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<b>Authorized Signatory</b>	1 (Auth 1)		(	,		,  ,		,															
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Name Mr./Ms.	R4S T	N A M E		M I	D	LE	1	N A	М				L	А	ST		N	А	VI I				
# Required for Debit card While all accounts maintain Mahindra Bank ATMs, this is the Bank will be treated as th  Channel Access Reque Please on the approp	ed by the org the account t e primary acc	anization to what will be ava	vhich the	above is/ a	are autl	norised	signa																
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Net Banking-Transactio	n Rights*					Passw Physic			uanc Mail			Blo	ocki	ing		U	nblo	cki	ng		Dea	ctiv	ation
Net Banking-View Righ	ts*					Passw Physic	_	_	uanc Mail	.		Blo	ocki	ing		] U	nblo	cki	ng		Dea	ctiv	ation
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*Payment Gateway (PG)  This option is applicab  Associate Enquiry  Individual  Name as Desired:	e only if va	lid E-mail Id					in th	е Ва		ecor	ds T	here										nal i	rights.

**Channel Access Request Form (Individual and Non-Individual)** 

**Declaration for Associate Enquiry Card** 

This is to confirm that I/we have read and understood the terms and conditions relating to the Associate Enquiry Card and the cardholder will be permitted to use the Associate Enquiry Card as per the terms and conditions applicable to the Associate Enquiry Card, including as may be amended from time to time by the Bank. I/We acknowledge that all the charges as applicable to the Associate Enquiry Card will be recovered from my/our primary account. I/We agree that any action taken by any person authorized by me to use the Associate Enquiry Card shall be the sole responsibility of the primary account holder and I/we shall not hold the Bank responsible for any actions/omissions committed by the cardholder in relation to the Associate Enquiry Card.

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This is confirm that I have read and understood the terms and conditions relating to the Debit Card and that the Add On Debit Cardholder will be permitted to use the Add On Debit Card as per the said Terms and Conditions I also confirm that the Add On Debit Cardholder may avail all the facilities and will be entitled to carry out all transactions under the said facilities and also receive all information relating to the Add On Debit Card I understand that by default, the Add On Debit Cardholder will have access to all the accounts linked to my card, unless I del ink the accounts which I do not want Add on Debit cardholder to access.

I accept that the usage of the Add On Debit Card constitutes the acceptance of the said terms and conditions relating to the Debit Card, including as may be amended from time to time by the Bank I acknowledge that all charges as applicable or charges incurred by the Add On Debit Card will be deemed charges incurred by me and will be recovered from my primary account and I will be fully liable for discharge of all obligations in respect of all the transactions performed by the Add On Debit Cardholder I agree to pay the Bank damages and compensation including direct and indirect damage, cost expenses that may be caused, incurred by the Bank arising out of any actions/omissions on the part of the Add On Debit Card Holder.

## Notes:

- 1. This application for Add-on Debit Card is for Individual Customers only. For Non Individual customers, separate form needs to be filled.
- 2. Add On Debit Card can be issued only to an Adult Resident Indian.
- 3. You may apply for more than one Add on Debit Card by filling a separate form.
- 4. While the address of the Add On Debit Cardholder is being obtained for the purpose of identifying the Add On applicant, for security reasons the Add On Debit Card will be sent to customer's mailing address as registered with the Bank.

Declaration for Priority Pass

I hereby authorize the bank to debit my account for charges as applicable towards issuance of Priority Pass. I hereby declare and confirm that the Priority Pass will be used exclusively by me.

I understand that the usage of Priority Pass for lounge access(facility) offered by Priority Pass Ltd (Company) shall be subject to conditions of use specified at www.prioritypass.com, and charges as specified at www.kotak.com and that the charges will be debited from my account. I have read, understood, accept and agree to be bound by the Terms and Conditions relating to Priority Pass, including as may be amended from time to time available at www.prioritypass.com and www.kotak.com.

## Please note:

- 1) Charges, wherever applicable, will be levied as per General Schedule of Features & Charges (GSFC) of the Bank available at www.kotak.com. I/we hereby authorize the Bank to debit my/our Deposit Account(s) towards Service Charges (as per GSFC) + Service Tax, as shall be applicable from time to time.
- 2) Your Mobile Number and E-mail Address registered with the Bank will be used for all alerts sent by the Bank Please ensure to update correct Mobile Number in Bank records in order to receive Account Transaction and Maintenance related Alerts In case of non-updation of correct Mobile Phone Number, Bank will not be responsible for non-receipt of Account Transaction and Maintenance related alert in case of a fraudulent transaction in your account Further Bank will be constrained to restrict electronic transactions (e g NB, MB, E-Commerce, POS) in your account and allow only ATM Cash withdrawals in case of non-availability of Mobile Number If you wish to update this information, kindly fill ModificationForm for the same available at bank branch The bank will also use these details for sending out information and updates about products & services In case you do not want to receive these information / updates, you can register yourself for Do Not Contact by logging in to NetBanking at www kotak corn
- Mobile banking will be available by default for all customers registered for net banking or having debit/credit card.
- 4) Customers having Deposit Account(s) with joint mode of operation will get only view or enquiry rights on Net Banking, Mobile Banking and Phone Banking and will not get Payment Gateway facility.
- 5) All existing account(s) or to be opened in future will be linked to the Debit Card/Payment Gateway. Specific written instructions are required for delinking any account(s).
- 6) This form should be accompanied with the Resolution of the Board / Managing Committee in case of Limited Companies, Trusts, Societies, Associations and Clubs. In case of partnerships, declaration letter duly signed by all the partners/ Distinct Board / Managing Committee Resolution and Partnership Letter is to be provided for each Deposit Account, as applicable.
- 7) In case of Partnerships, Limited Companies, Trusts, Societies, Associations, and Clubs, person(s) with conditional mode of operation / authority will get only non-financial transactions on Net Banking / Mobile Banking and Phone Banking and will not get Payment Gateway access.
- 8) In case of Authorized Signatories, all signatures should be accompanied by proper seal of the organization, as applicable.
- 9) In case of Partnerships, Limited Companies, Trusts, Societies, Associations, and Clubs, Debit Cards will be issued only to person(s) with unconditional mode of operation/authority.
- 10) Proprietor of a Proprietorship concern and Karta of an HUF will get both financial and non-financial transactions on Net Banking / Mobile Banking and Phone Banking. They are also eligible for Debit Cards and Payment Gateway access.

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- 11) Payment Gateway facility is provided as per the terms and conditions of the Bank and regulatory guidelines as applicable from time to time.
- The customer reiterates that he shall be governed by the applicable terms and conditions of the Bank.
   Bank reserves the right to modify these offerings with/ without prior notice.

Signature(s)	
* For Non-Individual - (Sign, Name and Designation with Stamp of Organiza	
For Bank Use only	
Date and	Sol ID
time of acceptance H H M M	Service Request Number
Signature verified by  Sign & Emp Code  Document sent to CPC / RPC on DDMMYYYYY	Receiver's stamp  Authorized by
Acknowledgemen	
We acknowledge the receipt of Channel Access instruction from Mr. / Mrs. / Ms	
relating to customer relationship number under	service request number
	Rank Official

For Kotak Mahindra Bank Ltd., (Sign and stamp)

Date: D D M M Y Y Y Y