

INITIAL PAYMENT DETAILS

Amount (in figures) _____ (in words) _____

Mode of Payment: Cash (Please deposit only at Bank counters) Debit my/our Account Number _____

Cheque Number _____ Dated

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

 Drawn on _____ Bank's Name _____

Branch _____

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.



CREDIT FACILITIES (Only for Current Account)

- I/We declare that I/We do not enjoy credit facilities with other bank(s).
- I/We enjoy credit facility/have current accounts with other bank(s).

Please attach the NOC and details of such facilities separately as per format available with the branch

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 the Bank unless informed to you otherwise. I/We have read/obtained and understood the Terms and Conditions and citizen charter governing the opening of an account with Kotak Mahindra Bank Ltd. (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) Payment Gateway (f) Kotak BillPay (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 account for service charges as applicable from time to time. I/We understand that investment products are not bank objects or other obligations of or guaranteed or insured by Kotak Mahindra Bank Ltd. 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 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 acceptable to the Bank, in case of any change in the above details and information given by me/us. To refer to the terms and conditions please visit our web-site www.kotak.com or collect a copy of the Term and Conditions from any of our branches. **Mandate for Investment Accounts:** 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 account(s) 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 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 to be adhered to by the Bank in respect of all actions permitted by the RBI and/or relevant regulations applicable from time to time.

SIGNATURE

1st Applicant

CRN _____

2nd Applicant

CRN _____

3rd Applicant

CRN _____

4th Applicant

CRN _____

Please sign in Black ink only

Please sign in Black ink only

FOR BANK USE ONLY

Parent ID _____

Source Code _____

Lead Generator Code _____

Lead Converter Code _____

RM Code _____

NMC Waiver Yes No

Approved by: Sales Official _____

(Sign & Code)

DesignationX _____

Category: P A B C S T G

Risk Profile H M L

Group Co. Code _____ Group Co. Emp Code _____

Customer Segment: RL WM CB

Insta Kit Yes No

IP Waiver Yes No

Branch Official _____

(Sign & Code)

Designation _____

Opportunity ID Section

Savings _____ Current _____

Investment _____ TD _____

NOMINATION (FORM DA1)



Nomination under Section 45-ZA of the Banking Regulation Act, 1949, and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposits.

I/We _____ Name(s) & Address (es) _____

_____ nominate the following person to whom in the event of my / ours /minor's death the amount of the deposit, particulars whereof are given below, may be returned by _____

| | | | | | | | | | |
|----------------------------------|--|---|---|---|---|---|---|---|---|
| Deposits | Nominee | | | | | | | | |
| Nature of _____ | Name _____ | | | | | | | | |
| Distinguishing No. _____ | Address _____ | | | | | | | | |
| Additional Details, if any _____ | Relationship with depositor, if any _____ (name and address of branch/office in which deposit is held) | | | | | | | | |
| | Age _____ If nominee is a minor, date of birth <table border="1" style="display: inline-table; border-collapse: collapse;"><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> | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | |

As the nominee is a minor on this date, I/We appoint Shri / Smt / Kum* _____ Address _____ 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. In case I / We am / are seeking the benefit of the **ActivMoney** facility. I/We agree and instruct the Bank to treat this nomination, made by me / us for all sweep TD created pursuant to the said **ActivMoney** facility.

Date:

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

 Place: _____

| | | |
|---|--------------------------|--------------------------------------|
| Signature(s) / Thumb Impression (s)** _____ | First Holder / Depositor | Second Holder / Depositor |
| Signature of First Witness*** _____ | | Signature of Second Witness*** _____ |
| Name _____ | Name _____ | |
| Address _____ | Address _____ | |

| | |
|--|--|
| <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 style="text-align: right;">_____ Customers Signature</p> | <p>FOR BANK USE ONLY</p> <p>I have clearly explained to the customer the advantages 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</p> <p style="text-align: right;">_____ Employees Signature & Code</p> |
|--|--|

* Strike out if nominee is not a minor
** Where deposit is made in the name of a minor, the variation of nomination should be signed by person lawfully entitled to act on behalf of the minor
*** Thumb impression (s) shall be attested by two witnesses and signature will be attested by one witness

Please obtain separate DA1 Form with each account

FORM 60

[See third proviso to rule 114B]

Form of declaration to be filed by a person who does not have either a permanent account number or General Index Registration Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114B

1. Full name and address of the declarant _____

2. Particulars of transaction - Opening of _____ accounts(s)
3. Amount of transaction _____
4. Are you assessed to tax? Yes No
5. If yes,
 - i) Details of Ward/Circle/Range where the last return of income was filed?
 - ii) Reasons for not having permanent account number/General Index Register Number?
6. Detail of documents being produced in support of address in column (1)

Verification

I, _____, do hereby declare that what is stated above is true to the best of my knowledge and belief.
Verified today, the _____ day of _____ 20 _____

Signature of the Declarant _____ Place _____