ACCOUNT STATEMENT REGISTRATION FORM

(INDIVIDUAL)

Customer Name

CRN

Account Number

Please register me / us for the facility of (Please tick one)

☐ E-Statement ☐ Daily ☐ Weekly ☐ Monthly

☐ Quarterly Physical Statement

☐ Monthly E-Statement and Quarterly Physical Statement

Declaration:

I/We understand that Email statements are for my my/our convenience. The Bank shall not be liable or responsible for any breach of secrecy because the statements are being sent to the above Email ID as registered with us. I/We shall verify the authenticity of the emails I/we receive. I/We shall not hold the Bank responsible for any statement received from frauds/imposters. I/We shall not hold the Bank liable if any problem arises with my/our computer network because of me/us receiving statements from the Bank. The Bank shall not be responsible if I/we do not receive statements due to incorrect Email address furnished by me/us and/or any technical reasons.

Signature (s)

Account Holder/ Authorized Signatory	Account Holder/ Authorized Signatory	Account Holder/ Authorized Signatory

Dated:

Notes:

1. This is a customer level form and same needs to be signed by the CRN holder
2. Physical statement will be sent to the Primary account holder at his registered mailing address with the Bank.
3. E-statement will be sent to the Primary account holder's email id who has registered for the facility. This facility is not available for joint account holders other than the Primary holder.
4. DP account holders will continue to receive the physical combined statements on a monthly basis incase there are transactions in the account.
5. This facility is not available to customers who have Special Frequency Statement facility.

Signature Verified By

Name and Employee Code

Signature of Employee

Remarks

Acknowledgement

We acknowledge the receipt of customer request for Mr./Mrs./Ms.

relating to customer account number under service request number

Date:

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

ACCOUNT STATEMENT REGISTRATION FORM

(FOR PRIVY / WEALTH SEGMENT)

Customer Name

CRN

Account Number

Please register me / us for the facility of (Please tick one)

☐ E-Statement ☐ Daily ☐ Weekly ☐ Monthly

☐ Quarterly Physical Statement

☐ Monthly E-Statement and Quarterly Physical Statement

Declaration:

I/We understand that Email statements are for my my/our convenience. The Bank shall not be liable or responsible for any breach of secrecy because the statements are being sent to the above Email ID as registered with us. I/We shall verify the authenticity of the emails I/we receive. I/We shall not hold the Bank responsible for any statement received from frauds/imposters. I/We shall not hold the Bank liable if any problem arises with my/our computer network because of me/us receiving statements from the Bank. The Bank shall not be responsible if I/we do not receive statements due to incorrect Email address furnished by me/us and/or any technical reasons.

Signature (s)

Account Holder/ Authorized Signatory	Account Holder/ Authorized Signatory	Account Holder/ Authorized Signatory

Dated:

Notes:

1. This is a customer level form and same needs to be signed by the CRN holder.
2. Physical statement will be sent to the Primary account holder at his registered mailing address with the Bank.
3. E-statement will be sent to the Primary account holder's email id who has registered for the facility. This facility is not available for joint account holders other than the Primary holder.
4. DP account holders will continue to receive the physical combined statements on a monthly basis incase there are transactions in the account.
5. This facility is not available to customers who have Special Frequency Statement facility.

Signature Verified By

Name and Employee Code

Signature of Employee

Remarks

Acknowledgement

We acknowledge the receipt of customer request for Mr./Mrs./Ms.

relating to customer account number under service request number

Date:

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

Kotak Mahindra Bank

ACCOUNT STATEMENT REGISTRATION FORM

(NON INDIVIDIAL)

Customer Name

CRN

Account Number

Please register me / us for the facility of (Please tick one)

☐ E-Statement ☐ Daily ☐ Weekly ☐ Monthly

☐ Quarterly Physical Statement

☐ Monthly E-Statement and Quarterly Physical Statement

E-statement to be sent to following E-mail IDs :

Name of Authorised signatory	**E-mail ID**

Declaration:

I/We understand that Email statements are for my my/our convenience. The Bank shall not be liable or responsible for any breach of secrecy because the statements are being sent to the above Email ID as registered with us. I/We shall verify the authenticity of the emails I/we receive. I/We shall not hold the Bank responsible for any statement received from frauds/imposters. I/We shall not hold the Bank liable if any problem arises with my/our computer network because of me/us receiving statements from the Bank. The Bank shall not be responsible if I/we do not receive statements due to incorrect Email address furnished by me/us and/or any technical reasons.

Signature (s)

Account Holder/ Authorized Signatory	Account Holder/ Authorized Signatory	Account Holder/ Authorized Signatory

Dated:

Notes:

1. This is an account level form and same needs to be signed as per mode of operation of Account.
2. Physical statement will be sent to the Primary account holder at his registered mailing address with the Bank.
3. DP account holders will continue to receive the physical combined statements on a monthly basis incase there are transactions in the account.
4. This facility is not available to customers who have Special Frequency Statement facility.

Signature Verified By

Name and Employee Code

Signature of Employee

Remarks

Acknowledgement

We acknowledge the receipt of customer request for _____ Mr./Mrs./Ms. _____

_____ relating to customer account number _____ under service request number _____

Date: _____

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

Draft Resolution for Limited Companies, Trust s, Associations, Societies, Clubs
(The resolution is to be given onOrganization Letter Head)

Extracts of the minutes of the meeting of the Board of Directors / Managing Committee of _____ held at _____

Unanimously resolved :

That the Company / Trust / Association / Society / Club avails of the statement facility for account number _____ in the name of _____ as mentioned and requested to Kotak Mahindra Bank in the Account Statement Registration Form (Non individuals) as attached & duly initialled by the Secretary / Director / requisite / Trustees .

That the Company / Trust / Association / Society / Club hereby authorizes

- Mr/Mrs _____ (Designation)
- Mr/Mrs _____ (Designation)
- Mr/Mrs _____ (Designation)

to receive statements on the e-mail IDS registered with the Bank.

That the Company / Trust / Association / Society / Club acknowledges 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 us.

That a copy of the resolution be forwarded to the Bank.

_____ _____

Signature of Secretary / Director / Trustees under Seal / Stamp as applicable

Name of the Secretary / Director / Trustees

Place: _____

Date: _____

Draft Partnership Letter
(Letter to be given on the Letter Head of the Partnership Firm)

A meeting of the partners of M/s _____ (the Firm), a partnership firm having its principal office at _____ in which the partners of the firm, constituting the requisite forum, were present namely:

Mr /Mrs _____

Mr/Mrs _____

Mr/Mrs _____

was held on _____.

After discussions, it was unanimously agreed

That the Firm avails of the statement facility for account number _____ in the name of _____ as mentioned and requested to Kotak Mahindra Bank in the Account Statement Registration Form (Non individuals) as attached & duly initialled by the partners attending the meeting / Managing Partner.

That the firm hereby authorizes

- Mr/Mrs _____ (Designation)
- Mr/Mrs _____ (Designation)
- Mr/Mrs _____ (Designation)

to receive statements on the e-mail IDS registered with the Bank.

That the Firm acknowledges 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 us.

That a copy of the resolution be forwarded to the Bank.

Name of the Partners	Signatures
1: _____	_____
2: _____	_____
3: _____	_____

Place: _____

Date: _____