

**Annexure-B Request for dormant account activation and updation of Re-KYC
(Non-Individual Customer)**

 Date : / /

 Service Request No:

PART A – Dormant Account activation:

 Account Number/s:

Dear Sir / Madam,

I/We, authorized signatories of above-mentioned Account with your Bank, request you to activate my / our Account, which is in Dormant status. The Reason for non-operations in the account: _____

I/We confirm enclosing Self-attested copy of Officially Valid Documents (Identity and Address proof) for Entity and Authorised Signatories.

I / We hereby confirm that there is no change in the contact details updated in bank records. Please activate the account basis documents submitted.

Or

I / We hereby request you to update the contact details as mentioned in PART B & activate the account. I understand that only contact details will be updated however rekyc will not be updated.

Or

I / We hereby request you to update the contact details and / or with Re-KYC as mentioned in PART B and activate the account.

Entity Name: _____

Signatures: _____

(With Rubber stamp as per Mode of Operation of the account)

PART B – Re-KYC (updation of KYC information):

Company / Entity Information:

Section A – Entity Details:

Type of Business:	Comm. Agent / Retailer / Wholesaler / Agriculture / Manufacturing / Services / Trading / Others (For others please specify) : _____
Nature of Business / activity:	
Annual Turnover / Income (Rs. In Lakh) (Last FY):	
Annual Turnover / Income (Rs. In Lakh) (Current FY Projected):	
Preferred Email ID:	
Preferred Mobile No.:	
Permanent Account Number (PAN) of Entity OR Proprietor in case of Sole-Proprietor:	

Section B – Declaration for Beneficiary Owner (BO):

I / We have submitted BO details as per revised rule applicable WEF March'23 & there is no change in the details already furnished.

I / We have not submitted BO details as per revised rule applicable WEF March'23 / BO details have under gone change & hence please find the current BO details along with applicable documents attached herewith.

Section C – Address:

- There is no change in my / our mailing address or other details like constitutions, authorised signatories, mode of operation, PAN, etc. Attached herewith are the KYC documents for the purpose of Re-KYC updation.
- I / We wish to change mailing address / constitutions / authorised signatories / mode of operation / PAN, etc. Attached herewith are the KYC documents matching with the new details for the purpose of Re-KYC updation.

Section D – (To be filled ONLY IF THERE IS A CHANGE in the mailing address):

Please update the following information in your records. Also enclosed is the self- attested copy of address proof.

New Address : (Please submit proof for new address. This will be updated as the New Address in Bank records)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Details for Authorized Signatory-1	<input type="checkbox"/> Beneficial Owner	<input type="text"/> %
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Section A – Personal:

CRN:

Customer Name: F I R S T N A M E M I D D L E N A M E S U R N A M E

Section B – Contact details:

- There is no change in my contact details.
- I wish to change my contact details in the bank records. Attached herewith are the KYC documents matching with the new details.

Section C – To be filled ONLY IF THERE IS A CHANGE in the contact details:

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

For updating New Mobile Number/ Email id (provide Identity Proof Document)	
Mobile No.:	<input type="text"/> I S D – <input type="text"/>
Email ID	<input type="text"/>

Customer's Sign
 (Please provide sign, name and Designation with stamp of organization")

Section D – FATCA/CRS Declaration

- I/We have submitted FATCA/CRS details and there is no change in the details already furnished.
- I/We have not submitted FATCA/CRS details and hence find the FATCA/CRS declaration enclosed.

Details for Authorized Signatory-2	<input type="checkbox"/> Beneficial Owner	<input type="text"/> %
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Section A – Personal:

CRN:

Customer Name: F I R S T N A M E M I D D L E N A M E S U R N A M E

Section B – Contact details:

- There is no change in my contact details.
- I wish to change my contact details in the bank records. Attached herewith are the KYC documents matching with the new details.

FATCA / CRS DECLARATION FOR NON-INDIVIDUAL ACCOUNTS

Note : The information in this section is being collected because of enhancements to Kotak Mahindra Bank Limited's new account on-boarding procedures in order to comply with Foreign Account Tax Compliance Act (FATCA) requirements pursuant to amendments made to Income-tax Act, 1961 read with Income-tax Rules, 1962:

http://www.incometaxindia.gov.in/dtaa/other%20agreements/india_iga_final- india_english.pdf

<http://www.oecd.org/ctp/exchange-of-tax-information/automatic-exchange-financial-account-information-common-reporting-standard.pdf>

Office / Bank use only

OPTY ID / SR Number : _____

FATCA / CRS declaration and details for entities

*(We are unable to provide advice about your FATCA classification or interpretation of any terms.
Please therefore seek advice from a tax professional on any FATCA aspects)*

Part A – Preliminary details (All fields mandatory)

Sr No	Particulars	Details of Applicant												
1.	Customer Relationship Number (CRN) of the entity <i>[if any]</i>													
2.	Name of the Entity													
3.	Address for Tax Residence (including city, state, country and pin code)													
4.	Address Type (Business or registered office)													
5.	Entity Constitution Type. <i>(Refer Instruction 6 in annexure)</i>													
6.	Do you satisfy any of the criteria mentioned below?													
	a. Is the entity a U.S. person <i>(Please refer 'other definitions' in the instructions)</i>	Yes <input type="checkbox"/> (Please answer b) No <input type="checkbox"/> (Please go to c)												
	b. Is the entity a Specified US Person	Yes <input type="checkbox"/> (Please go to next question) No <input type="checkbox"/> (Please go to next question) Entity's exemption code: _____ <i>(Refer instruction 5 in annexure)</i>												
	c. Is the entity formed/incorporated outside India	Yes <input type="checkbox"/> No <input type="checkbox"/> <<If yes, please specify city and country of incorporation/formation>> <i>(Please go to next question)</i>												
	d. Is the entity having Tax Residency in any country (ies) other than India	Yes <input type="checkbox"/> << If yes, please provide the following details>> No <input type="checkbox"/> (Please go to next question)												
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Country of Tax residency</th> <th style="width: 33%;">Tax Identification No. / Functional equivalent of the foreign country</th> <th style="width: 33%;">Tax Identification document#</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Country of Tax residency	Tax Identification No. / Functional equivalent of the foreign country	Tax Identification document#									
Country of Tax residency	Tax Identification No. / Functional equivalent of the foreign country	Tax Identification document#												
	7. Is the entity a Financial Institution (FI) {including an Foreign Financial Institution} (refer instruction 1 in annexure) Or A Direct Reporting NFFE <i>(Refer 'other definitions' in Annexure)</i>	Yes <input type="checkbox"/> (Please fill Part B) No <input type="checkbox"/> (Go to next question)												
	8. Is the entity a publicly traded corporation / a related entity of a publicly traded corporation / Active NFFE <i>(For clarification, refer instruction 3 in Annexure)</i>	Yes <input type="checkbox"/> (Please fill Part C) No <input type="checkbox"/> (Please go to Part D)												

#In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number

Part B – If your answer to question 7 in Part A is a YES, please provide details in relation to Financial Institutions/ Foreign Financial Institutions or Direct Reporting NFFEs

Particulars	Details of applicant
The entity is: 1. Financial Institution <input type="checkbox"/> 2. Direct Reporting NFFE <input type="checkbox"/>	Global Intermediary Identification Number (GIIN) _____ <i>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN and name below:</i> Name of sponsoring entity: _____ (For clarification, refer 'Other Definitions' in the Annexure) Sponsoring Entity's GIIN: _____ (If GIIN provided, please go directly to the declaration and acknowledgment)
If GIIN not available [tick any one]: (Not applicable to Direct Reporting NFFE)	a. Not obtained: <input type="checkbox"/> b. Applied for <input type="checkbox"/> _____ [insert application date] c. GIIN not required <input type="checkbox"/> Please specify reasons: _____ Please insert code: _____ (Mention Code – For clarification, refer instruction 2 in Annexure) (Please go to Declaration and Acknowledgment)

Part C – If your answer to question 8 in Part A is a YES, please provide following details:

Sr No	Particulars	Details of applicant
1.	a. Are you a publicly traded company? (Refer 'Instruction 3' in the annexure)	Yes <input type="checkbox"/> No <input type="checkbox"/> [Please fill C1(b)] (Please fill C2)
	b. Are your shares regularly traded on a recognized stock exchange	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please fill C2) If yes, please provide name of the stock exchange where the shares are regularly traded: 1. _____ 2. _____ (Please go to Declaration and Acknowledgment)
2.	Are you a related entity# of a listed company mentioned in Part C (1) above # <i>Related entity</i> – An entity is a related entity of another entity if either entity controls the other entity or the two entities are under common control	Yes <input type="checkbox"/> No <input type="checkbox"/> Nature of relation with the related entity: (Please fill C3) <input type="checkbox"/> Subsidiary of the listed company <input type="checkbox"/> Controlled by a listed company If yes, please provide name of the related entity that is listed : _____ Name of the stock exchange where the shares of the related listed entity are regularly traded: 1. _____ (Please go to Declaration and Acknowledgment)
3.	Entity is an Active NFFE	Please specify nature of business _____ Category: _____ (Refer codes in Instruction 3) (Provide UBO details in Part D and go to Declaration and Acknowledgment)

Part D – If your answer to question 8 in Part A is a NO, please provide following details:

Entity is an Passive NFFE : Entity is Active NFFE:

(other than Direct reporting NFFE)

Please specify nature of business: _____

Provide details of all UBO/s or Controlling person/s, [natural persons as per PMLA] (including Owner Documented FFI's [For clarification, refer 'Other Definitions' in the Annexure]) in the table below

Are you an Owner-documented FFI's- Yes No

If 'Yes', in addition to the below details, please provide a duly filled form W8BEN E along with FFI Owner Reporting Statement and Auditor's Letter.

If 'No', please provide below details only.

Name of UBO	Date of Birth	Gender	Country of Tax residency	Nationality	Residence address for tax purposes	Fathers name (If PAN not available)	Tax identification number or equivalent & Tax identification/ functional equivalent document	Identification document: Passport/ PAN etc.	City and Country of Birth	UBO Code (For clarification, refer Instruction 7 in the Annexure)

Note: In case of a multiple intermediaries, please provide the shareholding / controlling structure of each such intermediary/ies.

- A. If any of the UBO is a resident / citizen of 'other than India' or citizen / tax resident / green card holder of country, please provide Taxpayer ID number or equivalent / Social Security Number [SSN]
- B. Submit documentary proof like shareholding pattern duly self-attested by Authorized Signatory / Company Secretary
- C. If number of UBOs are greater than 4 or the space required is insufficient, information in the given format can be given in additional sheets

Please also fill the Beneficial Owner Customer Relation Form for the UBOs

Declaration & Acknowledgement

I / We _____ 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 / We 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 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.

Customer / Authorized person Signature & Designation

Date

Bank use section

Signature Verified by

Sign & Emp Code

Receiver's Stamp

Documents sent to CPC/RPC on

DDMMYYYY

Form Type Submitted – W-8 BENE