FIXED DEPOSIT (TERM DEPOSIT) / RECURRING DEPOSIT FORM

Resident

Tick any one

Non-Resident

Tick any one

My / Our Details

Applicant 1 : Customer Relationship Number

Name

Title First Name Middle Name Last Name (Upto 40 characters only)

Senior Citizen (≥60 years) Yes No

Applicant 2 : Customer Relationship Number

Name

Title First Name Middle Name Last Name (Upto 40 characters only)

Applicant 3 : Customer Relationship Number

Name

Title First Name Middle Name Last Name (Upto 40 characters only)

I/we would like to operate this Fixed Deposit/Recurring Deposit as

Singly Either or Survivor Jointly As Guardian (In case of Minor) Others

Please open this Fixed Deposit / Recurring Deposit for

Time Period : [ ] years(s) [ ] month(s) [ ] day(s)

Amount : ₹ [ ] Amount in Words

I/we would like to pay for this Fixed Deposit by the following mode

Not Applicable for Recurring Deposit

Transfer from Kotak Account

Cheque

NEFT/RTGS

Cash

Account Number

Reinvested Quarterly

Renew Principal and Pay Back Interest

Pay Back (Redeem) Principal and Interest

Renew Principal

Pay Back (Redeem) Principal

Option 1

Option 2

For Deposits invested upto a period of 180 days/interest will be Paid At Maturity. Please fill Maturity Instructions. Auto Renewal and Monthly Payout of Interest Option is not applicable on Fixed Deposits booked under “Premature Withdrawal Not Allowed” Scheme. In the absence of specific maturity instructions Fixed Deposit will be renewed automatically on the same Terms and Conditions at the rate prevailing at the time of renewal.

Do you want to link your Fixed Deposit to your Account

No [ ] Yes [ ]

Account with Kotak Mahindra Bank Ltd.

Recurring Deposit - My/our instructions for monthly installments

Debit my/our Account Number each month for my/our Recurring Deposit

Auto Renew Option is not available for Recurring Deposits. Maturity Amount will be credited to the Debit Account mentioned above.

The Fixed Deposit Advice would be sent to your Registered Email ID ☐ We would also like to receive a Physical Advice

Acknowledgement Slip

Name of the 1st Applicant

Payment Details

Debit A/c with Kotak Bank [ ] Cheque Number [ ] Dated [ ] Bank [ ] Cash [ ]

Received the Fixed Deposit/Recurring Deposit Form with the following details

Branch Date [ ] [ ] [ ] [ ]
Nomination (Form DA1)

Nominated under section 45ZA of the Banking Regulation Act, 1949, and the Rule 2(1) of The Banking Companies (Nomination) Rules, 1985, in respect of bank deposits

Nominate the following person to whom in the event of my / our / minor’s death the amount of the deposit, particulars whereof are given below, may be returned by Kotak Mahindra Bank Limited.

Nature of Deposit: __________________________________________________________

Distinguishing No. _________________________________________________________

Additional details, if any ___________________________________________________

Nominee Name ____________________________________________________________

Middle Name: ____________________________________________________________

Last Name: ___________________________ Address: ____________________________

City: ___________________________ Pin Code: ___________________________ State: __

Relationship with Depositor, if any __________________________________________

Age: ___________________________ If Nominee is a minor, his date of birth: ______

As the Nominee is a minor on this date, I/we appoint St/Kin/Num. * ____________________

Relation with Minor Nominee: ________________________________________________

Address ___________________________________________________________________

City: ___________________________ Pin Code: ___________________________ State: __

Age: ___________________________ to receive the amount of the deposit on behalf of the nominee, in the event of my / our / minor’s death during the minority of the nominee.

Nominee name to be printed on the Statements / Advises: ________________

Date & Place: ___________________________

Signature(s) / Thumb impression(s)***__________________________

Drivers: __________________________

Signature of First Witness ***__________________________

FOR BANK USE ONLY

I have clearly explained to the customer the advantages of nomination facility and insist that the same be refused to make a nomination that he/she does not want to make a nomination.

FOR BANK USE - BRANCH

Source Code: __________________________ Value Date: _______________________

Lead Generator Code: __________________________ Sourcing Dt: ___________________

Lead Convertor Code: Individual / Non-Individual __________________________

FOR BANK USE - CPC

V-Date: __________________________ Tran. ID: __________________________

Tran. Sr.No: __________________________ 15G/15H-Matched: Yes / No

Effective Date of Deposit: __________________________ Rate of Interest: __________

Period: ___________________________ Amount (Rs.): __________________________

Transit: ___________________________ Nature: ____________________________

Nomination Received: Yes / No Received the Nomination Form (DA-1) with the following details: Nominee: __________________________

Kotak Mahindra Bank Ltd. CIN: L65110MH1985PLC03813 Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051. www.kotak.com