

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

Participant Name: Kotak Mahindra Bank Limited (DP ID: IN303173) Address: Kotak Infiniti, Building No. 21, Infinity Park, General A K Vaidya Marg, Malad (E), Mumbai - 400 097					Client –ID (To be filled by Participant)											
I/We request you to open a depository account in my/our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>								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 <i>(please tick any one and give brief details)</i>		<input type="checkbox"/> Private Sector		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Private Sector		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Private Sector		<input type="checkbox"/> Agriculturist			
			<input type="checkbox"/> Public Sector		<input type="checkbox"/> Retired		<input type="checkbox"/> Public Sector		<input type="checkbox"/> Retired		<input type="checkbox"/> Public Sector		<input type="checkbox"/> Retired			
			<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife		<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife		<input type="checkbox"/> Government Service		<input type="checkbox"/> Housewife			
			<input type="checkbox"/> Business		<input type="checkbox"/> Student		<input type="checkbox"/> Business		<input type="checkbox"/> Student		<input type="checkbox"/> Business		<input type="checkbox"/> Student			
			<input type="checkbox"/> Professional		<input type="checkbox"/> Others (Please specify; _____)		<input type="checkbox"/> Professional		<input type="checkbox"/> Others (Please specify; _____)		<input type="checkbox"/> Professional		<input type="checkbox"/> Others (Please specify; _____)			
	Brief details:															
B)	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"/> Others (Please specify) _____								<input type="checkbox"/> INR (Current)							
D)	Name of Securities Accounts								Name of Cash Accounts							
E)	Country & Date of Birth															
	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 (please tick any one)								Details of source of Funds				Net worth			
	<input type="checkbox"/> Below 1 lac								Amount (INR) _____ As on (date) _____ (Net worth should not be older than 1 year)							
	<input type="checkbox"/> 1-5 lac															
	<input type="checkbox"/> 5-10 lac															
	<input type="checkbox"/> 10-25 lac															
	<input type="checkbox"/> More than 25 lac															
I)	In case of NRIs/ Foreign Nationals															
	RBI Approval Reference Number															
	RBI Approval date								D	D	M	M	Y	Y	Y	Y
J)	Bank details															
	1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____														
	2	Bank Account Number														
	3	Bank Name														
	4	Branch Address														
				City/town/village				PIN Code								
				State				Country								
	5	MICR Code														
6	IFSC															
K)	Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)															
L)	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 type="checkbox"/> Yes <input type="checkbox"/> No				

3	SMS Alert facility: <i>[Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]</i>													
	Sr. No.	Holder	Yes	No										
	1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>										
	2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>										
	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>										
4	Mode of receiving Statement of Account <i>[Tick any one]</i>		<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form <i>[Read Note 4 and ensure that email ID is provided in KYC Application Form].</i>											
M) Preference for receiving standard documents*														
<input type="checkbox"/> Physical <input type="checkbox"/> Electronic (*Standard documents includes Rights & Obligations of Beneficial Owner and Depository Participant). Kindly visit our website www.kotak.com for further information														
N) Guardian Details <i>(where sole holder is a minor):</i> <i>[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)]</i>														
Guardian Name														
PAN														
Relationship of guardian with minor														
O) Nomination Option														
<input type="checkbox"/> I/We wish to make a nomination. <i>[As per details given below]</i>							<input type="checkbox"/> I/We do not wish to make a nomination. <i>[Strike off the nomination details below]</i>							
Nomination Details														
I/We wish to make a nomination and do hereby nominate the following person/s in whom all rights and / or amount payable in respect of securities held in the Depository by me / us in the said beneficiary owner account shall vest in the event of my / our death.														
First Nominee Details:														
1	Name of the Nominee (Mr./Ms.)													
	Date of Birth (in case of minor nominee)						D	D	M	M	Y	Y	Y	Y
2	Share of nominee		Equally <input style="width: 50px;" type="text"/> OR <input style="width: 50px;" type="text"/> % <i>(if not equally , please specify percentage) (any odd lot after division shall be transferred to the first nominee mentioned in the form)</i>											
3	Relationship with the Applicant (if any)													
4	Address of Nominee													
	City/town/village					PIN Code								

5	Contact Details of nominee	State		Country	
		Tel. (Off.)		Tel. (Res.)	
		Fax No.		Mobile No.	
		Email ID			

6. Nominee Identification details (please tick any one from (a) to (f) and provide details of the same)					
(a)	<input type="checkbox"/>	(i)	Photograph	(ii)	Signature
			<div style="border: 1px solid black; padding: 10px; text-align: center;"> Photograph of nominee (Signature of nominee across photograph) </div>		X Signature of nominee
(b)	<input type="checkbox"/>	PAN of nominee			
(c)	<input type="checkbox"/>	Aadhaar number of nominee			
(d)	<input type="checkbox"/>	Savings bank account number of nominee, if maintained with the same Participant			Bank Account Number
(e)	<input type="checkbox"/>	Copy of any proof of identity document (accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure JB)			
(f)	<input type="checkbox"/>	Demat account details of nominee	DP ID		
			Client ID		

Second Nominee Details:

1	Name of the Nominee (Mr./Ms.)										
	Date of Birth (in case of minor nominee)	D	D	M	M	Y	Y	Y	Y		
2	Share of nominee	Equally <input type="text"/> OR <input type="text"/> % (if not equally , please specify percentage) (any odd lot after division shall be transferred to the first nominee mentioned in the form)									
3	Relationship with the Applicant (if any)										
4	Address of Nominee	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>									

6. Nominee Identification details (please tick any one from (a) to (f) and provide details of the same)

(a)	<input type="checkbox"/>	(i)	Photograph	(ii)	Signature
			<div style="border: 1px solid black; padding: 10px; text-align: center;"> Photograph of nominee (Signature of nominee across photograph) </div>		X Signature of nominee
(b)	<input type="checkbox"/>	PAN of nominee			
(c)	<input type="checkbox"/>	Aadhaar number of nominee			
(d)	<input type="checkbox"/>	Savings bank account number of nominee, if maintained with the same Participant			Bank Account Number
(e)	<input type="checkbox"/>	Copy of any proof of identity document (accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure JB)			
(f)	<input type="checkbox"/>	Demat account details of nominee	DP ID		
			Client ID		

Third Nominee Details:

1	Name of the Nominee (Mr./Ms.)										
	Date of Birth (in case of minor nominee)	D	D	M	M	Y	Y	Y	Y		
2	Share of nominee	Equally <input type="text"/> OR <input type="text"/> % (if not equally, please specify percentage) (any odd lot after division shall be transferred to the first nominee mentioned in the form)									
3	Relationship with the Applicant (if any)										
4	Address of Nominee										
		City/town/village				PIN Code					
		State				Country					
5	Contact Details of nominee	Tel. (Off.)				Tel. (Res.)					
		Fax No.				Mobile No.					
		Email ID									

6. Nominee Identification details (please tick any one from (a) to (f) and provide details of the same)												
		<input type="checkbox"/>	(i)	Photograph				Signature				
				<div style="border: 1px solid black; padding: 10px; text-align: center;"> Photograph of nominee (Signature of nominee across photograph) </div>				X Signature of nominee				
	(b)	<input type="checkbox"/>	PAN of nominee									
	(c)	<input type="checkbox"/>	Aadhaar number of nominee									
	(d)	<input type="checkbox"/>	Savings bank account number of nominee, if maintained with the same Participant				Bank Account Number					
	(e)	<input type="checkbox"/>	Copy of any proof of identity document (accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure JB)									
(f)	<input type="checkbox"/>		Demat account details of nominee	DP ID								
				Client ID								
Sr. Nos. 7-11 should be filled only if nominee is a minor:												
7	Name of Guardian (Mr./Ms.) (in case of minor nominee)											
8	Address of Guardian											
				City/town/village			PIN Code					
				State			Country					
9	Contact Details of Guardian			Tel. (Off.)			Tel. (Res.)					
				Fax No.			Mobile No.					
				Email ID								
10	Relationship of Guardian with nominee											

11. Guardian Identification details (please tick any one from (a) to (f) and provide details of the same)											
(a)	<input type="checkbox"/>	(i)	Photograph	(ii)	Signature						
			<div style="border: 1px solid black; padding: 10px; text-align: center;"> Photograph of guardian (Signature of guardian across photograph) </div>		<div style="border: 1px solid black; padding: 10px; text-align: center;"> X Signature of guardian </div>						
(b)	<input type="checkbox"/>	PAN of guardian									
(c)	<input type="checkbox"/>	Aadhaar number of guardian									
(d)	<input type="checkbox"/>	Savings bank account number of guardian, if maintained with the same Participant		Bank Account Number							
(e)	<input type="checkbox"/>	Copy of any proof of identity document (accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure JB)									
(f)	<input type="checkbox"/>	Demat account details of guardian	DP ID								
			Client ID								

Annexure A

	1st Holder	2nd Holder	3rd Holder
Name			
<input type="checkbox"/> Mobile Number			
<input type="checkbox"/> Email ID			
I hereby declare that the aforesaid mobile number or E-mail ID belongs to: (Family includes spouse, dependent children and dependent parents).	<input type="checkbox"/> Me or <input type="checkbox"/> My family	<input type="checkbox"/> Me or <input type="checkbox"/> My family	<input type="checkbox"/> Me or <input type="checkbox"/> My family

Declaration

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

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

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

1. **Notes :** All communication shall be sent at the address of the Sole/First holder only.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. Instructions related to nomination, are as below:
 - I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form.
 - II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
 - III. The Nominee shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
 - IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
 - V. Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the Participant against the legal heir.
 - VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
 - VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee.
4. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
5. 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
6. Strike off whichever is not applicable

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