Net Banking / Debit Card/ Kotak Net C@rd / Payment Gateway - Limits Request Form

Non – Individual (Please fill up in Capital Letters only)

Siebel Request No.

Customer Details

Corporate CRN

Date D D M M Y Y Y Y

Corporate Name

Authorized Signatory 1 Mr./Ms. FIRST NAME MIDDLE NAME LAST NAME

Authorized Signatory 2 Mr./Ms. FIRST NAME MIDDLE NAME LAST NAME

	☐ Authorized Signatory 1	☐ Authorized Signatory 2
Customer Relationship Number (CRN)		
Primary Debit card number		

I / We request you to modify/change the existing transaction limits allocated to me by bank and permit me to avail the same as stated below:

	☐ Authorized Signatory 1	☐ Authorized Signatory 2
Debit Card Limits:		
☐ Daily ATM Limit (Rs.)		
☐ Daily POS Limit (Rs.)		
Third Party Transfer Limits within Kotak Bank: (Through Net Banking)		
☐ Per Day Limit (Rs.)		
☐ Per Transaction Limit (Rs.)		
Demand Drafts Limits (Through Net Banking)		
☐ Per Day Limit (Rs.)		
☐ Per Transaction Limit (Rs.)		
Kotak Net C@rd Limits (Through Net Banking)		
☐ Maximum Amount per day (Rs.)		
☐ Maximum Amount per Card (Rs.)		
RTGS / NEFT Limits (Through Net Banking)		
☐ NEFT per Day Limit (Rs.)		
☐ NEFT per Transaction Limit (Rs.)		
☐ RTGS per day Limit (Rs.)		
☐ RTGS per Transaction Limit (Rs.)		
Payment Gateway : Online Shopping (Through Net Banking)		
☐ Per Day Limit (Rs.)		
☐ Per Transaction Limit (Rs.)		

Purpose of limit enhancement _____

Please Note:

- Any enhancement of limits at authorized signatories' level will lead to the enhancement of limits at corporate level.
- Change in Limits at authorized signatory level will not enhance the limits of the beneficiaries. These limit enhancements are subject to the eligibility of the beneficiaries. Please fill up "Beneficiary Form" for enhancing the limit of the beneficiaries.
- Per Day Limit and Per Transaction Limit at Corporate level are applicable for ALL the authorized signatories put together.
- Limits will be set subject to the conditions applicable as per Board Resolution.

Declaration

I/ we, do hereby unconditionally agree and confirm that I / we desire to modify the limits on my / our Debit Card/ Net Banking/ Kotak Net C@rd / Payment Gateway Facility accorded to me / us by Kotak Mahindra Bank Ltd. (the Bank) in terms of the Form completed hereinabove.

This is to confirm that the terms and conditions as agreed to by me / us while applying to the said Debit Card/ Net Banking/ Kotak Net C@rd / Payment Gateway Facility shall mutatis- mutandis apply also to the modified limit and are binding upon me / us as well and I / we shall be bound and be fully liable for any or all the obligations undertaken therein. I / we am / are aware of the risks associated with effecting RTGS / NEFT / TPFT / Online Shopping payments through Net Banking and shall not hold the Bank any way responsible for any consequences arising thereof and shall indemnify the Bank from any liability arising thereof. The terms and conditions contained herein shall be and deemed to be incorporated in the original Debit Card/ Net Banking /Kotak Net C@rd / Payment Gateway Facility documents or Terms and conditions signed / executed /accepted by me / us by reference and shall form an integral part thereof and read in conjunction therewith. These terms and conditions are to be read along with the Terms and Conditions and Rules for Accounts and Services of the Bank.

I / we do hereby acknowledge that the Bank may at its discretion / subject to regulatory requirements be required to terminate the said Facility and that the same is acceptable to me / us.

Signature(s)

1st Auth Signatory (Sign, Name & Designation with stamp of Organization)	2nd Auth Signatory (Sign, Name & Designation with stamp of Organization)

(Signatures as per MOP required.)

BM's Sign & Stamp

For Bank Use only

Branch | | | | | | | | | | | | | | | Sol ID | | | | Tracking Reference no. | | | | | | | |

Signature verified by | Sign & Emp Code |

Created by

Authorized by

Acknowledgement Slip

We acknowledge the receipt of Limit Modification instruction from Mr. /Mrs. / Ms. _____

relating to customer relationship number _____ under service request number _____

Date: _____

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