



ITUS CAPITAL DEMAT AND CUSTODY ACCOUNT OPENING FORM

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

Red 1st Holder


Blue 2nd 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 2nd page)
 - OSV to be done on all pages
7. Handover / Courier documents to below address:
**A Wing, 5th Floor, Intellion Square, Infinity IT Park,
General Arun Kumar Vaidya Marg, Malad East,
Mumbai, Maharashtra - 400097**
(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 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

Details to be taken by IPV person 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 & Bank Account Opening Form (For Individuals)



Participant Name : Kotak Mahindra Bank Limited (DP ID : IN303173) Address: A wing, 5th floor, Intellion Square, Infinity IT Park, General Arun Kumar Vaidya Marg, Malad East, Mumbai, Maharashtra 400097					Client ID (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)										Date											
										D	D	M	M	Y	Y	Y	Y				
A) Details of Account holder(s):																					
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"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Government Service <input type="checkbox"/> Other (Please specify) _____				<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Government Service <input type="checkbox"/> Other (Please specify) _____				<input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Government Service <input type="checkbox"/> Other (Please specify) _____											
Brief details																					
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											
C) Securities Account Type										Cash Account Type (Request you to open a bank account as indicated below)											
<input type="checkbox"/> Ordinary Resident <input type="checkbox"/> FPI <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non Repatriable <input type="checkbox"/> Margin <input type="checkbox"/> Foreign National <input type="checkbox"/> Promoter <input type="checkbox"/> Other (Please specify) _____										<input type="checkbox"/> INR (Current)											
D) Name of Securities Accounts										Name of Cash Accounts											
E) Country of Birth										Date of Birth				D	D	M	M	Y	Y	Y	Y
Country of Tax Residence (For Regulatory / Tax Declaration Purpose)																					
F) Residence/Registered Address										Mailing Address											
G) Contact Details																					
Tel (Off)										Tel (Res)											
Fax No										Mobile No											
Email ID																					

H) Gross Annual Income Details																					
Income Range per annum (INR)				Details of Source of Funds						Net worth											
<input type="checkbox"/> Below ₹1 Lac <input type="checkbox"/> ₹1 – 5 Lac <input type="checkbox"/> ₹5 Lac – 10 Lac <input type="checkbox"/> ₹10 Lac – 25 Lac <input type="checkbox"/> More than ₹25 Lac										Amount (INR)											
										As on (Date)		D	D	M	M	Y	Y	Y	Y		
(Net worth should not be older than 1 year)																					
I) In case of NRIs/ Foreign Nationals																					
RBI Approval Reference Number																					
RBI Approval Date		D	D	M	M	Y	Y	Y	Y												
J) Bank details																					
1 Bank Account Type:		<input type="checkbox"/> Savings Account <input checked="" type="checkbox"/> Current Account <input type="checkbox"/> Other (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) Standing Instructions																					
1 I/We authorise you to receive credits automatically into my/our account:		<input type="checkbox"/> Yes <input type="checkbox"/> No																			
2 Account to be operated through Power of Attorney (PoA):		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
3 Account to be operated through Demat Debit and Pledge Instruction (DDPI):		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
M) 1 SMS Alert facility: [Mandatory if you are giving Power of Attorney (PoA/DDPI). Ensure that the mobile number is provided in the KYC Application Form]																					
S No.		Holder						Yes				No									
1		Sole/First Holder						<input checked="" type="checkbox"/>				<input type="checkbox"/>									
2		Second Holder						<input type="checkbox"/>				<input type="checkbox"/>									
3		Third Holder						<input type="checkbox"/>				<input type="checkbox"/>									
2 Mode of receiving Statement of Account:		<input type="checkbox"/> Physical Form <input checked="" type="checkbox"/> Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form]																			
3 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*		<input type="checkbox"/> Physical <input checked="" type="checkbox"/> Electronic <small>(*Standard documents includes Rights & Obligations of Beneficial Owner and Depository Participant). Kindly visit our website www.kotak.com for further information</small>																			
O) Mode of Operations for Joint Accounts		<input type="checkbox"/> Jointly <input type="checkbox"/> Anyone of the holder or survivor(s)																			
<small>If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor (s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.</small>																					
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																					
Relationship of guardian with minor								PAN													

Q) Nomination Option									
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									
S No.	Nomination can be made up to three nominees in the account	1st Nominee			2nd Nominee			3rd Nominee	
Mandatory Details									
1	Name of the nominee(s) (Mr./Ms.)*								
2	Share of each Nominee Equally [If not equally, please specify percentage]	%			%			%	
Any odd lot after division shall be transferred to the first nominee mentioned in the form									
3	Relationship With the Applicant (If Any)								
4	Date of Birth	*Date of Birth and Name of Guardian to be provided in case of minor nominee(s)							
		D	D	M	M	Y	Y	Y	Y
		Name of Guardian							
Non-Mandatory Details									
5	Address of Nominee(s)								
	City / Place								
	State & Country								
	PIN Code								
6	Mobile / Tel No. of nominee(s)								
7	Email ID of nominee(s)								
8	Nominee(s) Identification details [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank A/c no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID								
S Nos. 9-12 should be filled only if nominee(s) is a minor:									
9	Address of Guardian (in case of Minor nominee(s))								
	City / Place								
	State & Country								
	PIN Code								
10	Mobile / Tel 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)) [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank A/c no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID								

Holders	Name of the Holder(s)	Signature(s) of holder*
Sole / First Holder (Mr./Ms)		
Second Holder (Mr./Ms)		
Third Holder (Mr./Ms)		

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Note:
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).

SIGN
HERE

SIGN
HERE

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

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

Holders	Name of the Holder(s)	Signature(s) of holder*
Sole / First Holder (Mr./Ms)		
Second Holder (Mr./Ms)		
Third Holder (Mr./Ms)		

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Annexure A

Account holder(s)	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: <small>(Family includes spouse, dependent children and dependent parents)</small>	<input type="checkbox"/> Me My family <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Me My family <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Me My family <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents

Intentionally left Blank

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.

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

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:
 - 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.
 - 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.
 - 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.
 - 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.
 - Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the Participant against the legal heir.
 - 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.
 - 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.
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant if the email address has changed.
 - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- If EU General Data Protection Regulation 2016/679 ("GDPR") applies to the processing of your personal data by us, then you may please refer to 'Privacy Notice for EU Users' on our website (<https://www.kotak.com/en/privacy-policy.html>) to know our approach to data protection to fulfil our obligations under the GDPR.
- 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

Know Your Client (KYC) Application Form (For Individuals Only)	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> CDSL VENTURES LIMITED <small>....Exploring New Horizons</small> </div> <div style="border: 1px solid #ccc; padding: 5px; text-align: center; width: 100px;"> Intermediary Logo </div> </div> <div style="margin-top: 10px;"> Application Number: _____ Application Type*: <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC </div>
Please fill the form in ENGLISH and in BLOCK letters Fields marked * are mandatory Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also	
KYC Mode*: Please Tick (✓) <input type="checkbox"/> Normal <input type="checkbox"/> EKYC OTP <input type="checkbox"/> EKYC Biometric <input type="checkbox"/> Online KYC <input type="checkbox"/> Offline EKYC <input type="checkbox"/> Digilocker	
1. Identity Details (please refer guidelines overleaf)	
<div style="display: flex; justify-content: space-between;"> <div> PAN* _____ Name* (same as ID proof) _____ Maiden Name+ (if any) _____ Mother Maiden Name* _____ Fathers/Spouse's Name* _____ Date of Birth* _____ Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Marital Status* <input type="checkbox"/> Single <input type="checkbox"/> Married Nationality* <input type="checkbox"/> Indian <input type="checkbox"/> Other _____ Residential Status* <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian Please Tick (✓) <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin+ </div> <div style="text-align: center;"> Please enclose a duly attested copy of your PAN Card <div style="border: 1px solid #ccc; width: 150px; height: 100px; margin: 10px auto; position: relative;"> <div style="position: absolute; top: 5px; right: 5px; color: #ccc; font-size: 0.8em;">Recent passport size Applicant Photo</div> </div> <div style="font-size: 0.7em; margin-top: 5px;">Cross Signature across photograph</div> </div> </div> <div style="margin-top: 10px; font-size: 0.8em;"> (Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual) </div> <div style="margin-top: 10px;"> Proof of Identity (POI) submitted for PAN exempted cases (Please tick) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> <input type="checkbox"/> A — Aadhaar Card XXXX XXXX ____ <input type="checkbox"/> B — Passport Number _____ <input type="checkbox"/> C — Voter ID Card _____ <input type="checkbox"/> D — Driving License _____ <input type="checkbox"/> E — NREGA Job Card _____ <input type="checkbox"/> F — NPR _____ <input type="checkbox"/> Z — Others _____ (any document notified by Central Government) </div> <div style="width: 35%;"> (Epiry Date) _____ (Epiry Date) _____ </div> </div> </div> <div style="margin-top: 5px;"> Identification Number _____ </div>	
2. Address Details* (please refer guidelines overleaf)	
A. Correspondence/ Local Address* Line 1* _____ Line 2 _____ Line3 _____ City/Town/Village* _____ District* _____ Pin Code* _____ State* _____ Country* _____ Address Type* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified	
	Applicant e-SIGN

SIGN
ACROSS
PHOTO IN
8A BOX

Line 1* _____

Line 2 _____

Line3 _____

City/
Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

<input type="checkbox"/> A — Aadhaar Card	XXXX XXXX _ _ _ _	
<input type="checkbox"/> B — Passport Number	_____	(Expiry Date) _____
<input type="checkbox"/> C — Voter ID Card	_____	
<input type="checkbox"/> D — Driving License	_____	(Expiry Date) _____
<input type="checkbox"/> E — NREGA Job Card	_____	
<input type="checkbox"/> F — NPR Letter	_____	
<input type="checkbox"/> Z—Others	_____	(any document notified by Central Government)

Identification Number

Email ID* _____
Mobile No. * _____
Tel (off) _____ Tel (Res) _____

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"/>
In your answer to any of the above question 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 the details, confirming ALL countries of tax residency/permanent residency/citizenship and ALL Tax Identification Numbers</small>
Country of Tax Residency	Tax Identification Number ¹	Tax Identification Document (TIN or functional equivalent)
¹ 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.		

14

5. Applicant Declaration

<p>I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>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.</p> <p>DATE: _____ (DD-MM-YYYY)</p> <p>PLACE: _____</p>	Applicant e-SIGN	Applicant Wet Signature

SIGN
HERE

6. For Office Use Only

In-Person Verification (IPV) carried out by*	Intermediary Details*
<p>IPV Date _____</p> <p>Emp. Name _____</p> <p>Emp. Code _____</p> <p>Emp. Designation _____</p>	<p><input type="checkbox"/> Self certified document copies received (OVD)</p> <p><input type="checkbox"/> True Copies of documents received (Attested)</p> <p>AMC / Intermediary Name :</p> <p>_____</p>
<p>Employee Signature and Stamp</p>	<p>Institution Name and Stamp</p>

Intentionally left Blank

Know Your Client (KYC)**Application Form (For Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

**CDSL VENTURES LIMITED**

....Exploring New Horizons

Intermediary
Logo

Application Number:

Application Type*: ☐ New KYC ☐ Modification KYC**KYC Mode*:** Please Tick (✓)☐ Normal☐ EKYC OTP☐ EKYC Biometric☐ Online KYC☐ Offline EKYC☐ Digilocker**1. Identity Details** (please refer guidelines overleaf)

PAN*

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Maiden Name* (if any)

Mother Maiden Name*

Fathers/Spouse's Name*

Date of Birth*

Gender*

☐ Male☐ Female☐ Transgender

Marital Status*

☐ Single☐ Married

Nationality*

☐ Indian☐ Other

Residential Status*

☐ Resident Individual☐ Non Resident Indian

Please Tick (✓)

☐ Foreign National☐ Person of Indian Origin⁺(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC.
Select NRI or Foreign National based on Nationality of the individual)Recent passport size
Applicant Photo

Cross Signature across photograph

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A — Aadhaar Card

XXXX XXXX _ _ _ _

(Expiry Date) _____

☐ B — Passport Number☐ C — Voter ID Card

(Expiry Date) _____

☐ D — Driving License☐ E — NREGA Job Card☐ F — NPR☐ Z — Others

(any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)**A. Correspondence/ Local Address***

Line 1*

Line 2

Line3

City/Town/Village*

District*

Pin Code*

State*

Country*

Address Type*

☐ Residential/Business☐ Residential☐ Business☐ Registered Office☐ Unspecified

Applicant e-SIGN

SIGN
ACROSS
PHOTO IN
8A BOX

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*

Line 2

Line 3

City/

Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

<input type="checkbox"/> A — Aadhaar Card	XXXX XXXX _ _ _ _ _	
<input type="checkbox"/> B — Passport Number	_____	(Expiry Date) _____
<input type="checkbox"/> C — Voter ID Card	_____	
<input type="checkbox"/> D — Driving License	_____	(Expiry Date) _____
<input type="checkbox"/> E — NREGA Job Card	_____	
<input type="checkbox"/> F — NPR Letter	_____	
<input type="checkbox"/> Z—Others	_____	(any document notified by Central Government)
Identification Number	_____	

3. Contact Details (in CAPITAL)

Email ID* _____

Mobile No. * _____

Tel (Off) _____ Tel (Res) _____

4. FATCA / CRS Declaration:

Part A				Part B		
		Yes	No	Address for Tax Residence _____ <small>(Indicate City, State, Country and Pin Code)</small>		
a.	Are you Citizen of any country other than India (dual / multiple) [including Greencard]	<input type="checkbox"/>	<input type="checkbox"/>	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>		
b.	Is your Country of birth is any country other than India	<input type="checkbox"/>	<input type="checkbox"/>	Source of Wealth _____ Nationality _____ <small>Please list the details, confirming ALL countries of tax residency/permanent residency/citizenship and ALL Tax Identification Numbers</small>		
c.	Are you Tax resident of ANY country /ies other than India	<input type="checkbox"/>	<input type="checkbox"/>	Country of Tax Residency	Tax Identification Number ¹	Tax Identification Document (TIN or functional equivalent)
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"/>			
In your answer to any of the above question is a ' YES ', please fill Part B				<small>¹ 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.

5. Applicant Declaration		
<p>I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>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.</p> <p>DATE: _____ (DD-MM-YYYY)</p> <p>PLACE: _____</p>	Applicant e-SIGN	Applicant Wet Signature
6. For Office Use Only		
In-Person Verification (IPV) carried out by*	Intermediary Details*	
<p>IPV Date _____</p> <p>Emp. Name _____</p> <p>Emp. Code _____</p> <p>Emp. Designation _____</p>	<p><input type="checkbox"/> Self certified document copies received (OVD)</p> <p><input type="checkbox"/> True Copies of documents received (Attested)</p> <p>AMC / Intermediary Name :</p> <p>_____</p>	
Employee Signature and Stamp	Institution Name and Stamp	

SIGN
HERE

Instructions/Guidelines for filling Individual KYC Application Form

A. General Instructions:

1. Self-attestation of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per below list mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.
11. Politically exposed persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Head of State or of Government, senior politician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official, etc.

B. Proof of Identity (POI):

1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card
3. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
4. Mention identification / reference number if 'Z – Others (any document notified by the central government)' is ticked.
5. Others – Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA):

1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
2. Others includes – Utility bill which is not more than 3 months old of any service provider (electricity, landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India
3. Identity card/document with address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members.
4. Self declaration of High courts/Supreme court judges, giving the new address in respect of their own accounts.
5. For FII/Sub account, Power of attorney given by FII/Sub account to the custodians (which are duly notarized and/or apostilled or consularized) that gives registered address should be taken.
6. Proof of address in name of spouse may be accepted.
7. Registered lease or Sale agreement/ Flat maintenance bill / Insurance copy / Ration card / Latest Property tax
8. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card

D. Exemptions/Clarifications to PAN (*Sufficient documentary evidence in support of such claims to be collected)

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
5. In case of institutional clients, namely FIIs, MFs, VCFs, FVCIs, Scheduled commercial bank, Multilateral and Bilateral development financial institutions, State Industrial development corporations, insurance companies registered with IRDA and public financial institutions as defined under section 4A of the Company Act 1956, custodians shall verify the PAN card details with the original PANs and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Authorized officials of Asset Management Companies (AMCs).
2. Authorized officials of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
3. KYC compliant mutual fund distributors affiliated to Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)'.
4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/ Consulate General in the country where the client resides are permitted to attest the documents.

F. Online Mode Processing of KYC:

1. EKYC BIOMETRIC
 - Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
 - The documents should be e-signed.
 - Applicant details are verified using UIDAI Biometric details.
 - Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
 - Intermediary attestation on documents is exempted.
2. EKYC OTP
 - Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
 - The documents should be e-signed.
 - Applicant details are verified using UIDAI details using OTP.
 - Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
 - Intermediary attestation on documents is exempted.
3. ONLINE KYC
 - Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
 - The documents should be e-signed.
 - Virtual In Person Verification (VIPV) is mandatory as per SEBI guidelines.
 - Intermediary attestation on documents (OSV) is exempted.
4. OFFLINE EKYC
 - Applicant may directly upload their document (PAN copy) as scanned images on intermediary's portal.
 - The documents should be e-signed.
 - Digital KYC performed through Offline Aadhaar e-KYC. OVD sourced from Offline Aadhaar e-KYC.
 - Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
5. DIGILOCKER
 - Digital KYC performed through the documents (OVD) sourced from Digilocker.
 - Original Seen Verification (OSV) of documents as well as IPV / VIPV is exempted.
 - Intermediary attestation on documents is exempted.

Letter

To,
Kotak Mahindra Bank Limited
Custody Services
A wing, 5th floor, Intellion Square,
Infinity IT Park, General Arun Kumar Vaidya Marg,
Malad East, Mumbai, Maharashtra 400097

Subject:

(i) Confirmation to Kotak Mahindra Bank Limited ("**Bank**" or "**you**") to rely on the instructions of the Portfolio Manager for operating custody account, cash account, depository account and any other account opened/ to be opened with the Bank and for any other services availed / to be availed from the Bank.

(ii) Authorization for communication in relation to the custody account, cash account, depository account and any other account opened/to be opened with the Bank and / or for services availed / to be availed from the Bank.

I/We, _____, an individual/company/trust,
PAN _____, 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**") have entered
into a portfolio management agreement ("Portfolio Management Agreement") with _____ ("**Portfolio Manager**")
having its office / registered office at _____

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, 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 in favour of the Portfolio Manager ("**Power of Attorney**") inter alia to:

- 1) Operate the accounts opened/ to be 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.

Pursuant to the Portfolio Management Agreement and the Power of Attorney:

- 1) I/We hereby request you to rely on and act upon the instructions provided by the Portfolio Manager for operations of our accounts opened/ to be 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 our Power of Attorney.
- 2) I/We hereby instruct and authorize you to send all the reports, statements, etc., pertaining to our accounts 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.

3) I/We further authorize you to provide the distributor (whose names and details will be provided to the Bank 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 statements, 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 the Bank shall not under any circumstances whatsoever (whether mentioned herein or not), be held liable in this regard. The instruction/authorization in this paragraph will be operative only when the Portfolio Manager opts to avail fund accounting services provided by the Bank (for our benefit) and in relation to the said services have executed the relevant documentation as required by the Bank.

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 the 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 the power of attorney of the Portfolio Manager to you, until you receive an account closure request in writing from us along with the request of revocation of our Power of Attorney (to Portfolio Manager) and our 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:

Place:

Date:

Client Signature:

SIGN
HERE



Letter

To,
Kotak Mahindra Bank Limited
Custody Services
A wing, 5th floor, Intellion Square,
Infinity IT Park, General Arun Kumar Vaidya Marg,
Malad East, Mumbai, Maharashtra 400097

Subject:

(i) Confirmation to Kotak Mahindra Bank Limited ("**Bank**" or "**you**") to rely on the instructions of the Portfolio Manager for operating custody account, cash account, depository account and any other account opened/ to be opened with the Bank and for any other services availed / to be availed from the Bank.

(ii) Authorization for communication in relation to the custody account, cash account, depository account and any other account opened/to be opened with the Bank and / or for services availed / to be availed from the Bank.

I/We, _____, an individual/company/trust,
PAN _____, 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**") have entered
into a portfolio management agreement ("**Portfolio Management Agreement**") with _____ ("**Portfolio Manager**")
having its office / registered office at _____

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, 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 in favour of the Portfolio Manager ("Power of Attorney**") inter alia to:**

- 1) Operate the accounts opened/ to be 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.

Pursuant to the Portfolio Management Agreement and the Power of Attorney:

- 1) I/We hereby request you to rely on and act upon the instructions provided by the Portfolio Manager for operations of our accounts opened/ to be 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 our Power of Attorney.
- 2) I/We hereby instruct and authorize you to send all the reports, statements, etc., pertaining to our accounts 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.

3) I/We further authorize you to provide the distributor (whose names and details will be provided to the Bank 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 statements, 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 the Bank shall not under any circumstances whatsoever (whether mentioned herein or not), be held liable in this regard. The instruction/authorization in this paragraph will be operative only when the Portfolio Manager opts to avail fund accounting services provided by the Bank (for our benefit) and in relation to the said services have executed the relevant documentation as required by the Bank.

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 the 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 the power of attorney of the Portfolio Manager to you, until you receive an account closure request in writing from us along with the request of revocation of our Power of Attorney (to Portfolio Manager) and our 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:

Place:

Date:

Client Signature:

SIGN
HERE



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Clarification on Date of Birth

To,
Custody Services,
Kotak Mahindra Bank,
Mumbai

Subject: Clarification on Date of Birth

Dear Sir / Madam,

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

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

Full Name:

Signature:

SIGN
HERE

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

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Clarification on Date of Birth

To,
Custody Services,
Kotak Mahindra Bank,
Mumbai

Subject: Clarification on Date of Birth

Dear Sir / Madam,

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

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

Full Name:

Signature:

SIGN
HERE

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

Dual Signature Declaration (New Account)

To,
The Manager
Kotak Mahindra Bank Ltd.
_____ Branch

Date

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

Dear Sir,

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

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

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

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

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

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

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

I, Mr. / Ms. _____, have submitted my
_____ (documents) for opening a Savings / Current / Custody / Demat 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 ID:

Employee Signature:

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Dual Signature Declaration (New Account)

To,
The Manager
Kotak Mahindra Bank Ltd.
_____ Branch

Date

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

Dear Sir,

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

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

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

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

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

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

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

I, Mr. / Ms. _____, have submitted my
_____ (documents) for opening a Savings / Current / Custody / Demat 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,

SIGN
HERE

New Signature:

Bank Use Section

I hereby confirm that the customer has signed in my presence

Name:

Employee Signature:

Employee ID:

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Name Declaration Form

To,
Kotak Mahindra Bank Ltd.

Date

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

_____ 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 / Custody / Demat account with you under the name and style of
_____, although the documents submitted by me are bearing my name as
_____.

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

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

Signature:

SIGN
HERE

Full Name:



Intentionally left Blank

Name Declaration Form

To,
Kotak Mahindra Bank Ltd.

Date

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

_____ 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 / Custody / Demat account with you under the name and style of
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_____.

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

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

Signature:

Full Name:

SIGN
HERE



