

KOTAK BILLPAY REQUEST FORM

(KMBL/ Sep-23 /V1.0)

 To,
 The Branch Manager,
 _____ Branch

 Date:

Dear Sir / Madam,

I / We _____ having

 Customer Relationship Number (CRN) hereby request you to process the BillPay request as mentioned below.

 #Savings Account Number Credit No.
BillPay Requests

Location : _____ (City / State)

Billier Type	Insta Pay***	AutoPay***	Delete	Payment Mode
Utility Bills				
Electricity Biller Name : _____ Consumer No. : _____ Biller Short Name : _____	Amount (Rs.) _____	<input type="checkbox"/> Entire Bill or <input type="checkbox"/> Pay Limit (Rs.) _____	<input type="checkbox"/> Biller <input type="checkbox"/> AutoPay <input type="checkbox"/> Scheduled Payments	<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card
Mobile Postpaid Biller Name : _____ Consumer No. : _____ Biller Short Name : _____	Amount (Rs.) _____	<input type="checkbox"/> Entire Bill or <input type="checkbox"/> Pay Limit (Rs.) _____	<input type="checkbox"/> Biller <input type="checkbox"/> AutoPay <input type="checkbox"/> Scheduled Payments	<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card
Landline Postpaid Operator : _____ Account No : _____ Landline No - (STD) - (Landline No) : _____ Biller Short Name : _____	Amount (Rs.) _____	<input type="checkbox"/> Entire Bill or <input type="checkbox"/> Pay Limit (Rs.) _____	<input type="checkbox"/> Biller <input type="checkbox"/> AutoPay <input type="checkbox"/> Scheduled Payments	<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card
Gas Biller Name : _____ BP No. : _____ Biller Short Name : _____	Amount (Rs.) _____	<input type="checkbox"/> Entire Bill or <input type="checkbox"/> Pay Limit (Rs.) _____	<input type="checkbox"/> Biller <input type="checkbox"/> AutoPay <input type="checkbox"/> Scheduled Payments	<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card

Finance & Taxes

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Mutual Fund Biller Name : _____ Unique Registration No. : _____ Biller Short Name : _____	NA	<input type="checkbox"/> Entire Bill or <input type="checkbox"/> Pay Limit (Rs.) _____	<input type="checkbox"/> Biller <input type="checkbox"/> AutoPay <input type="checkbox"/> Scheduled Payments	<input type="checkbox"/> Bank Account
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Insurance *(applicable to LIC) Biller Name : _____ Policy No. : _____ DOB : ____/____/____ *Installment premium : _____ *Email ID : _____ *Receipt Type - E/P : _____ Biller Short Name : _____	Amount (Rs.) _____	<input type="checkbox"/> Entire Bill or <input type="checkbox"/> Pay Limit (Rs.) _____	<input type="checkbox"/> Biller <input type="checkbox"/> AutoPay <input type="checkbox"/> Scheduled Payments	<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card
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Other Bill Payment				
Biller Name : _____ Biller Category : _____ Biller Identifier 1 : _____ Biller Identifier 2 : _____ Biller Identifier 3 : _____ Biller Short Name : _____	Amount (Rs.) _____	<input type="checkbox"/> Entire Bill or <input type="checkbox"/> Pay Limit (Rs.) _____	<input type="checkbox"/> Biller <input type="checkbox"/> AutoPay <input type="checkbox"/> Scheduled Payments	<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card

RECHARGE- Mobile , FASTag, DTH				
<input type="checkbox"/> Prepaid Mobile <input type="checkbox"/> Direct - To - Home (DTH) Prepaid Mobile : _____ **Mobile No: _____ DTH Subscriber No: _____ Amount (Rs.) : _____	<input type="checkbox"/> Entire Bill or <input type="checkbox"/> Pay Limit (Rs.) _____	<input type="checkbox"/> Biller Registration	<input type="checkbox"/> Bank Account <input type="checkbox"/> Credit Card	

*Biller Short Name should be unique for each biller and should not be more than 6 characters
 #This Account will be debited incase of Pay Bill / AutoPay / Recharge
 **Mobile No. Field is mandatory incase of DTH, alert will be sent on the mobile no. mentioned.
 ***Biller registration will be done automatically (Instapay/ Autopay)
 ##Nick Name field is mandatory incase of adding a biller.

Declaration

I have read and understood the Terms and Conditions relating to Kotak Bill Pay on www.kotak.com. accept and agree to be bound by the said Terms and Conditions. I understand that the Bank may at its absolute discretion, discontinue any of the services completely or partially without any notice to me. I agree that in case of Payment of Bill and AutoPay the account number mentioned in this form will be debited automatically. Instructions provided in this form will automatically add the specified biller if it is not an existing biller. Any instruction provided in this form for modification of information pertaining to existing billers will update the existing information of the said biller.

For PAYBILL / AUTOPAY / RECHARGE PLEASE SIGN AS PER MODE OF OPERATION

_____ First Account Holder

_____ Second Account Holder

_____ Third Account Holder

For Branch Use only

Applicants Signature Verified: Yes No Employee Code: _____

Employee Name: _____ Sign: _____

ACKNOWLEDGEMENT

_____ Branch

Date: _____

Transaction Reference No. _____ (For Pay Bill only)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> ADD BILLER | <input type="checkbox"/> DELETE BILLER | <input type="checkbox"/> PAY BILL | <input type="checkbox"/> VISA CREDIT CARD PAYMENT |
| <input type="checkbox"/> ENABLE AUTOPAY | <input type="checkbox"/> DELETE AUTOPAY | <input type="checkbox"/> DELETE SCHEDULED PAYMENT | <input type="checkbox"/> RECHARGE |

Customer Name CRN

Account No.

Authorized Signatory

Branch Stamp