

NRI Account Opening Details



NRA0225654_PG01

Welcome to Kotak Mahindra Bank

Dear MR. NIRMALKUMAR PATEL,

We thank you for choosing Kotak Mahindra Bank.

At Kotak Mahindra Bank it is our constant endeavor to enrich our customers banking experience and to fulfill the emerging and changing banking and investment needs of our customers.

Our account goes beyond the traditional role of savings, to provide a range of services from funds transfer options to attractive returns earned through a comprehensive suite of investment options that can be booked through Internet or Phone Banking Services.

This form has been designed for ease of completion, with simple instructions at relevant places to guide you along.

Should you face any difficulty in understanding the requirements, please do not hesitate to contact your relationship manager who would be willing to assist / guide you.

It Shall be our endeavour as always to provide you truly satisfying service.



Phone Banking

Partial India Toll Free No.:(Local Rates Apply):18602662666

International: 0091 22 66006022

US Toll Free No.:1855365 - 6767;

AUSTRALIA Toll Free No: 001180044990000;

HONG KONG Toll Free No: 00180044990000;

U. K. Toll Free No: 0080044990000;

CANADA Toll Free No: 18557684020;

SINGAPORE Toll Free No: 8001013054.

Email

nriservices@kotak.com



Net Banking

www.kotak.com



KOTAK SMS Banking -

Send SMS request to 9971056767 OR 5676788 from your preferred mobile number registered with the bank

Banking Accounts	Keywords
Balance Enquiry	K BAL B
Last 3 Transactions	K TXN B
Statement on email	K STMT B
Cheque Status Inquiry	K CHQSTATUS B C
New Cheque Book Request	K CHQSTATUS B
Request for Help	K HELP

B-Last 7 digits of bank A/c No.

C-Complete cheque number

SMS Commands are not case

sensitive. Send commands

with SPACE

Introduction Documents

(For Non Resident Indians and Persons of Indian Origin)

Section I : A - Compulsory Documents		Section II - Additional Documents
	If you are a pension of indian origin (PIO)	Employed with the Merchant Navy
<input type="checkbox"/> @@ Copy of Valid Passport	<input type="checkbox"/> Copy of Indian Passport of spouse OR	<input type="checkbox"/> Merchant Navy Declaration form
<input type="checkbox"/> Copy of valid Visa# / Work / Residence Permit (the visa could be either in the passport or given separately)	<input type="checkbox"/> Copy of Indian Passport held by self or your parents / grandparents at any time OR	<input type="checkbox"/> Valid contract copy OR
<input type="checkbox"/> @Proof of Mailing Address (Refer Note below) (local or foreign address as selected on the accounting opening form).	<input type="checkbox"/> PIO Card OR	<input type="checkbox"/> Original letter from the company: (Providing contract details namely) 1.Name of the Employee 2.Employment in the principal shipping company 3.Name of the vessel & flag 4.Name of the port 5.Commencement of contract 6.Tenure 5.Salary in foreign currency 8.Passport NO.
<input type="checkbox"/> Latest photograph (passport size)	<input type="checkbox"/> OCI (Overseas Citizen of India) Card	<input type="checkbox"/> Original letter from principal / agent / liaison officer
<input type="checkbox"/> Initial Payment for each account or deposit selected		<input type="checkbox"/> CDC Booklet copies or C1 VISA (Latest discharge stamp / last date of arrival in india, or a declaration that you are selling for the first time)

@ @Copy of Valid Passport: Indicating name, address, signature, photograph, expiry date and visa details

#Entry Work/Residence Visa accompanied with employment contract and customer signed temporary visa / declaration* will be accepted to open an a/c. The customer has to submit the stamped visa on the passport before expiry of the Entry Work/Residence Visa failing which the account will be blocked/ closed.

SECTION I-B: If you have not met our Branch Staff in person while submitting your forms & supporting documents, the following procedure needs to be followed:

The first three compulsory documents stated in point A (Copy of passport, Visa & mailing address) above need to be attested by:

- Any overseas banker applicable in Argentina, Australia, Austria, Belgium, Brazil, Canada, China, Denmark, Finland, France, Germany, Greece, Bahrain, Qatar, Kuwait, Oman, Saudi Arabia, UAE, Hong Kong, Iceland, Ireland, Italy, Japan, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Portugal, Russian Federation, Singapore, South Africa, Spain, Sweden, Switzerland, Turkey, United Kingdom and the United States of America only. OR
- Any Branch of an Indian Bank Abroad OR
- Self-Attestation - In case of Self-Attestation, all documents submitted should be signed by respective account holders with the words TRUE COPY. Additionally,
 - a signed cheque drawn in favour of Kotak Mahindra Bank A/c - (your name) on your existing A/c in India or abroad AND
 - an original bank account statement (not more than 3 months old) OR
 - original credit card statement (not more than 3 months old) or Original credit card statement (not more than 3 months old) OR
 - original utility bill (electricity / gas / telephone / water not more than 3 months old) OR
 - original cheque issued by you and paid by your banker outside india. The cheque should have been cleared in last three months. For banks which no longer return paid cheques, please take a print on the same from internet banking and set its stamped from the same bank OR
- Notary Public or Equivalent Authority OR
- The Indian diplomatic mission in your country of residence

Bridging Visa for customers resident in Australia can be accepted for account opening. For bridging visa customer passport which bears the original visa along with email of bridging visa needs to be submitted.

NOTE

@Proof of Mailing Address: Any of The following documents, where your current address is mentioned, can be used as a Proof of Address. This address must necessarily be similar to the mailing address mentioned on the account opening form.

Document	Overseas	Indian
Copy of Passport	Y	Y
Copy of Bank statement / passbook (no internet downloads, not more than 3 months old). Overseas or Indian	Y	NA
If mailing address and bank a/c statement provided is Indian, the statement should be of a NRI a/c OR NR status should be certified by the bank on the statement. (Original Bank Statement required in case of Self-Attestation)		
Copy of Driving License	Y	Y
Employer Certificate indicating the address (on letterhead with stamp)	Y	NA
Copy of Credit card statement (not more than 3 months old) (Original in case of Self-Attestation)	Y	NA
Copy of Company ID card indicating the address	Y	NA
Cert. from Indian Diplomatic mission stating the contact address	Y	NA
Copy of Govt. ID card (SSN / Green Card / PIO card / OCI card)	Y	NA
Copy of appointment letter indicating the address (on letterhead with stamp)	Y	NA
Copy of Utility bill (electricity/ gas/phone/ water not more than 3 months old) (Original in case of Self-Attestation)	Y	Y
Copy of letter from University stating the address (for on-campus lodging)	Y	NA
Copy of Ration Card	NA	Y
Copy of Registered Purchase / Sale Deed or agreement	NA	Y
Copy of CDC issued by Govt. of India	NA	Y


Accounts to be opened on Business visa with employment contract copy -

- Employees are recruited on Contractual basis and are sent abroad for rendering services to overseas client for a span of more than 6 months
- The Contract is on renewal basis.
- These employees are provided Business visas for work purposes and some of them hold NRE accounts with other leading banks based on their tenure of stay.
- The copy of the Employment contract which mentions salary details in FCY will be provided along with the other documents.
- Post expiry of the business visa, copy of the renewed VISA needs to be obtained to ensure that the customer continues to be an NRI.

Please Note :

Nomination facility is available # Customer education brochure available on Bank website provides you important information on Account opening and Operations # All service charges applicable to the product are available at the branch and on the Bank website # Bank provides monthly statement of your bank account free of cost on customer visiting the branch personally # Bank extends passbook facility in lieu of physical statement of Bank account # Cheque books are issued to all Savings accounts customers # The Net Banking, Phone Banking and Payment Gateway access, if applied for, is applicable for all Deposit Accounts and Investment Accounts, existing or to be opened in future # Transaction rights on Direct Channel for Investment Accounts are subject to the customer executing a mandate in favour of the Bank # All account(s) existing or to be opened in future will be linked to the Debit Card/payment Gateway. Customer to give specific instructions if he/she wishes to de-link any account(s) # Customer can avail SMS Banking Services to receive transaction details/information related to your Bank account through SMS on the mobile number registered with the Bank # Jointly held Accounts would not be given transaction rights through SMS Banking and Net Banking Services # All accounts will be opened in the same combination as provided in the Account Opening Form by the Customer # All account(s) existing or to be opened in future will get the account statement as per Account Statement Option chosen in this Account Opening Form / as per the Bank policy from time to time # In case of non-availability of any of the above documents, please contact the Bank official for a detailed list of acceptable documents # The original documents should be produced for verification # Photo copies needs to be self-attested by the applicant # The age considered for Minor is below 18 years

For any clarifications or assistance, write to us on nriservices@kotak.com OR call our 24 Hrs Customer Contact Center on 1800 102 6022 (India) - International callers can call on 0091 22 66006022 OR visit your nearest Kotak Mahindra Bank Branch-Details available on www.kotak.com

	<h3>CUSTOMER COPY</h3> <h3>KBAO-0001234536</h3>	Nomination Form Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No								
Nomination Form Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide this number for future reference	Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Form Submission to Bank Official) (Customer Signature)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
You have submitted for the product _____ under the Promo/Program _____ and the applicable Average Quarterly/Monthly/Balance is Rs. _____.		<h3>FOR BANK USE ONLY</h3> <h3>KBAO-0001234536</h3>								
Date: _____	Name of Bank Official & employee Code: _____	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								
Branch: _____	Signature of Bank Official _____									
The A/c will be opened subject to verification of documents & clearance of Initial Payment cheque										

CHECKLIST FOR NON RESIDENT INDIVIDUAL ACCOUNT

Sourcing Branch Code

Holder's Name				AOF No.			
A/C No.		Scheme Code :-		CRN :-		Existing Customer (Yes / No)	
Compulsory Documents							
	Code	Documents Accepted	1st Applicant	2nd Applicant	3rd Applicant	4th Applicant	
		NRI - Non Resident Indian					
	PP	Indian Passport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	VV	Valid Visa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		PIO - Person of Indian Origin					
	OP	Overseas Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	PI	Document Showing Indian Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	PA	PIO - Affidavit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Merchant Navy - Shippy					
	VC	Valid Contract Copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	CD	CDC Booklet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SD	Shippy Declaration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Intra Company Transfer					
	TR	Letter of Appointment / Deputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verification of IDENTITY (I), SIGNATURE (S) ADDRESS (A) DOCUMENT							
	Code	Documents Accepted	1st Applicant	2nd Applicant	3rd Applicant	4th Applicant	
ISA	PP	Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ISA	DL	Driving Licence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ISA	MC	Marriage Certificate - only if wife is Joint Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A	RC	Ration Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A	UB	Utility Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A	RA	Registered Purchase / Sale Deed or Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A	PB	Bank passbook/statement signed & stamped or with logo / printed by bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A	BOV	Address Personally verified by Bank Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S	Oth	Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completed By (Front End)			DVU		Funding		
Name : _____ Designation : _____			Name : _____		Funds Parked in _____		
Employee No : _____ Branch : _____			Designation : _____		Value Date _____		
Signature : _____ Date : _____			Employee No : _____		Funds Checked By _____		
Inward - AOF at Branch Date : _____ Time : _____			Signature : _____		Msign		
Out ward - AOF at CPC Date : _____ Time : _____					<input type="checkbox"/> Sign Captured <input type="checkbox"/> Sign Linked		
Signature : _____					User Sign.....Auth Sign.....		
BCIF			CASA / TD Opening & Main				
<input type="checkbox"/> CRN Creation			<input type="checkbox"/> CASA Account <input type="checkbox"/> Account Level Memo <input type="checkbox"/> TD Account <input type="checkbox"/> Operating Instructions <input type="checkbox"/> Account Address <input type="checkbox"/> Operating Ins <input type="checkbox"/> Cheque Book <input type="checkbox"/> Mandate Addition <input type="checkbox"/> CBR <input type="checkbox"/> CBR <input type="checkbox"/> Statement Frequency <input type="checkbox"/> Sweep In <input type="checkbox"/> Nomination <input type="checkbox"/> Blocking Account <input type="checkbox"/> TD Payin <input type="checkbox"/> Sweep Out <input type="checkbox"/> Unblocking Account <input type="checkbox"/> OD Limit <input type="checkbox"/> AQB Waiver <input type="checkbox"/> Standing Instruction <input type="checkbox"/> TD Lien <input type="checkbox"/> Customer Relationship <input type="checkbox"/> Funds Transfer <input type="checkbox"/> Others				
Inputted By.....Authorized by..... Channel & Alert <input type="checkbox"/> CRN Creation <input type="checkbox"/> Net Banking <input type="checkbox"/> Debit Card <input type="checkbox"/> Payment Gateway Inputted By.....Authorized by..... <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Alert Inputted By.....Authorized by..... <input type="checkbox"/> Fax Email Indemnity Inputted By.....Authorized by.....			Input. By.....Auth By.....// Input. By.....Auth By.....				
Exceptions Raised							



NRA0225654_PG02

My Profile - Primary Holder's Detail

Please ensure you sign next to all changes you make on the form.

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

Personal Details

Name: MR. NIRMALKUMAR SURESHBHAI PATEL
 Date of Birth: 18-SEP-1988
 Marital Status: MARRIED
 Mothers maiden Name: PATEL
 Pan No.: AXXPP3593P
 Name of Company: INFOMATICS INC
 Designation: SR SOFTWARE ENGG
 Annual Income: USD 72,000-1,20,000
 Citizenship: UNITED STATES
 Gender: ☒ MALE ☐ FEMALE ☐ TRANSGENDER
 Category: ☐ General ☐ OBC ☐ SC ☐ ST
 Occupation Type Service - ☐ Private Sector ☐ Public Sector ☐ Government Sector
☐ Professional ☐ Self Employed ☐ Retired ☐ HouseWife ☐ Student ☐ Business ☐ Not Categorised
 Education: ☐ Non-Graduate ☒ Graduate ☐ Post-Graduate ☐ Professionally qualified ☐ Others _____
 Profession: ☐ Finance ☐ Agriculturist ☐ Legal ☐ Teaching ☐ Art ☐ Medical ☐ Engineer
☐ Management ☐ Architect ☒ IT ☐ Others _____
 *Religion: ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Zoroastrian ☐ Others _____
 *Status ☐ NRI/PIO/OCI ☐ Foreigner **Related to staff** ☐ Yes Employee ID _____ ☐ NO
 Maiden Name (First Name) (Last Name)
 (applicable to married woman, documentary proof required)
☐ *Father / ☐ *Spouse Name (First Name) (Last Name)
 (If PAN not available Father's Name Mandatory)

Facebook ID : _____ Twitter ID : _____
 @Email Address: _____
***Preferred Mailing Address :** ☒ Indian Address ☐ Overseas Residence Address (Address proof mandatory for the mailing address selected)
 (Debit card/PIN/Password mailers will be sent to the preferred mailing address of each applicant.Account Statement/Cheque Book will be sent to the preferred mailing address of the first applicant only)
Preferred Mobile No. _____ ☐ Do not have ☐ Do not want to disclose **Alternate Mobile No.** _____
Alternate Contact Details
 Name: _____ Relationship: _____
 Telephone No.: _____ *Mobile No.: _____
 *Email Address _____
☐ I hereby agree for the bank to contact the above alternate person on the above conditions in case where the bank is not able to reach me either through person/mail/phone.

Passport Details

Status: NRI
 Country of Nationality: INDIA
 Passport Number: P6804654
 Date of Issue: 05-DEC-2016
 Date of Expiry: 04-DEC-2026

Visa Details

Type of Visa: WORK PERMIT Date of Issue: 16-MAR-2018
 Date of Expiry: 09-SEP-2020 Place of Issue:

Other Details

Preferred Home Branch: POWAI - HIRANANDANI, City : MUMBAI
 Do you have any other Kotak account? NO
 Customer Relationship Number (CRN):
 Account Type:
 Are you employed with the Merchant Navy (Foreign Vessel) / Foreign Cruise Liner? NO
 Are you or anyone you know actively involved in politics? NO

Contact Details

Permanent Address : ☐ Same As Indian Address ☐ Same As Overseas Address

Overseas Address

Address Line1: (Upto 90 characters only)	510 BERKELEY HILL DR	Address Line2: (Upto 90 characters only)	APT 910
Address Line3/Landmark:		City:	CHARLOTTE
Postal Code:	28262	State:	NORTH CAROLINA
Country:	UNITED STATES	Telephone:	1 248 9466141
Mobile:	1 2489466141		

Indian Address (Communication Address)

Address Line1: (Upto 90 characters only)	19-A, SHREERAM SOC	Address Line2: (Upto 90 characters only)	VISNAGAR ROAD
Address Line3/Landmark:	DIST-MEHSANA	City:	VIJAPUR
Postal Code:	382870	State:	GUJARAT
Country:	INDIA	Telephone:	91 2763 222558
Mobile:	91 8286785757		

Emails

Primary Email ID: NIRMAL.06IT37@GMAIL.COM
 Alternate Email ID:

Primary Holder's Initials

Form reviewed and submitted online by MR. NIRMALKUMAR PATEL on 2019-05-31 07:20:54.014

Part B		
*Address for Tax Residence _____		
*City _____		
*Country of Birth _____ Place within the Country of Birth _____		
(In case Country of Birth is USA, however Nationality and Country of Tax Residency is other than USA, please provide documentary evidence)		
Source of Wealth _____ Nationality _____		
Please list below the details, confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers		
*Country Of Tax residency	Tax Identification No^{\$}	Tax identification document (TIN or functional equivalent)
^{\$} It is mandatory to supply a TIN or functional equivalent (in case TIN not available) if the country in which you are tax resident issues such identifiers. If no TIN /functional equivalent is yet available or has not yet been issued, please provide an explanation below:		

6

ActivMoney (AUTO SWEEP OUT - SWEEP IN FACILITY) Not available if linked account has an overdraft facility attached

Activ Money facility required ☐ Yes ☐ No

If Yes, Please specify Sweep-Out* threshold Rs. _____ and Sweep-In** threshold Rs. _____ (applicable if **ActivMoney** is opted for).

Sweep-OutThreshold*: This should be greater than or equal to twice the AMB (Average Monthly Balance) requirement of the Account chosen or Rs.50,000/- for Current Account / Rs.20,000/- for Savings Account, whichever is higher except for Trader Pro and Trader Classic Current Account where the limit is Rs.500,000 and Rs.100,000 respectively and for Insignia / Optima Savings Account where the Threshold is Rs.200,000/-

Sweep-In Threshold**: This should be greater than or equal to the AMB (Average Monthly Balance) requirement of the account chosen or Rs.50,000/- for CurrentAccount / Rs.10,000/- for Savings Account, whichever is higher except for Trader Pro and Trader Classic Current Account where the limit is Rs.500,000 and Rs.100,000 respectively and for Insignia / Optima Savings Account where theThreshold is Rs.150,000/-

Auto Sweep-Out of Funds above a pre-specified threshold from Savings / Current Account to Fixed Deposit will be for 180 days and in multiples of Rs.10,000/-. The nomination registered for Current/ Saving Account will apply for the TDs created through **ActivMoney**. If customers opts for **ActivMoney** in an account, standalone Fixed Deposits cannot be linked to that account.

SMS BANKING & ALERT FACILITY (Refer General Schedule of Features and Charges for charges applicable)

Alerts facility enables you to receive alerts on your Email and/or Mobile regarding account transactions and maintenances. New alerts may be added from time to time.

☐ I/We hereby expressly consent and authorize the Bank to make telephone calls and send SMSs or/emails to inform me/us on any information or updates relating to the Bank's existing / new products/services. The said consent given is valid till such time I/We withdraw the same in writing.

Alert Type	Balance update frequency	
<input checked="" type="checkbox"/> SMS	<input type="checkbox"/> Daily	<input checked="" type="checkbox"/> Weekly
<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> Daily	<input checked="" type="checkbox"/> Weekly

The transaction/ maintenance Alerts will be sent by default to the Primary Holder of the account. In case you do not wish to receive specific alerts, please fill up Alert Subscription Form.

Bank will send all alerts to the preferred mobile number and E-mail address mentioned in this Form. The Bank will also use these details for sending out transaction information and updates about Product and Services. In case you do not wish to receive information / updates, you can register yourself for Do Not Call on the bank's website www.kotak.com.

CHANNEL ACCESS REQUEST

I wish to apply for access to the following Channels

	1st Applicant			2nd Applicant		
	PB	NB	*DC	PB	NB	*DC
Deposit Account(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Account(s) #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Payment Gateway will be activated by default for customers registered for Net Banking with unconditional transaction rights.

Mandate in favour of Bank to be executed to avail transaction facility on Net Banking and Phone Banking for Investment Account(s).

Mandate holders will get restricted channel access

* NRO customers will get a domestic debit card.

* Privy League customers will get the default chip debit card enabled for international use.

* NRE customers will get a chip debit card enabled for international use.

PB - Phone Banking; **NB** - Net Banking; **DC** - Debit Card

Special Debit Card Type	<input type="checkbox"/> 1st Applicant	Card Type	For CPC Use	<input type="checkbox"/> 2nd Applicant	Card Type	For CPC Use
<input type="checkbox"/> Yes, I wish to personalize my Debit card with an image	Image Code	<input type="text"/>	(To be filled by Branch, if applied for image card)	Image Code	<input type="text"/>	(To be filled by Branch, if applied for image card)

ACCOUNT STATEMENT OPTIONS

Bank will forward statements by a way of email on monthly basis, to the registered email id. In case email id has not been provided physical statements at quarterly intervals would be sent to my / our mailing address.

CLICK2REMIT REGISTRATION

☐ I/We hereby request you to register me for click2remit remittance services*

* The specified service is available only to the locations where C2R facility is available. For more details, please refer to www.click2remit.com

INITIAL PAYMENT DETAILS

Currency _____ Cheque/DD No. _____ Date _____ Amount (fig) _____ **Credit to A/c type** _____

Currency _____ Cheque/DD No. _____ Date _____ Amount (fig) _____ **Credit to A/c type** _____

Cheques issued by the customer from his/her existing bank account and payable to " Kotak Mahindra Bank Ltd.A/c < customer name >" will only be accepted.

☐ Wire Transfer/Telegraphic Transfer Reference No. _____ Dated
For _____ From _____
☐ Others (please specify) _____ For Credit to Account Type _____

ACCOUNT TYPE (Rupee Accounts)

Rupee Savings Account ☐ NRE(Non-Resident External-Repatriable) Code NRO(Non-Resident Ordinary Non-Repatriable) Code
Rupee Current Account ☐ NRE Code NRO Code
Rupee Savings PINS A/c ☐ NRE PINS(Portfolio Investment Scheme) Code NRO PINS(Portfolio Investment Scheme) Code
Platina Savings Account ☐ NRE Code NRO Code
Branch _____ Branch _____
Investment Account ☐ Repatriable ☐ Non - Repatriable
Mode of Operation ☐ Singly ☐ Either or survivor ☐ Jointly ☐ Anyone or survivor ☐ Former or survivor ☐ Others _____

DECLARATION

The particulars contained herein shall be valid for all accounts opened by me/us or to be opened by me/us hereafter either singly or with other(s) and/or by me/us in any representative capacity with Kotak Mahindra Bank Ltd. (the Bank) unless informed to you otherwise. I/We have read and understood the Terms and Conditions governing the opening of an account with the Bank, and those relating to various Services including but not limited to (a)ATMs (b) Phone Banking (c) Debit Card (d) Net Banking (e) Mobile Banking (f) Payment Gateway (g) SMS Banking (h) Alerts Service (i) Opening of an Investment Account. I/We understand that the Bank may at its absolute discretion, discontinue any of the Services completely or partially without any notice to me/us. I/We agree that the Bank may debit my/our account for service charges as applicable from time to time. I/We understand that investment products are not Bank objects or other obligations or guaranteed or insured by the Bank or their affiliates. They are subject to risk and possible loss of principal. Past Performance is not indicative of future performance.

I/We hereby declare that I/We are Non-Resident Indian(s) or Person of Indian Origin. I/We understand that the above account will be opened on the basis of the statements/declarations made by me/us in this application as well as on the supporting documents to be submitted with the applications. I/We also agree that if any of the statements/declarations made is found to be not correct in material particulars and/or the relevant supporting documents/proof is not provided by me/us in one month's time, you are not bound to pay any interest on the deposit made by me/us. I/We confirm that the facility of standing instruction is not available on my or our pins account and I/We shall not give any such instructions to the Bank to execute the same. I/We agree that the account will be put into use for bonafide transactions and shall not violate any provisions of any Government/Exchange Control Regulation/RBI guidelines, any other regulation or law as may be applicable to my/our accounts and the Bank's Terms and Conditions. I/We agree and authorize the Bank to debit the required charges for issuing the pay order/demand draft to my/our NRE/NRO accounts.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I understand that as per directions of Government of India, my KYC information will be updated in Central KYC Registry & I hereby authorize the Bank to open my account in the same name as registered with UIDAI for issuing Aadhar / Income Tax for issuance of PAN. I also confirm that either of the name as appearing in the above noted two databases will supersede with name as mentioned in the Account Opening Form.

I/We authorize the Bank to automatical renew the deposit on due date for an identical period (unless otherwise specifically instructed before due date). The earlier advice given to me/us will be treated as discharged advice on due date. I/We agree that no claim shall be made by me/us for any interest on the deposit(s) for any period after date(s) of maturity of the deposit(s). I/We agree to abide by the provisions of the Foreign Currency (Non-Resident) A/c. Non-Resident (External) Account Scheme. I/We understand that the interest applicable for the renewed period will be at the applicable ruling rates on the date of maturity and that the renewed advice will be made available on my/our presenting the duly discharged original advice on the maturity date or later for payment. I/We further understand that the renewal will be in accordance with the provisions of the Reserve Bank of India scheme in force at the time of renewal. I/We agree that if a premature withdrawal is permitted at my/our request the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by Reserve Bank of India/Government of India and the Bank in this regard. I/We shall not make available to any person resident in India, foreign currency against reimbursement in Rupees or in any other manner in India. I/We would confirm that all debits to my/our accounts for the purpose of investment in India and credits representing sale proceeds of investments in India are covered either by general or special permission of Reserve Bank of India.

I/We hereby authorize issuance of ATM-Debit card and provision of Internet Banking service as per the form. I/We undertake to ratify and confirm all that the user(s) do(es) or cause(s) to do through ATM and Internet Banking channels. This authority shall continue to be in force until any one of us revokes by a notice in writing delivered to you.

I/We hereby undertake to intimate you my/our return to India for permanent residence immediately on arrival. I/We hereby declare the above information is true to the best of my/our knowledge. I/We shall advise the Bank immediately in the manner as agreed by me/us and in the form acceptable to the Bank, in case of any change in the above details and information given by me/us.

I/We am/are aware that the pre-mature withdrawal of Deposit(s) will require consent and signature of all Depositor(s) irrespective of mode of operation.

I/We hereby authorize the Bank that in event of death of anyone of the Depositor(s), the bank on receipt of written request from the surviving Depositor(s), as per the mode of operation, to allow the surviving Depositor(s) to prematurely withdraw the term deposit without seeking concurrence from the legal heirs of the deceased depositor(s)

In terms of RBI Circular DBR.No.BP.BC.104 /08.13.102/2017-18 dated 6th April 2018, I/We understand that Reserve Bank of India has prohibited that Bank shall not deal in any type of Crypto / Virtual Currencies (VCs) or provide services for facilitating anybody in dealing with or settling of VCs including transfer / receipt of money in accounts relating to purchase / sale of VCs. I / We hereby declare that I/We will not deal with any transactions in my/our account, relating to any type of VCs including Bitcoins . I / we also understand and agree that the Bank reserves all right to close my/our account immediately without any further intimation in case I / we am found to undertake such transactions.

Note: I /We further declare and confirm that any modification to the above authorization/mandate shall be only by way of joint instructions by all the applicants/joint holders. I/We am/are aware that penalty charges will be levied for the premature withdrawal of deposits as per the applicable terms and conditions of the bank and I/We have been informed about the applicable penal interest rate for premature withdrawal Aãã~Aã I/We have read & understood the terms and condition governing the opening of an account with Kotak Mahindra Bank Ltd. and those relating to various services including term deposit(s). I/We accept & agree to be bound by the said Terms & Conditions including those excluding/limiting the bank liability. I/We understand that the bank may at its absolute discretion, discontinue any of its services completely or partially without any notice to me/us. I/We agree that the bank may debit my/our account for service charges as applicable from time to time. I/We hereby declare that the information furnished above is true & correct to the best of knowledge Aãã~Aã I/We am/are further aware, that in the event of death of an applicant/joint holder and in the absence of Joint Mandate for premature withdrawal of deposit(s), the premature withdrawal of the term deposit will be allowed only with the concurrence of the legal heirs of the deceased joint holder(s) & no penalty charges will be levied on such premature withdrawal.

Mandate for InvestmentAccounts

I/We hereby authorize you to transfer funds in any form and manner including but not limited to by way of debit/credit of my/our accounts, and issue pay orders/demand drafts/bankers cheques, from my/our account for the purchase, redemption, switch, receipt of dividends or any such acts for Mutual Fund unit in pursuance of the instruction given by me/us or my power of attorney from time to time. I/We hereby state that all the acts, deeds, and things done by you based on such instruction shall be binding on me/us. This mandate by me/us is to be adhered to by the bank in respect of all actions permitted by the RBI and/or relevant regulations as applicable from time to time. I/We have been disclosed all the commissions (in the form of trail commission or any other mode), payable to the bank for the different Scheme/s being recommended to me/us, Purchase and purchase type transactions in equity mutual funds are liable to charges as per tariff Structure of the Bank, plus applicable service tax and education cess. We do hereby authorize the bank to conduct my/our credit history verification with CIBIL or any other credit rating agency.

Client Declaration For Product and Service Availed Outside The Home Country (if Applicable) ☐ Yes ☐ No

I/We hereby certify that I am / we are resident(s) of _____ and that I/We have availed of this product / facility / service on a trip to _____ and executed all documents relating to such product or service while in _____. I/We hereby represent, warrant, agree and undertake on a continuing basis that: a. There are / shall be no legal or regulatory prohibitions or impediments against my / our maintaining my/our relationship with Kotak Mahindra Bank Ltd. (the Bank), including making the aforementioned investment(s) / availing myself / ourselves of the aforementioned facilities or services from time to time. b. In making the aforementioned investment(s) availing myself / ourselves of the aforementioned facilities or services from time to time. I/We shall ensure that I/We are in a full compliance with all laws and regulations, including, without limitation, all applicable exchange control / taxation laws / regulations in my / our home country. I/We shall obtain all necessary regulatory approvals, if required, in connection with any such transactions and shall promptly make all necessary regulatory reporting, if required, to the relevant authorities in my / our home country and I/We agree to furnish to the Bank, upon request, copies of the approvals/reports, if any. c. All decisions to make the aforementioned investment(s) / avail of the aforementioned facilities or services from time to time are / shall be my / our own independent decisions, and are not / shall be made in reliance on any views or opinions, if any, as may be expressed by the Bank or its representatives from time to time, and are / shall be arrived at after personal analysis and careful consideration of the risks, benefits, terms and conditions taking into account my / our investments objectives, financial situation and particular / specific requirements and needs. I/We hereby request the Bank, its Affiliates and the representatives, associates, service providers and employers of the Bank and its Affiliates, to contact me / us by telephone, or otherwise communicate with me from time to time in connection with servicing issues pertaining to the products / relationship which I/We have with the Bank / its Affiliates from time to time. In addition to the above, the Bank, its Affiliates and the representatives, associates, service providers and employees of the Bank, its Affiliates may contact me / us from time to time by telephone, or otherwise communicate in connection with new products, services of the Bank / its Affiliates. I/We shall indemnify the Bank that its representatives, employees and agents against all losses, costs, expenses, suits, damages whatsoever arising out of or in connection with their assistance and their services that may be provided to me / us for helping me / us invest in the aforementioned products / avail myself / ourselves of the aforementioned facilities or services in my / our name (s). I/We acknowledge that the Bank relies on my/our representations, warranties, undertakings and statements contained herein in agreeing to establish/continue its relationship with me/us and in agreeing to provide the aforementioned facilities / services to us from time to time.

SIGNATURE & PHOTOGRAPHS (Please attach recent passport size photograph in the space provided below)

<p>Sole/First Holder</p> <p>CNRN: <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/></p> <div style="border: 1px solid black; height: 150px; margin-top: 20px;"></div> <p style="text-align: center;">*Name _____</p>	<p>Joint or Mandate Holder</p> <p>CNRN: <input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/></p> <div style="border: 1px solid black; height: 150px; margin-top: 20px;"></div> <p style="text-align: center;">*Name _____</p>
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For Bank Use Only

Branch Code:	<input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/>	Category:	<input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> G	App1 Temporary VISA:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ticket ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Customer Segment:	<input type="checkbox"/> RL <input type="checkbox"/> WM <input type="checkbox"/> CB	App2 Temporary VISA:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Source Code:	<input type="text" value="N"/> <input type="text" value="E"/> <input type="text" value="T"/> <input type="text"/> <input type="text"/> <input type="text"/>	Risk Profile:	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L		
LG Code	<input type="text" value="B"/> <input type="text" value="R"/> <input type="text" value="C"/> <input type="text" value="H"/> <input type="text" value="N"/> <input type="text" value="R"/>	NMC Waiver:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div>CPC/RPC Use Only</div> <div>Status _____ (for CRFs)</div> <div>Relation _____ (MOP = Others)</div> <div>Vernacular <input type="checkbox"/> App1 <input type="checkbox"/> App2 <input type="checkbox"/> Both</div>	
LC Code:	<input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="5"/> <input type="text" value="9"/>	IP Waiver:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
RM Code	<input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="5"/> <input type="text" value="9"/>	FAX Indemnity:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Corp/Grp Co. Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MF POA Executed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
LOB	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Online Trading POA Executed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

***Principal Account Number ***Principal CRN

(***Applicable in case of Family Savings Account)

Account Sourcing Date: Date Account Opened:

Approved by: Sales Official (Sign & Code) . Branch Official (Sign & Code) . Created by

Designation Designation Authorised by

Customer Sub-Classification			Casa A/c No.:															
	Key	Associate	TD												MF			
1st Applicant	<input type="text"/>	<input type="text"/>																
2nd Applicant	<input type="text"/>	<input type="text"/>																
3rd Applicant	<input type="text"/>	<input type="text"/>																
4th Applicant	<input type="text"/>	<input type="text"/>																

Relation	2 V.dt / dummy	3 Bill Pay/Ace	4 JT Appl
Status	6	7	8

RPC USE APPLICANT 1								
FATCA Received	<input type="checkbox"/>	YES	FATCA Reportable	<input type="checkbox"/>	YES			RPC Stamps
Re-KYC	<input type="checkbox"/>	YES	CRN Created	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

RPC USE APPLICANT 2								
FATCA Received	<input type="checkbox"/>	YES	FATCA Reportable	<input type="checkbox"/>	YES			RPC Stamps
Re-KYC	<input type="checkbox"/>	YES	CRN Created	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

DEPOSIT DETAILS			<input type="checkbox"/> Fixed Deposit(Premature Withdrawal allowed)			<input type="checkbox"/> Fixed Deposit(Premature Withdrawal not allowed)			<input type="checkbox"/> Recurring Deposit		
<input type="checkbox"/> Rupee Deposit	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> ACE Deposit			(ACE Deposit is available for NRO Account only. While opting for ACE Deposit, please fill up the MF Standing instruction Form Provided at the end of this Form)					
<input type="checkbox"/> FCNR	<input type="checkbox"/> RFC	<input type="checkbox"/> Currency	<input type="checkbox"/> USD	<input type="checkbox"/> EURO	<input type="checkbox"/> GBP	<input type="checkbox"/> JPY	<input type="checkbox"/> AUD	<input type="checkbox"/> CAD	<input type="checkbox"/> DTAA	<input type="checkbox"/> RAP	
*Period _____month(s) _____ day(s)			Maturity Date			<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>					
Amount Rs. _____(In Words)_____			Nomination			<input type="checkbox"/> No	<input type="checkbox"/> Yes(Please fill a separate nomination form)				

Interest Frequency Please fill only for deposits > 180 days	Option 1	Option 2
	<input type="checkbox"/> Reinvestment	<input type="checkbox"/> Payout Quarterly <input type="checkbox"/> Payout Monthly
Maturity Instructions	<input type="checkbox"/> Renew Principal and Interest <input type="checkbox"/> Renew Principal and Pay Back Interest <input type="checkbox"/> Pay Back Principal and Interest	<input type="checkbox"/> Renew Principal <input type="checkbox"/> Pay Back Principal

- In case of ACE Deposit the interest frequency will be monthly by default :%Additional Forms required.
- For Deposits invested upto a period of 180 days, Interest will be Paid At Maturity. Please fill payment instructions.
- Auto Renew option is not applicable for Recurring Deposits. Auto Renew and Monthly Payout of interest option is not applicable on Fixed Deposits Booked under "Pre-mature withdrawal Not allowed" Scheme.
- In the absence of specific maturity instructions, Fixed Deposits will be renewed automatically on the same terms and Conditions, at the rate prevailing at the time of renewal. Please fill and attached form 15G/15H deperately, if applicable.

		Account Number
Interest Payment and Maturity Payment Instructions	<input type="checkbox"/> Credit to KMBL Bank Account Number	
	<input type="checkbox"/> Demand Draft to be sent to mailing address	Not Applicable

SWEEP-IN FACILITY REQUIRED (Linking of Fixed Deposit to Savings / Current Account) ☐ Yes ☐ No



NRA0225654_PG10

Nomination (Form DA1)

FOR NRE

☐ Yes ☐ No (Bank use only)

Nomination under section 45ZA of the Banking Registration Act, 1949 and the rule 2(1) of The Banking Companies (Nomination) Rules, 1985, in respect of bank deposits

I/We MR. NIRMALKUMAR SURESHBHAI PATEL Address(es) 510 BERKELEY HILL DR , APT 910 , CHARLOTTE , NORTH CAROLINA - 28262

nominate the following person to whom in the event of my /our /minor's death the amount of the deposit, particulars whereof are given below, may be returned by [Kotak Mahindra Bank Limited](#).

Nature of Deposit Rupee Savings Account NRE Distinguishing No _____ Additional details, if any _____

Nominee Name MRS. HAPPYBEN NIRMALKUMAR PATEL

Nominee Address : Same as 1st Applicant ☐ Yes ☐ No (Please give the address below)

Address : 19-A, SHREERAM SOC , VISNAGAR ROAD , DIST-MEHSANA

*City VIJAPUR *Pin Code 382870 State GUJARAT

Relationship with Depositor, if any WIFE Age 30 (if nominee is a minor, his/her date of birth) 02-NOV-1988

As the nominee is minor on this date, I/We appoint Shri/Smt/Kum* _____ Relation With Minor Nominee NATURAL

Address : _____

*City _____ *Pin Code _____ State _____

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

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

Signature(s)/Thumb impression*** _____ Depositor _____ Depositor _____ Depositor _____

Date & Place _____ Signature Of First Witness*** _____ Signature Of Second Witness*** _____

*Strike out if nominee is not a minor ***Thumb impression(s) shall be attested by two witnesses and signature will be attested by one witness.

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

<p>Applicable, If no nomination is provided in a Single Holder A/c</p> <p>The Bank, through its authorized representative had explained to me the advantages of nomination facility as per the extant guidelines of RBI. However, I hereby decline to presently nominate any individual and understand the risks and consequences of my failure to give nomination and am fully aware of the hardships my legal heirs would face in the event of my death without nomination registered in your Bank records.</p> <p>_____</p> <p style="text-align: center;">Customers Signature</p>	<p>FOR BANK USE ONLY</p> <p>I have clearly explained to the customer the advantage of nomination facility and inspite of the same he/she still does not want to nominate and he/she also refused to provide a specific letter to the effect that he/she does not want to make a nomination.</p> <p>_____</p> <p style="text-align: center;">Employees Signature & Code</p>
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NRA0225654_PG11

Nomination (Form DA1)

FOR NRO

☐ Yes ☐ No (Bank use only)

Nomination under section 45ZA of the Banking Registration Act, 1949 and the rule 2(1) of The Banking Companies (Nomination) Rules, 1985, in respect of bank deposits

I/We MR. NIRMALKUMAR SURESHBHAI PATEL Address(es) 510 BERKELEY HILL DR , APT 910 , CHARLOTTE , NORTH CAROLINA - 28262

nominate the following person to whom in the event of my /our /minor's death the amount of the deposit, particulars whereof are given below, may be returned by [Kotak Mahindra Bank Limited](#).

Nature of Deposit Rupee Savings Account NRO Distinguishing No _____ Additional details, if any _____

Nominee Name MRS. HAPPYBEN NIRMALKUMAR PATEL

Nominee Address : Same as 1st Applicant ☐ Yes ☐ No (Please give the address below)

Address : 19-A, SHREERAM SOC , VISNAGAR ROAD , DIST-MEHSANA

*City VIJAPUR *Pin Code 382870 State GUJARAT

Relationship with Depositor, if any WIFE Age 30 (if nominee is a minor, his/her date of birth) 02-NOV-1988

As the nominee is minor on this date, I/We appoint Shri/Smt/Kum* _____ Relation With Minor Nominee NATURAL

Address : _____

*City _____ *Pin Code _____ State _____

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

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

Signature(s)/Thumb impression*** _____ Depositor _____ Depositor _____ Depositor _____

Date & Place _____ Signature Of First Witness*** _____ Signature Of Second Witness*** _____

*Strike out if nominee is not a minor ***Thumb impression(s) shall be attested by two witnesses and signature will be attested by one witness.

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

Applicable, If no nomination is provided in a Single Holder A/c

The Bank, through its authorized representative had explained to me the advantages of nomination facility as per the extant guidelines of RBI. However, I hereby decline to presently nominate any individual and understand the risks and consequences of my failure to give nomination and am fully aware of the hardships my legal heirs would face in the event of my death without nomination registered in your Bank records.

Customers Signature

FOR BANK USE ONLY

I have clearly explained to the customer the advantage of nomination facility and in spite of the same he/she still does not want to nominate and he/she also refused to provide a specific letter to the effect that he/she does not want to make a nomination.

Employees Signature & Code

Mandate Form - NRE

**[1. Customer Relationship Form to be submitted for each Mandate Holder
2. Separate Mandate Form required for multiple accounts]**

Saving Account No.

Branch: _____

Account Holder's Name.

I/We refer to my / our above mentioned account with your bank.

I/We hereby authorise you to honour instructions given for the above account by

Name : Mr/Ms. _____

Address : _____

Contact Nos:(o) _____ (R) _____

Email : _____

I/We hereby authorise the mandate holder

- 1) To draw cheques on the said account
- 2) To deposit and / or discount cheques and other instruments in the said account and for this purpose to endorse on my / our behalf cheques, drafts, pay orders and other instruments payable to me / us.
- 3) To make deposits from balances available in the account in my / our names and to renew such deposits for such periods as may be given in writing by the mandate holder.
- 4) To certify balance confirmation statement and statement of accounts issued by the Bank in respect of the said account.
- 5) To give instructions in writing involving debits to the said account, transfers there from etc.

I / We hereby declare that as per Exchange Control guidelines issued by RBI

- 1) The mandate holder can exercise the authority conferred by this letter to withdrawals for local payments only, and to make investments in India where I / We hold general permission or have obtained specific permission from RBI.
- 2) The mandate does not permit the mandate holder to repatriate funds outside India other than to my / our overseas account or making payment by way of gift to a resident on behalf of the account holder(s).

I / We hereby further declare that the above restrictions in the operation of the account have been made known to the mandate holder by me / us. I / We and the mandate holder are governed by the present Exchange Control guidelines and any changes brought therein from time to time. This authority shall continue in force until I / We expressly revoke it by a notice in writing delivered to you and I / We shall be responsible / liable to you for all acts of the mandate holder.

Yours faithfully,

Account Holder: _____

1st Holder's Signature

2nd Holder's Signature

3rd Holder's Signature

Mandate Holder: _____

Signature of Mandate Holder

Attested By : _____

1st Holder's Signature

2nd Holder's Signature

3rd Holder's Signature

Date: _____

Bank use only

Branch _____ Input by _____ Authorised by _____

Account No _____ Customer ID No _____ Customer ID No _____

Bank CIF ID _____ GL/SL Product Code _____ Mandate No _____

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

Mandate Form - NRO

[1. Customer Relationship Form to be submitted for each Mandate Holder
2. Separate Mandate Form required for multiple accounts]

Saving Account No. Branch:
Account Holder's Name.

I/We refer to my / our above mentioned account with your bank.

I/We hereby authorise you to honour instructions given for the above account by

Name : Mr/Ms.

Address :

Contact Nos:(o) (R)

Email :

I/We hereby authorise the mandate holder

- 1) To draw cheques on the said account
- 2) To deposit and / or discount cheques and other instruments in the said account and for this purpose to endorse on my / our behalf cheques, drafts, pay orders and other instruments payable to me / us.
- 3) To make deposits from balances available in the account in my / our names and to renew such deposits for such periods as may be given in writing by the mandate holder.
- 4) To certify balance confirmation statement and statement of accounts issued by the Bank in respect of the said account.
- 5) To give instructions in writing involving debits to the said account, transfers there from etc.

I / We hereby declare that as per Exchange Control guidelines issued by RBI

- 1) The mandate holder can exercise the authority conferred by this letter to withdrawals for local payments only, and to make investments in India where I / We hold general permission or have obtained specific permission from RBI.
- 2) The mandate does not permit the mandate holder to repatriate funds outside India other than to my / our overseas account or making payment by way of gift to a resident on behalf of the account holder(s).

I / We hereby further declare that the above restrictions in the operation of the account have been made known to the mandate holder by me / us. I / We and the mandate holder are governed by the present Exchange Control guidelines and any changes brought therein from time to time. This authority shall continue in force until I / We expressly revoke it by a notice in writing delivered to you and I / We shall be responsible / liable to you for all acts of the mandate holder.

Yours faithfully,

Account Holder:
1st Holder's Signature 2nd Holder's Signature 3rd Holder's Signature

Mandate Holder:
Signature of Mandate Holder

Attested By :
1st Holder's Signature 2nd Holder's Signature 3rd Holder's Signature

Date:

Bank use only

Branch Input by Authorised by
Account No Customer ID No Customer ID No
Bank CIF ID GL/SL Product Code Mandate No

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

Relative Declaration

(Applicable when an applicant/s doesn't have the proof of mailing address and they want to have the communication at their parents, spouse and siblings address/the same communication address as the other applicant/s).

To,

Kotak Mahindra Bank,

Sub: Address Confirmation for my relative

I, Mr. / Ms. _____ (Relative name) hereby declare that _____

(Applicant's name) is my _____ (Mention relationship with applicant).

He/She wishes to open a savings / current account with Kotak Mahindra Bank, _____ Branch.

I confirm that _____ (Applicant name) has been staying with me at

_____ (Full address of the relative) for the past ____ years. I state that _____ (Applicant name) is not having any separate address

proof and all the other communications addressed to him/her is delivered at my abovementioned address only.

I have no objection if Mr/Ms. _____ uses the abovementioned address for the purpose of account opening with Kotak Mahindra bank and for the purpose of receiving communication addressed to him/her at the said address.

The following documents have been submitted as required: (The ISA documents of relative)

Signature of Relative

Name Declaration Form

(Separate form to be filled by each holder, In case of multiple holder/s with variation in name, use the copy of this form).

I, Mr. / Ms. _____ (Name as per Application Form), state and declare that I am also known as _____ (Name on another documents, which is different from application form) and many of my official records bear my name as _____ (Name on another documents, which is different from application form).

I say that I desire to open a savings / current account with you under the name and style of _____ (Name as per Application Form), although the documents submitted by me are bearing my name as _____ (Name on another documents, which is different from application form).

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.

(Full Name)

(Signature)

Customer Self-declaration for KYC Documents in Foreign Language

Dear Sir/Madam,

I Mr. / Ms. _____ (Name of Customer), currently residing in _____ (Name of the Country) wish to open an NRE/NRO account with Kotak Mahindra Bank. Please find attached herewith the copy of valid passport and valid visa along with other KYC documents for your reference. As the said documents have been issued in a foreign language, I hereby confirm the correctness of the English translated version of the below documents which are in _____ language.

Following are the details in my name:

1. Visa details:

Type of visa: Employment/Residence/Student / Others _____ (Please specify)

Visa Number: _____ ; Validity period : From _____ to _____

2. Passport details:

Passport number: _____ ; Issuing Country: _____ ; Valid till (date) : _____

3. Address proof:

Type _____ Electricity bill/Telephone bill/others _____ (Please specify)

Details (Address Mentioned on the document) : _____

4. Other documents:

_____ (Please specify); Details : _____

I state that by virtue of the above passport & visa, I qualify to be eligible to open a NRE/NRO account. I solemnly affirm that the above stated details are true, correct and complete to the best of my knowledge and belief. I have not hidden any material information from the bank to induce them to open the account at my request. I also confirm that I fulfill the eligibility criteria prescribed by Reserve Bank of India/FEMA for opening an NRE/NRO account (prevailing from time to time).

I am aware that the bank has agreed to open and allow me to operate the bank account solely based on my affirmation as above. In consideration of Kotak Mahindra Bank Limited agreeing to open an NRE/NRO account in my name on the basis of the above declaration, I hereby keep Kotak Mahindra Bank Limited and its officers indemnified against all losses and damages caused by opening of the aforesaid NRE/NRO account on the basis of the above information provided by me. In the event of the above details being found wrong at a future point of time, I agree for the bank to freeze/close the account & to initiate any other appropriate action in that regard and I give complete authority to the bank to do the same.

(Full Name)


(Signature)

Dual Signature Declaration (New Account)

Dear Sir/Madam,

I, Mr. / Ms. _____ have submitted my _____ (Name of Document) for opening a Savings / Current account with / at your bank / branch.

My signature as per _____ (Name of Document) is my old signature while my signature as per _____ (Name of Document) is my present signature which is affixed in the Account opening Form.

Request you to consider my signature as on the _____ (Name of Document) and the account opening form as my present signature.

(Full Name)


(Signature)



NRA0225654 PG16

Mutual Fund Standing Instructions Form - ACE Deposits

I/We hereby authorize Kotak Mahindra Bank Ltd. to purchase on my/our behalf units in the mutual funds schemes into my/our investmentA/c and to debit my/our debit my/our Kotak Mahindra Bank account(s) as listed below, pursuant to standing instructions for investments into mutual fund schemes and/or a one time investment as listed below.

[illegible]

Bank Account Number:

Scheme Name : Kotak Opportunities Fund - Growth

Purchase and Systematic Investment Request:(All the sections of this form are mandatory)

To commence a standing instruction on the Start Date stated below, an online folio under the scheme is required. A one time investment, as stated below will need to be placed for creation of online folio.

One time Investment Amount (Rs) Min Rs 5000/-& in multiples of 1000/- (for folio creation also)	Standing Instruction Amount (Rs.) Min Rs. 1,000/-	Start Date dd/mm/yyyy	End Date dd/mm/yyyy	Frequency**
				Monthly

Names :

Sole / 1st Holder

Joint Holder

CRN ·

Signature(s) :

Place : _____

Please Note : Not Applicable to the customers of USA & Canada

Date : _____

Notes and Instructions:

1. Investments will be made in holding patterns of investment account selected & form is required to be signed as per mode of operation of the BankAccount selected.
2. PAN card copies of all the holders are mandatory as per SEBI guidelines. In case your PAN card copy is not available with us, the transaction may not be effected.
3. Transaction will be effective subject to the account being valid and in good standing.
4. Account holder(s) are required to ensure maintenance of sufficient funds in the Bank Account selected for the execution of the transaction by the bank on their behalf.
5. Purchase Request / Initial Purchase in case of Standing Instructions Request will be processed in 5 working days (Mumbai) from receipt of the form at the Bank. The Bank does not guarantee the date on which the same will be done and is not liable for loss on account of any fluctuation in Net Asset Value of the mutual fund schemes selected.
6. Standing Instructions, if required will be set up after receipt of folio number of initial investment from the Asset Management Company/ Registrar and in the folio number as received.
7. Standing Instructions will be effected in order of set up/request, in case other standing instructions also set up on the account.
8. Start date requested for the Standing Instruction is required to be a minimum of 14 working days(Mumbai) from receipt of the form at the Bank. In case the start date of the Standing Instruction is less than the same, the bank may set up the start date on the next date basis the frequency specified.
9. The Standing Instruction will continue to remain in effect for the term defined til the same is cancelled in writing by the Account Holder(s) as per the bank's norms.
10. Reinstating the Standing Instruction, once revoked by account holder(s) is not possible unless a fresh Standing Instruction form is given by the account holder(s).
11. Notwithstanding what is mentioned herein above, it is understood that Kotak Mahindra Bank is extending such facilities to make it convenient for and facilitate Account Holder(s) to make transactions in the mutual fund schemes opted for and it is further acknowledged that the onus to make such payments vests solely and absolutely with the Account Holder(s) without any liability on part of the bank.

BillPay Request Form

To.

The Branch Manager

Branch

I/We _____ hereby request you to register the following billers under Kotak BillPay Services.

Location:

(In case of Biller location being different please specify the location along with Name of Biller)

Name of the Biller / Location	*Biller Short Name (Upto 6 characters)	Identifier 1	Identifier 2	Identifier 3	AutoPay	
					Entire Bill	Pay Limit(Rs.)
Electricity		Consumer No	Cycle No	Billing Unit No		Rs.
Telephone		Telephone No	Customer A/c No	Billing Unit No		Rs.
Mobile		Account No	Mobile No	Customer Name		Rs.
Insurance		Policy No.	Client Id	Premium Amount		Rs.
Gas		Consumer Ref No.	Account No.	Customer Name		Rs.
Donation		Name	Address	Contribution Scheme		Rs.
Others						Rs.

* Biller short name should be unique for each biller and should not be more than 6 characters

For AutoPay please sign as per mode of operation

Sole / 1st Holder

Joint Holder

For Bank Use Only

CRN:

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[illegible]

Entered By _____

Verified By _____

Terms and Conditions for Instructions to be given by Fax and E-mail

Notwithstanding anything to the contrary contained in any other document or agreement, I/we the undersigned account holder/s request Kotak Mahindra Bank Ltd. to act and rely upon facsimile or electronic mail ("e-mail") instruction given by me/us to the Bank in relation to the said Account(s).

In consideration of you agreeing to provide the aforesaid facilities, I/we agree and unconditionally authorise the Bank to rely upon and act or omit to act in accordance with any directions, instructions and/or other communication which may from time to time be or purport to be given in connection with or in relation to the said Account(s) whether by facsimile or electronic mail ("e-mail") and whether given by me/ us, or the person(s) authorised by me / us to act on my/our behalf, from time to time (at the discretion of the Bank).

1. I/we acknowledge:
 - a) that sending information by facsimile or e-mail is not a secure means of sending information;
 - b) and are aware of the risks involved in sending facsimile Instructions or e-mail, including the risk that all such instructions may:
 - be fraudulently or mistakenly written, altered or sent; and
 - not be received in whole or in part by the intended recipient;
 - c) that the request to the Bank, to accept and act on facsimile or e-mail instructions is for my/our convenience and benefit.
2. I/we declare and confirm that I/we have for my/our convenience and after being fully aware of, and having duly considered, the risks involved, (which risks shall be borne fully by me/us without demure) requested and authorised the Bank to rely upon and act on Instructions which may from time to time be given by facsimile or e-mail as mentioned above. I/we further declare and confirm that I/we are aware that the Bank is agreeing to act on the basis of Instructions given by facsimile or e-mail only by reason of, and relying upon, I/we executing, agreeing and confirming this in writing in favour of the Bank and the Bank would not have done so in the absence thereof. The provisions of this writing shall apply to any and all matters, communications, directions and instructions whatsoever in connection with the said Accounts.
3. The Bank may (but shall not be obliged to) require that any Instruction should contain or be accompanied by such identifying code or test as the Bank may from time to time specify and I/we shall be responsible for any improper use of such code or test. The Bank may call upon for such other information as may be required and that I/we shall be bound to provide such information.
4. The Bank may (but shall not be obliged to) act as aforesaid without inquiry as to the identity or authority of myself/ us or the Authorised Person(s) as the case may be, giving or purporting to give any Instruction or as to the authenticity of any facsimile or e-mail and may treat the same as fully authorised by and binding on me/us regardless of the circumstances prevailing at the time of the Instruction and notwithstanding any error, misunderstanding, lack of clarity, fraud, forgery, or lack of authority in relation thereto, and without requiring any confirmation from me/us provided that the concerned officer acting on behalf of the Bank believed the Instruction to be genuine at the time it was acted upon.
5. Notwithstanding anything contained herein or elsewhere, the Bank shall not be bound to act in accordance with the whole or any part of the Instructions or directions contained in any Instruction and in its sole discretion and exclusive determination, and without being required to give any notice or assign reason, decline or omit to act pursuant to any Instruction, or defer acting in accordance with any Instruction, and the same shall be at my/our risk and the Bank shall not be liable for the consequences of any such refusal or omission to act or deferment of action.
6. In consideration of the Bank acting and/or agreeing to act pursuant to the terms of this writing and/or any Instructions as provided in this writing, I/we hereby agree to indemnify the Bank and keep the Bank at all times indemnified from and against all actions, suits, proceedings, costs, claims, demands, charges, expenses, losses and liabilities howsoever arising in consequence of or in any way related to the Bank having acted or omitted to act in accordance with or pursuant to any Instruction or the terms of this writing.
7. I/we shall indemnify the Bank at all times and keep the Bank indemnified and save harmless against any and all claims, losses, damages, costs, liabilities and expenses incurred, suffered or paid by the Bank or required to be incurred, suffered or paid by the Bank and also against all demands, actions, suits proceedings made, filed, instituted against the Bank, in connection with or arising out of or relating to:-
 - a) any Instruction received by/given to the Bank which it believes in good faith to be such an Instruction by Facsimile /e-mail Submission; and/or
 - b) any unauthorised or fraudulent Instruction to the Bank; and/or
 - c) any unauthorised dissemination, copying, use or disclosure of any Premium Service Banking Reports which are dispatched by the Bank to me/us by facsimile/e-mail;
8. I/we state and declare that, upon receipt by the Bank, each Instruction shall constitute and (irrespective of whether or not it is in fact initiated or transmitted by me/us and/or by the Authorised Person(s)), shall be deemed to conclusively constitute my/our mandate to the Bank to act or omit to act in accordance with the directions and Instructions contained therein notwithstanding that such Instruction may have been authorised or transmitted in error or fraudulently or may otherwise not have been authorised by or on behalf of myself/us or the Authorised Person(s) or may have been altered, misunderstood or distorted in any manner in the course of communication.
9.
 - a. I/we are aware that the Bank may receive facsimile Instructions on thermal paper and, in such case, by reason of the chemical composition of thermal paper, the writing/Instruction on the facsimile/facsimile paper may disappear after a short period. I/we confirm that the same shall be at my/our risk and the Bank shall not be obliged to take any precaution by way of making and preserving a photocopy of such facsimile or otherwise. Without prejudice to the above, if the Bank makes any photocopy of such facsimile, I/we agree that such photocopy shall be conclusive and binding upon me/us notwithstanding that
 - b. I/we are aware that the Bank may be receiving e-mail Instructions and the writing/Instruction on the e-mail may disappear due to computer failure / malfunction and or any other reasons. I/we confirm that the same is a photocopy.
10. On the immediate next day after the day on which any Instructions are transmitted to the Bank by e-mail or facsimile, I/we shall and be bound to deliver to the Bank, a hard (in original) copy of the Instruction/s in writing signed by me/us or the Authorised Person(s) (as the case may be). Each hard copy shall be marked with and bear the wordings "CONFIRMATION OF FAX or E-MAIL" as may be applicable, in bold letters on the top thereof. PROVIDED THAT the Bank may, but shall not be obliged to, await receipt of the hard copy prior to taking any action in connection with any Instructions; PROVIDED FURTHER AND ALWAYS THAT the absence of or omission to deliver such writing shall not be in any manner construed to mean that such Instructions were not given by me/us and/or the Authorised Person(s) and shall not in any manner prejudice the Bank's rights under this writing. PROVIDED in the absence or omission to deliver such writing by me/us, the photocopy taken by the Bank of such facsimile/hard copy of such e-mail sent by me/us shall be deemed to be the original document and shall be binding on me/us and shall be admitted in evidence as a primary document in any matter that may arise.
11. The Bank may at any time without assigning any reason and without any notice withdraw the facility of giving Instructions by facsimile or e-mail altogether or in respect of any such said Account(s) and/or related banking operations or matters. However, any such termination shall not affect anything done or any rights or liability accrued or incurred prior to the termination and my/our acceptance of these writings and the terms and conditions thereof shall survive any such termination.
12. If I/we desire to discontinue giving Instructions by facsimile or e-mail as provided in this writing, I/we shall deliver through post or courier, but not through facsimile or E-mail, to the Bank a prior written notice of 7 (seven) days in this behalf. Such notice of discontinuation shall bind me/us forthwith upon the notice being given by me/us. However, such notice of discontinuation shall not be effective as against the Bank until the Bank has acknowledged in writing to me/us that it has acted on such notice PROVIDED that such discontinuation shall not release me/us from the terms of this writing in respect of any action taken or omitted to be taken by the Bank in accordance with the Instructions or directions contained in any Instruction or the terms of this writing prior to such acknowledgment by the Bank.
13. The Bank shall not be under any obligations at any time to maintain any special facility for the receipt of any Instructions by way of Facsimile or e-mail or to ensure the continued operations or availability of any equipment required for the same.
14. I/we acknowledge and confirm that I / we are aware of the nature of internet / intranet telecommunications services, that the Facsimile / e-mail transmissions may not be received properly and may be read or be known to any unauthorised persons and are likely to be intercepted by unknown persons. I/ we agree to assume and bear all the risks involved in respect of such errors and misunderstanding and the Bank shall not be responsible in any manner for the same or breach of confidentiality thereto and shall also not be liable for any claims, loss, damage, cost or expense and liability arising therefrom.
15. The protection available to the Bank under this writing shall be in addition to any protection available to the Bank under any other provision of law or agreement to which the Bank may be entitled. This is also without prejudice to the Bank's other rights, privileges, powers and remedies in law and the Bank may delay enforcing its rights without at any time losing them and waiver of a right by the Bank hereunder available to it by law shall not be deemed to be a waiver of any other rights or of the same right at another time.
16. I/we agree to all other terms and conditions as may be included, imposed or amended hereinafter from time to time in this regard.
17. Any matter or issue arising hereunder shall be governed by and construed exclusively in accordance with the Indian laws and shall be, at the sole discretion of the Bank, subject to the jurisdiction of the courts in India.

Dated this _____ day of _____ 20____ at _____

SIGNED

(Sole / 1st Holder)

(Joint Holder)