

Investment Account Opening Form

Preferred Home Branch _____

I/We request you to open an Investment Account in my/our name as per the following details.

Name of Organisation (Not applicable for individual applicants)

Customer Relationship Number

Name(s) of individual Applicant(s)/Authorised Signatories*

1. _____

2. _____

3. _____

* Attach separate sheet where necessary.

** If not available, please fill Customer Relationship Form for each authorised signatory/applicant, representative/guardian of applicant.

Mode of Operation
 Singly Either or survivor Jointly Others, please specify _____

Status
 Resident Non-Resident
 Repatriable Non-Repatriable

Mailing address *

 City Pin Code

 Telephone Number Fax Number

* To be filled only if statement of this account needs to be sent to an address different from the preferred mailing address recorded with the Bank.

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 and understood the Terms and Conditions 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) Mobile Banking (g) Alerts Service (h) 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 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.

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 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.

Signature(s)	_____	_____	_____
with Stamp of the Organisation (wherever applicable)	1st Applicant/Signatory	2nd Applicant/Signatory	3rd Applicant/Signatory

Date _____

For Bank Use Only
Branch _____
Sales code _____
Sub-broker code _____
Account sourcing date _____
Approved by _____
Tracking Reference Number _____
Customer Segment Flag _____
Retail/Corporate Banking _____

Checked by _____
Account opening date _____
Account Number _____
Entered by _____
Authorised by _____