

Closure of Savings / Current / Investment Account (Please fill in Capital Letters only)

	Siebel Request No.			
For Bank Use:				
Customer Account Type:				
☐ Wealth ☐ Privy ☐ Resident Indi	vidual			
I/We	Date DDMMYYYY			
Mr. /Ms. FIRST NAME	MIDDLE NAME LAST NAME			
Mr. /Ms. FIRST NAME	MIDDLE NAME LAST NAME			
hereby request you to close my / our Account Number				
located at	branch and pay the balance as follows:			
☐ Credit to my/our other account number	(Kotak Bank Account only)			
RTGS / NEFT	(Notak Balik Account only)			
Beneficiary A/C No.				
Beneficiary Name				
Beneficiary Bank Name				
Beneficiary Branch Name				
Beneficiary Bank IFSC Code	Beneficiary Bank A/c. Type			
\Box I /We declare that above details are true and correct and the account is in my/our name				
I/we hereby confirm that I/we have destroyed unused cheques issued for this account and indemnify bank, its employees, directors and agents against any loss / claim due to unauthorised use of these unused cheques.				
·	count and indemnify bank, its employees, directors and agents against any loss / claim			
due to unauthorised use of these debit cards (Not applicable in case of custor	ner holds any other account in addition to the account being closed).			
Un-presented cheques will not be honoured after the account is closed and the Kindly close the reimbursement account / Spendz account associated with my	e Bank will not be liable / responsible for the return / dishonour of the same. Salary / Savings account. Balance (if any) of the reimbursement account to be credited as			
per above instruction only.	Jailary / Javings account. Dalance (if any) of the reimbursement account to be electrical as			
DEMAT ACCOUNTS linked to the above account for debit of service	e charges			
☐ I/We are closing the accounts(s) separately				
☐ Please link it to my/our other Kotak account number				
☐ I/We agree to pay advance payment of Rs. 3000 (Mandatory if the	Demat Account is not linked to other Kotak Account)			
TERM DEPOSITS For maturity/interest payments on our TERM DEPOSITS, please				
☐ Credit to my/our other account number	(Kotak Bank Account only)			
☐ RTGS / NEFT				
Beneficiary A/C No.				
Beneficiary Name				
Beneficiary Bank Name				
Beneficiary Branch Name				
Beneficiary Bank IFSC Code	Beneficiary Bank A/c. Type			
Beneficiary Bank 173C Code				
\Box I /We declare that above details are true	and correct and the account is in my/our name			
ActivMoney				
2 Way Sweep Delink (operate as a standale Term Deposit	one) Liquidate			
Credit to my/our other account number	(Kotak Bank Account only)			
RTGS / NEFT				
Beneficiary A/C No.				
Beneficiary Name				
Beneficiary Bank Name				
Beneficiary Branch Name				
Beneficiary Bank IFSC Code	Beneficiary Bank A/c. Type			
☐ I AMo doctore that above details are true	and correct and the account is in my/our name			
□ 1799e declare triat above details are true	and correct and the account is in my/our name			

Investment Account ☐ Close the following Accounts			
ACCOUNT NO 1	A C C O U N	T N O 2 A C C	O U N T N O 3
Lockers (if applicable) Locker No			
	our new Kotak Accoun	t	
Please delink all other linkages as well.			
The reason I/ We wish to close my/our account (Plea s	se give a brief indic	cation of the reason for closure)	Reason Code
iignature(s) (Guardian in case of Minor)			
Please Note:			
For closure of investment Account, investments will a	continue with AMC and	l cutomer can approach AMC directly for fu	iture services
Phone Banking PIN, Net Banking PIN and Debit Card			
other account in addition to the account being close accounts held by the customer as per original instruc	, ,	ender/destroy the PINs, Debit Card as they	will continue to be linked to any such
Reimbursement Account is a facility linked to a Sala this account would also be closed		. Since the Salary Account is being closed,	the reimbursement account linked to
In case, the amount of the closure proceeds is less t Transfer account) details are not provided. Custome	r should visit nearest br	anch and share the account details to recei	ive the closure amount
For Non Individual Customers other than TASC an obtained.	d Companies (both Pv	t LTD and Public LTD Companies) the sig	natures of all the holders should be
For TASC and Companies Account closure the Closur Board Resolution empowering the AUS to close the a		ed as per existing MOP mentioned in the A	ccount and should be supported by a
For Individual customers, all the account holders nee	ed to sign.		
or Bank Use only	ı		
Branch Use section For all applicants)	Yes N.A.	CPC/RPC use section (For all applicants)	Yes N.A.
ror all applicants) Theque book collected/destroyed	Tes N.A.	OD limit zeroised	Tes N.A.
Debit card collected/destroyed		Demat account closed	
ocker surrendered		Memos checked and actioned	ПП
Attrition Control Form attached		Account in TOD: 009 (To Zeroise Acc	ount)**
Dated D D M M Y Y Y Y		**If Yes, approval as per delegation m	natrix required
Documents sent to RPC/CPC on DDMMYY	YY		
61			A the fire
Signature Verified by (Sign & Emp. Code)		Input	Authorizer
		- — — — — — — — — — — — dgement Slip	. — — — — — — — —
Ve acknowledge the receipt of Account Closure instr			
elating to customer relationship number			
Date:	Bar	nk Official (Sign and stamp)	
		Kotak Mahindra Bank Ltd.,	