	IK USE)	
Document Name	ID Proof	Addres	31	Emp. Name					
Descript Number	11001	71001		Emp. Designation	n				
Passport Number				Emp. Code		Emp. Branch		Emp	loyee Sign
Passport Expiry Date DDDMMMYYYYY				Date D D	M M Y Y	YY		Emp	loyet sign
Voter ID Card						Approved	Ву		
PAN									
Driving License									
Driving License Expiry Date DD MM MY YYYY				Sales Official	Sign, Code &	Designation Bran	ch Official	Sign, Code &	Designation
E-UID( AADHAAR)	]			Category:	D A	ВС	S	G	DS DG
NREGA Job Card				Customer Segme	ent: RL	. CB *Ri	sk Profile	н	M L
Others (any document notified by the Central Government)				Additional Info		(If Walk-In, the	Fi done by) (LOV's e.g	g. PEP, Illiterate, Blind et	c. are available on intranet)
Document Name:				Source Code		LG Cod	de / Promo Code		
Number:				LC Code		LOB			
Simplified Document No				RM Code		Corpor	rate/Group Co. Co	ode	
☐ Identity card with applicant's photograph issued by Govt. Dept.		NA		Group Co. Emp Cod	le	Branch	1 Code		
Letter issued by a Gazetted Officer				Classification		S	ub-Classificatio	on Key	Associate
Simplified Document No	7			Authorizati	on Letter 1 (onl	y for Privy)	Authorizatio	n Letter 2 (on	y for Privy)
☐ Utility Bill				*Account Typ	e Norm	nal Small	Simplified	d (for low ri	sk customers)
☐ Property or Municipal Tax Receipt				Branch / Acq	uisition staff	has meet custome	er at commu	inication ad	dress
	NA				Empl	loyee Name (Emp	ID) & Signat	ure	
Bank account statement / Passbook	NA					January Comp	-,igiio.		
□ P						RPC US	E		
Pension or family pension payment orders (PPOs)				FATCA Receiv	ved YES	FATCA Reportable	YES Co	ountry	
☐ Pension or family pension payment orders (PPOs)  ☐ Letter of allotment of accommodation from employer issued by State or Central Government departments				The state of the s					
Letter of allotment of accommodation from employer				Re-KYC	YES	CRN Created			
<ul> <li>□ Letter of allotment of accommodation from employer issued by State or Central Government departments</li> <li>□ Documents issued by Govt. Dept. of Foreign Jurisdiction /</li> </ul>				= = 90	YES	CRN Created			

# SIGN HERE

#### Name Declaration form

Name Declaration form
Date:
To
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
_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	e. Hence I have signed in presence of Bank staff a long with
my latest identity proof documentenclosed herewith.	to confirm my identity, a copy of the same is
Request you to consider my signature as on the accou	ant opening form as my present signature.
New Account (different signatures on document	nts)
I, Mr. / Ms	have submitted my (documents)
for opening a Savings / Current account at your bran	ch.
My signature as per (do	ocument) 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 a	and process the same.
TP11	
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: L6 Registered office: 27 BKC, C 27, G Block, Bandra Kurl Mumbai - 400051.	

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

#### Name Declaration form

SIGN HERE

Name Declaration for m
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
9B
(Signature)
(Gigitaturo)
(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

### **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. I	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	t opening form as my present signature.
Now Account (different signatures on documents	`
New Account (different signatures on documents	
I, Mr. / Ms	have submitted my (documents)
for opening a Savings / Current account at your branch	l.
My signature as per (docu	ument) is my old signature while my signature as per
(document) is my present sig	gnature 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	d process the same.
Thanking you,	
Yours Faithfully,	
(New Signature)	
BANK USE SECTION	
I hereby confirm that the customer has signed in my pro-	esence
Name:	
Employee Signature:	
Employee ID:	
KOTAK MAHINDRA BANK LTD. CIN: L651	1OMH1985PLCO38137

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

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



#### 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, p	particulars whereof are given below, may be
returned by (name and address of br	anch/office in which deposit is held)	
Deposit		
Network		
Distinguishing No.		
Additional details, if any		
Nominee		
Name		
Address		
Relationship with depositor, if any		
Age If nominee is a minor, date of birth DDMM	YYYY	
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		ing the minority of the nominee.
Nominee Name to be printed on the Statements/Advices Yes	No	
Date	F-op	Place
10A	10B	
Signature(s) / Thumb Impression(s)*** First Depositor	Second Depositor	Third Depositor
Signature of First Witness ****	Signature of Second	Witness ****
Name	Name	
Address	Address	
* Nomination facility is available for individual as well as joint deposit account	rs with or without "Fither or survivor" man	idate.
** Strike out if nominee is not a minor.	is with or without Littler or survivor man	date.
*** Where deposit is made in the name of a minor, the variation of nomination		itled to act on behalf of the minor.
**** Attestation by two witness is required only for Thumb Impression(s). Signat		
Acknow	ledgement Slip	
We acknowledge the receipt of 'Nomination' Form DA1 from Mr/Mrs/N	/Is	
	relating to Account No	
Date		For <b>Kotak Mahindra Bank</b>
	L 65110MLI1005DL 6020127	TOT NOWN WIGHTING DOTTE
Kotak Mahindra Bank Ltd. CIN	: L65110MH1985PLC038137	

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

