



## **Best Compliments Card (BCC) Application Form**

(Individual Customers)

Branch		(	J	Date	
Name of the Purchaser:					
Date of Birth: DDMM	(First Name)  M Y Y Y Y Custon	Middle Nar) ner Relationship Nun	,	ast Name)	
		er having existing relation	nship with the Bank)		
Address:					
City:		State:		Phone No:	
Mobile No.:		Email ID:		PAN No:	
Proof of ID / Address:	Passport No	Driving license P	AN Card Ph	oto ID Card Oth	er
Card Details:					
Issuance Fee per BCC : Rs.100	0 + G.S.T.	No o	f Best Compliments Care	d (BCC) required:	
Total Load Amount in Rs.			Issuance Fees (as applic		
(Sum of Load Amt on all BCC	C cards)		ance should be inclusive		
Payment Details:					
Debit my Kotak Mahindra	a Bank A/C No.				
	Cash (If cash payment is	more than Rs.50.000/-	then PAN is necessary)		
Cheque No.		awn on	Cash	1	Amountin Rs.
cheque ito.	Bank	Branch	Casi		7 HII GAITEIT TIS.
				TOTAL	
Beneficiary Details: (Fo	r multiple BCC requireme		Beneficiary details as p	er Annexure A, as mai	ndated by RBI)
rame or beneficiary	/ taul		Editatile 140.	Mobile No.	Zillali ib
Declaration:					
I/We hereby apply for the issue of a Best for the Card/s. I/We accept that Kotak N its absolute discretion may withdraw, c applicable to the Card. I/We agree to be Beneficiary/s details (i.e. Name of End B the Bank / RBI shall be provided me/us w this as if I/We have authorized that pers any transaction done on Card/s that hav purchase. I/We agree that the Bank may I/We shall advise the Bank immediately ir any refund before the expiry of the Card	Mahindra Bank Ltd. ("Bank") is entitl discontinue, cancel, suspend, and/or e bound by the said Terms and Conc Seneficiary, Address, Landline No./ M within the stipulated time as commun ton to use the Card and I/We will be I/e been received by me/us. I/We are a y debit the available balance on the n case of any change in the above de	ed at its discretion to accept or terminate the Card completel litions as may be in force from obile No., Email ID) to whom it incated by the bank, not leading responsible for any transactions aware that upon any purchase versions card/s or debit any of our other tails and information given in the	reject this application without asy y or partially without providing time to time, including those exc ecards will be issued and any acy to delay. I/We agree that upon co- initiated by such person with the ia a point-of-sale device, the amor account/s with the Bank for any his application form. I am aware a is application form. I am aware a	ssigning any reason whatsoever any notice to me/us. I/We hav luding/limiting the Bank's liabil iditional details/KYC related to our permitting someone else to Card. I/We further acknowledg ount available on the Card will L charges that may be applicable bout the Card balance refund presents of the conditions of the card of the conditions of the card balance refund presents of the card ba	IWe also agree that the bank at e read the Terms and Conditions ity. IWe will also provide the End End Beneficiary/s as requested by use this Card/s, the Bank will treat e that I/We will be responsible for be reduced by the amount of such on the Card/s from time to time.
Date & Place: Signature of the Purchaser					
For Office use only:					
	Particula	rs		Total Load	Amount in Rs.
No of Best Compliments Ca	ard (BCC) :	-			
Best Compliments Card 16	digit Number:				
			Add Issuance Fee		
			Add Issuance Fee Add G.S.T.		

Check List of Doo	uments collecte	ed from the Custo	mer:			
BCC Application	Form					
End Beneficiary	Details (as per ar	nnexure A, if applica	able)			
KYC (not require	ed for existing CF	RN)				
				nd the Total BCC Load amo s Card has been credited to		
Debit to Account			Clearing Cheque		Cash	
Authorized by (Signa Name of the Employe				Employee Code:		
Details of End Benef	iciaries:		<b>xure A – End Be</b> (To be provided or	eneficiary Details n plain paper)		
Name of End beneficiary	Address	Landline No.	Mobile No.	Email ID	Load Amount	Card Reference No. (to be filled by Kotak Baranch)

Name of End beneficiary	Address	Landline No.	Mobile No.	Email ID	Load Amount	Card Reference No. (to be filled by Kotak Baranch)

Date & Place:	Signature of the Purchaser