

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

	Siebel Request No.				
For Bank Use:					
Customer Account Type:					
☐ Wealth	☐ Privy ☐ Resident Individual ☐ Non Individual ☐ Non Resident Individual				
I/We					
Mr./ Ms.	FIRST NAME MIDDLE NAMB AST NAME				
Mr./ Ms.	FIRST NAME AST NAME AST NAME				
hereby request you to close my / our Account Mumber					
located at branch and pay the balance as follows:					
☐ Credit to my/our other account number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
□ RTGS / NEFT					
Beneficiary A/C No.					
Beneficiary Name					
Beneficiary Bank Name					
Beneficiary Branch Name					
Beneficiary Bank IFSC Code	Beneficiary Bank A/c. Type				
,					
☐ I /We declare that above details are true and correct and the account is in my/our name ☐ Destroyed Enclosed					
Debit Card(s)					
Unused Cheque(s)					
Un-presented cheques will I	not be honoured after the account is closed and the Bank will not be liable / responsible for the return / dishonour of the same.				
DEMAT ACCOUNTS linked to the above account for debit of service 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 m	naturity/interest payments on our TERM DEPOSITS, please				
☐ Credit to my/our other account number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
☐ RTGS / NEFT	(Kotak Bank Account Only)				
Beneficiary A/C No.					
Beneficiary Name					
Beneficiary Bank Name					
Beneficiary Branch Name					
Beneficiary Bank IFSC Code	Beneficiary Bank A/c. Type				
☐ I/We declare that above details are true and correct and the account is in my/our name					
ActivMoney					
2 Way Sweep Term Deposit	Delink (operate as a standalone) Liquidate All				
-					
☐ Credit to my/our other account number ☐ ☐ ☐ Credit to my/our other 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/We declare that above details are true and correct and the account is in my/our name					

Close the following Accounts				
A C C O U N T N O	1 A C C O U N	N T N O 2 A C C	. O U N T N O 3	
Lockers (if applicable) Locker I Surrender Dr. c	V <i>o</i>	 int		
☐ Please delink all other linkages as v	-			
The reason I/ We wish to close my/our ac	count (Please give a brief ind	ication of the reason for closure)	Reason Code	
Signature(s) (Guardian in case of Minor)				
1st Account Holder	2nd Account Holder	3rd Account Holder	4th Account Holder	
/For Non Individual systemats, signatures	as nor MOP required. For Individual	customers, all the account holders need to sig	yn l	
	is per intor required. For individual c	ustomers, an the account holders need to sig	т.,	
Please Note:	estments will continue with AMC and	d customer can approach AMC directly for fut	tura carvicas	
Phone Banking PIN, Net Banking PIN a	and Debit Cards issued to customers	will be de-linked from the accounts closed a	above. In case the customer holds any	
accounts held by the customer as per c	original instructions	rrender/destroy the PINs, Debit Card as they		
this account would also be closed		n. Since the Salary Account is being closed, t		
		00/-, the amount would be retained by the oranch and share the account details to receiv		
For Bank Use only				
Branch Use section (For all applicants)	Yes N.A.	CPC/RPC use section (For all applicants)	Yes N.A.	
Cheque book collected/destroyed		OD limit zeroised		
Debit card collected/destroyed		Demat account closed		
Locker surrendered		Memos checked and actioned		
Attrition Control Form attached Account in TOD: 009 (To Zeroise Account)**				
Dated D D M M Y Y Y Y		**If Yes, approval as per delegation ma	atrix required	
Documents sent to RPC/CPC on D	MMYYYYY			
Signature Verified by (Sign & Emp	. Code)	Input	Authorizer	
	,	i i		
			KMBL/Jan-2019/V 1.03	
			√61 V61	
			. 02-1	
			∪Jar	
			MB MB	
		— — — — — — — — — — — — edgement Slip		
We acknowledge the receipt of Account C				
relating to customer relationship number	-	under service request number		
Date:	Ba FC	ank Official (Sign and stamp) or Kotak Mahindra Bank Ltd.,		