

PART B – Re-KYC (update of KYC information):
Details for Account Holder-1
Section A – Personal:

 CRN:

 Customer Name:

 PAN: Date of birth: Gender: M F

 Latest photograph
(Mandatory)

Section B – Occupation & Income:

*Occupation Type	*Source of Income	*INR Annual Income
<input type="checkbox"/> Retired	<input type="checkbox"/> Pension <input type="checkbox"/> Investment Income <input type="checkbox"/> Rental Income <input type="checkbox"/> Family Income	<input type="checkbox"/> 0-2 Lakhs (INR)
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Family Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Rental Income	<input type="checkbox"/> >2-5 Lakhs (INR)
<input type="checkbox"/> Student	<input type="checkbox"/> Family Income <input type="checkbox"/> Investment Income	<input type="checkbox"/> >5-10 Lakhs (INR)
<input type="checkbox"/> Business/Professional/Self-Employed	<input type="checkbox"/> Business Income/Professional	<input type="checkbox"/> >10-25 Lakhs (INR)
<input type="checkbox"/> Farmer	<input type="checkbox"/> Agricultural Income	<input type="checkbox"/> >25-50 Lakhs (INR)
<input type="checkbox"/> Service <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Govt.	<input type="checkbox"/> Salary Name of Organization _____	<input type="checkbox"/> > 50-1 Crore (INR)
		<input type="checkbox"/> More than 1 Crore (INR)

Section C – Address & contact details:

- There is no change in my contact details / mailing address. Attached herewith are the KYC documents for the purpose of Re-KYC update.
- I wish to change my mailing address / contact details in the bank records. Attached herewith are the KYC documents matching with the new details for the purpose of Re-KYC.

Section D – To be filled ONLY IF THERE IS A CHANGE in the mailing address or contact details:

Please update the following information in your records. I have provided identity / address proof for the same.

For updating New Address (provide Address Proof Document)

 Address:

 City: Pin-code:
 State: Country:
For updating New Mobile Number / Email id (provide Identity Proof Document)

 Mobile No.: -

 Email ID

 Customer's Sign
(in case of change in contact details)

Section E – FATCA / CRS Declaration:

Part A			
		Yes	No
a.	Are you citizen of any country other than India (dual / multiple [including Green card])	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is your Country of birth is any country other than India	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are you Tax resident of ANY country / ies other than India	<input type="checkbox"/>	<input type="checkbox"/>
d.	Do you have POA or a man date holder who has an address outside India	<input type="checkbox"/>	<input type="checkbox"/>
e.	Is your Address or telephone number outside India	<input type="checkbox"/>	<input type="checkbox"/>

If your answer to any of the above questions is a 'YES', please fill Part B

Part B		
*Address for Tax Residence _____		
		*City _____
*Country of Birth _____	Place within the Country of Birth _____	
<small>(In case Country of Birth is USA, however Nationality and Country of Tax Residency is other than USA, please provide documentary evidence)</small>		
Source of Wealth _____	Nationality _____	
<small>Please List below the details, confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers.</small>		
*Country of Tax residency	Tax identification Number ²	Tax identification Document (TIN or functional equivalent)
<small>²It is mandatory to supply a TIN or functional equivalent (in case TIN not available) if the country in which you are tax resident issues such identifiers. if no TIN / functional equivalent is yet available or has not yet been issued, please provide an explanation below.</small>		

I _____ being the beneficial owner of the account opened / to be opened with Kotak Mahindra Bank Limited and the income credited therein, declare that the above information and information in the submitted documents to be true, correct and updated, and the submitted documents are genuine and duly executed.

I acknowledge that towards compliance with tax information sharing laws, such as FATCA / CRS, the Bank may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if the Bank does not receive a valid self-certification from me) the Bank may be obliged to share information on my account with relevant tax authorities. Should there be any change in any information provided by me I ensure that I will intimate the Bank promptly, i.e., within 30 days.

Towards compliance with such laws, the Bank may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, the Bank may also be constrained to withhold and pay out any sums from my account or close or suspend my account(s).

I also understand that the account will be reported if any one of the aforesaid FATCA / CRS criteria for any of the account holders i.e., primary or joint are met.

I understand that any inaccurate, incomplete or false disclosure of statement of financial transaction or reportable account by me would lead to penal consequence on the Bank under applicable law. The Bank shall be entitled to take any necessary action and recover from me such amount levied due to such inaccuracy, incompleteness or false disclosure. I shall indemnify the Bank in respect of all or any liabilities incurred by Bank, by reason of any of the information or particulars given by me, being incorrect or false or being suppressed or omitted.

Details for Account Holder-2
Section A – Personal:

 CRN:

 Customer Name:

 PAN: Date of birth: Gender: M F

 Latest photograph
(Mandatory)

Section B – Occupation & Income:

*Occupation Type	*Source of Income	*INR Annual Income
<input type="checkbox"/> Retired	<input type="checkbox"/> Pension <input type="checkbox"/> Investment Income <input type="checkbox"/> Rental Income <input type="checkbox"/> Family Income	<input type="checkbox"/> 0-2 Lakhs (INR)
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Family Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Rental Income	<input type="checkbox"/> >2-5 Lakhs (INR)
<input type="checkbox"/> Student	<input type="checkbox"/> Family Income <input type="checkbox"/> Investment Income	<input type="checkbox"/> >5-10 Lakhs (INR)
<input type="checkbox"/> Business/Professional/Self-Employed	<input type="checkbox"/> Business Income/Professional	<input type="checkbox"/> >10-25 Lakhs (INR)
<input type="checkbox"/> Farmer	<input type="checkbox"/> Agricultural Income	<input type="checkbox"/> >25-50 Lakhs (INR)
<input type="checkbox"/> Service <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Govt.	<input type="checkbox"/> Salary Name of Organization _____	<input type="checkbox"/> > 50-1 Crore (INR)
		<input type="checkbox"/> More than 1 Crore (INR)

Section C – Address & contact details:

- There is no change in my contact details/ mailing address. Attached herewith are the KYC documents for the purpose of Re-KYC updation.
- I wish to change my mailing address/contact details in the bank records. Attached herewith are the KYC documents matching with the new details for the purpose of Re-KYC.

Section D – To be filled ONLY IF THERE IS A CHANGE in the mailing address or contact details:

Please update the following information in your records. I have provided identity / address proof for the same.

For updating New Address (provide Address Proof Document)

Address:

City: Pin-code:

State: Country:

For updating New Mobile Number / Email id (provide Identity Proof Document)

Mobile No.: -

Email ID

Customer's Sign
(in case of change in contact details)

Section E – FATCA / CRS Declaration:

Part A		Yes	No
a.	Are you citizen of any country other than India (dual / multiple [including Green card])	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is your Country of birth is any country other than India	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are you Tax resident of ANY country / ies other than India	<input type="checkbox"/>	<input type="checkbox"/>
d.	Do you have POA or a man date holder who has an address outside India	<input type="checkbox"/>	<input type="checkbox"/>
e.	Is you Address or telephone number outside India	<input type="checkbox"/>	<input type="checkbox"/>

If your answer to any of the above questions is a 'YES', please fill Part B

Part B		
*Address for Tax Residence _____		*City _____
*Country of Birth _____	Place within the Country of Birth _____	
<small>(In case Country of Birth is USA, however Nationality and Country of Tax Residency is other than USA, please provide documentary evidence)</small>		
Source of Wealth _____	Nationality _____	
<small>Please List below the details, confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers.</small>		
*Country of Tax residency	Tax identification Number ²	Tax identification Document (TIN or functional equivalent)
<small>²It is mandatory to supply a TIN or functional equivalent (in case TIN not available) if the country in which you are tax resident issues such identifiers. If no TIN / functional equivalent is yet available or has not yet been issued, please provide an explanation below.</small>		

I _____ being the beneficial owner of the account opened / to be opened with Kotak Mahindra Bank Limited and the income credited therein, declare that the above information and information in the submitted documents to be true, correct and updated, and the submitted documents are genuine and duly executed.

I acknowledge that towards compliance with tax information sharing laws, such as FATCA / CRS, the Bank may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if the Bank does not receive a valid self-certification from me) the Bank may be obliged to share information on my account with relevant tax authorities. Should there be any change in any information provided by me I ensure that I will intimate the Bank promptly, i.e., within 30 days.

Towards compliance with such laws, the Bank may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, the Bank may also be constrained to withhold and pay out any sums from my account or close or suspend my account(s).

I also understand that the account will be reported if any one of the aforesaid FATCA / CRS criteria for any of the account holders i.e., primary or joint are met.

I understand that any inaccurate, incomplete or false disclosure of statement of financial transaction or reportable account by me would lead to penal consequence on the Bank under applicable law. The Bank shall be entitled to take any necessary action and recover from me such amount levied due to such inaccuracy, incompleteness or false disclosure. I shall indemnify the Bank in respect of all or any liabilities incurred by Bank, by reason of any of the information or particulars given by me, being incorrect or false or being suppressed or omitted.

I / We, do hereby solemnly declare, that the information provided above with respect to my / our account is true, correct and complete and the said details may be updated in the Bank records.

Signature of the First Holder

Signature of the Second Holder

Name: _____ Name: _____

***Note:** In case of more than 2 holders, please attach additional form.

Customer Acknowledgement Copy: (Applicable if submitted at the branch)

Service Request No: _____ Acknowledgement date: / /

Signature of the Bank Official: _____