

## **CUSTOMER RELATION FORM**



(For Non-Individual only) (To be filled by Authorised Signatory / Proprietor / Karta separately)

			•		PLEA	ASE	FILL	THE	FOR	M IN	BLC	CK	LETT	ΓER	S Al	ND B	LACI	( INK			,			920	00	5NII	FAl	JS		
Preferred Home	Branch					Bran	ch C	ode	applio	able onl	y for Ko		ank Staff	0	PTY	ID														
*Company Name	<b>,</b>																													
company rum																			_			_								
PERSONAL D	ETAILS		Authoris	ed Sigr	natory	′	ľ	Vland	ate					*	Bene*	eficiar	y Ow	ner			sha	re	%	*Fie	elds	are m	nanda	atory		
*C-KYCR	New	E>	kisting -	Updat	te Cha	ange			C-K	YCR	No.																		Name sh in First Middle & Last	Name Name Name
Existing CRN	YES								(	In case	you h	ave a	an exis	ting	relatio	onship	with t	he Bar	nk)		NC	(Plea	ase fil	l the b	elow	detail	is)		ormat & characte	
*Name Title	(First Name)					(Mic	dle N	lame)					(La	ast	Vame	e)					(ψ <sub>k</sub>	oto 40	cha	racte	rs ør	nly)				
*DOB DDN	1 M Y Y	YY	*Mo	ther's	Maid	den M	Namo		entior	,	rst Na er's Pr		)	Nam	ne)				(Last	Nan	ne)									
Father	Spouse N	ame		(Fire	st Nam	ne)					(La	st Na	ame)				*	Citiz	ensh	ip		Indi	an		Othe	ers				
(If PAN is not available	Father Name is	Mandat	ory)																											
*Gender	Male	F	emale	Tr	ransge	ende	r					*Ma	arital	l St	atus	i	Sin	gle		IV	larrie	d			Othe	ers —				-
*Annual Income	0 - 2 la	khs	>	2 - 5 la	akhs		>	5 - 10	) lak	hs		> 1	10 - 2	5 la	khs		> 2	25 lal	chs	D	esig	natio	on _							-
		*Occ	upatior	ı Type	3													*	Sour	ce o	f Inc	ome	)							
	Busines	s/Prof	essional	/Self E	mplo	yed											В	usine	ess In	com	ne/Pr	ofes	sion							
	Farmer																Α	gricu	ılture	e Inc	ome									
Identity & Address of	ocuments of	all shar	reholders	/ cont	rolling	pers	ons h	oldin	g mo	re tha	n 10	% sh	are ca	apita	al in 1	the co	mpar	ıy / p	artne	rship	will l	oe ma	anda	torily	requ	uired.				
Permanent Addr	ess / Resid	ence A	Address	(Upto 9	90 chara	acters	only)																							
Line 1																														
Line 2																														
Line 3/ Landmark																														
*City																				,	*PIN	Coc	le							
*State													Т	ele	phor	ne No	. (S	Т	D)											
NOTE: Account Stat	ement / Che	que boo	ok of the	Corpo	rate ar	nd De	ebit C	ard /	PIN /	Pass\	word	mai	lers fo	or ea	ach a	uthor	ised s	ignate	ories v	will b	e sen	t to 1	he C	ompa	any's	maili	ng ac	dress	only.	
*Preferred Mobile	No.																													
*Preferred Email I	D																													
(All alerts will be se	nt to the pr	eferred	l Mobile	No. &	Email	ID)																								
CHANNEL ACC	ESS REQU	JEST (	(Not applica	able for (	Co-opera	ative Ba	anks)																							
I wish to apply for	access to the	follow	ing char	nels																									Access to	

	PB	NB	DC#
Transaction Rights			
View Rights			

Channel Access will be granted only to the person specifically authorised for the purpose. PG will be activated by default for

customers registered for Net banking with unconditional transaction rights.

Mobile Banking & Mobile Payment services will be activated by default for customers who opt for Net Banking / Debit Card

#Default Debit Card will be EMV Chip & PIN enabled for Domestic PoS (retail outlet) / ATM usage only. Please visit Mobile / Net Banking or nearest Branch to put up a request to activate other transaction types like domestic e-Commerce (online payment), Contactless (Tap & Pay) and International transaction on your Debit Card. For Privy League Customers default Debit Card will be Privy League Platinum / Signature Chip Card depending on the program chosen.

PB - Phone Banking; NB - Net Banking; DC - Debit Card (Not applicable for Co-operative Banks); PG - Payment Gateway (Online Shopping / Trading)

# SMS BANKING & ALERT FACILITY (Refer to the General Schedule of Features and Charges for charges applicable)

Alert Facility enables you to receive alerts on your Email and / or Mobile regarding account transactions and maintenances. New alerts may be added from time to time. By ticking on any of the options below I expressly consent and authorise the Bank to make Telephone Calls and Send SMS and / or Emails to inform me / us on any information or updates relating to Bank's existing / new Product / Services. The said consent is valid till such time I withdraw the same in writing.

	Alert Type	SMS	E-mail
a)	Daily Balance + Transaction and Value Added Alerts		
Plea			
b)	Weekly Balance + Transaction and Value Added Alerts		

- Bank will send all alerts to the preferred mobile number and E-mail address mentioned in this form. the Bank will also use these details for sending out transaction and up dates about Product and Services.
  - In case you do not wish to receive information / updates, you can register yourself for Do Not Call on the Bank's website www.kotak.com
- Not Call on the Bank's website wwww.kotak.com

  Alerts that have been mandated by RBI and such alerts as deemed appropriate by the
- Bank will be sent even if you have not subscribed for the facility.

  Transaction and Value Added Alerts will be sent to all Authorised Signatories, irrespective of the mode of operation.

Regulatory & Risk alerts will be sent by the Bank by default without charges.



If SMS/Email is not opted, this will be implied as non-subscription for transactions Regulatory & risk alerts - Option with a \infty mark is considered as 'Opted for the service' and "X" mark indicates 'Not Opted' for the transaction jalert services

#### **TERMS & CONDITIONS**

- 1. The form should be accompanied by the Resolution of the Board/Managing Committee in case of Limited Companies, Trusts, Societies, Associations and Clubs, partnership letter in case of partnerships, Distinct Board/Managing Committee Resolution and Partnership Letter is to be provided for each Deposit and/or Demat Account as applicable.
- 2. In case of Partnerships, Limited Companies, Trusts, Societies, Associations and Clubs, person(s) with conditional mode of operation/authority will get only non-financial transactions on Net Banking and Phone Banking and will not get Payment Gateway access.
- 3. In case Partnerships, Limited Companies, Trusts, Societies, Associations and Clubs all signatures should be accompanied by stamp of the organisation, as applicable
- 4. The Channel Access for Investment Account(s) is restricted to enquiry rights on Phone Banking and view and transaction rights on Net Banking.
- 5. For transaction rights on these account(s), a Power of Attorney in favour of Bank has to be duly executed and authorised person should have an unconditional operating authority.
- 6. In case of Partnerships, Limited Companies, Trust, Societies, Associations and Club, Investment Account(s), transaction rights on Net Banking will be granted / Debit Cards will be issued only to person(s) with unconditional mode of operations / authority.
- 7. In case of Partnerships, Limited Companies, Trusts, Societies, Associations and Clubs will be issued only to person(s) with unconditional mode of operation/authority.
- 8. Proprietor of a Proprietorship concern and karta of an HUF will get both financial and non-fiancial transactions on Net Banking and Phone banking. They are also eligible for Debit Cards and Payment Gateway access.
- 9. Net Banking and Phone Banking access will be applicable for all Investments Account(s) existing or to be opened in future for the Organisation.
- 10. The channel access for Demat Account is restricted to view or enquiry rights on Net Nanking and Phone Banking.
- 11. The Net Banking, Phone banking, payment gateway access and indemnity(ies) for permitting transaction processing through email / electronic mode/other account related services, (if registered with bank) is applicable for all the Deposit accounts existing or opened in future for the organization.
- 12. Payment Gateway facility is provided as per the terms and conditions of the Bank and regulatory rules as applicable from time to time.
- 13. The customer reiterates that he shall be continued to be governed by the terms and conditions of the Bank.

#### **CUSTOMER DECLARATION**

The particulars contained herein shall be valid for all accounts opened by me/us or to be opened by me/us hereafter either singly or with other(s) and/or me/us in any representative capacity with the Bank unless informed to you otherwise. I/We have read/obtained/understood and agree to the terms and condition and citizen charter governing the opening of an account with Kotak Mahindra Bank Ltd. (the Bank) and those to various Services including but not limited to (a) ATMs (b) Phone Banking ( c) Debit Card (d) Net Banking (e) Mobile Banking (f) Payment Gateway (g) Kotak Bill Pay (h) SMS Banking (i)Alerts Service (j) Opening of an Investment Account. I/We understand that the Bank may at its absolute discretion, discontinue any of the Services completely or partially any notice to me/us. I/We agree that the Bank may debit my/our account for service charges as applicable from time to time. I/We understand that investment products are not Bank objects or other obligations of or guaranteed or insured by Kotak Mahindra Bank Ltd. or their affiliates. They are subject to risk and possible loss of principal. Past Performance is not indicative of future performance. I/We hereby declare the above information is true and correct to my/our Knowledge. I/We shall advice the Bank immediately in the manner as agreed by me/us and acceptable to the Bank. in case any change in the above details and information given by me/us. I/We have read and understood the terms and conditions available at Bank's web-site www.kotak.com.

For Corporate and Co-operative Bank: I/We have read and understood the Kotak Mahindra Bank account terms and conditions. I/We accepted and agree to be bound by the said terms and conditions including those excluding/limiting your liability. I/We agree that the Bank may debit my/our account for charges as applicable from time to time. I/We do hereby authorise the bank to conduct my/our credit history verification with CIBIL or any other credit rating agency.

In Case CRF used for New account opening: I have read and understood the details of all features and charges available in General Charges (GSFC) as applicable to the Product subscribed by us in the AOF attached. I have also read and understood other conditions of Most Important Document.

I/We have voluntarily supplied the above information obtained from me while account opening which I acknowledge that the Bank is required to obtain in pursuance of periodic/Ad-hoc reporting to regulatory authorities. I/We have gone through the Privacy Notice published by the Bank on its website www.kotak.com and having agreed to the same. I/We hereby give my consent in favour of the Bank to process my personal information for the purposes and in the manner provided in the Privacy Notice while I/We avail the product and/or services applied for.

 $I/We \, here by \, consent \, to \, receiving \, information \, from \, Central \, KYC \, Registry \, through \, SMS/Email \, on \, the \, above \, registered \, mobile \, number/email \, address.$ 

As per RBI master direction of KYC, in case of any change in the documents submitted by me at the time of establishment of business relationship / account-based relationship and thereafter, as necessary; I shall submit to the Bank the updated documents within 30 days of the change for the purpose of updating the records at Bank's end.

I/We, give my / our consent to download my / our KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my / our identity and address from the database of CKYCR Registry. I / We understand that my / our KYC Record includes my KYC Records / Personal information such as my / our name, address, date of birth, PAN number etc. Further I/We also understand that this information will be used to establish new relationship as well as for updation / periodic updation in the Bank records.

I/We authorize the Bank to share my/our KYC records submitted during establishment of relationship / updation / periodic updation in the Bank records as per extent regulations with CKYCR and also give my/our consent to download my/our KYC records from CKYCR & authorize the Bank to update the KYC records / information received from CKYCR basis KYC identifier.

I am aware that an indemnity had been/is being executed by our Company/LLP/Trust/Society/Association/Club/Firm for availing transaction processing through email and have read, understood and agree to the terms and conditions set out in the said indemnity and I hereby declare & Confirm that the same shall be deemed to have been executed by me & shall be binding on me as an Authorised Signatory.

Non-Subscription of Transaction Alerts: I / We authorized signatory of the captioned Firm / Company/ Entity declare and confirm that I / We do not wish to receive SMS / Email alerts including various other alerts like transaction alerts, daily / weekly balance confirmation for our Firm / Company/ Entity account on our authorized signatory CRN (Customer Relationship Number) linked to above Firm / Company account. I / We understand the risk associated with not receiving transaction alerts and will not hold the bank liable and/or responsible.

account. 1/ We understand the risk associated with	ocreceiving transaction alerts and will not hold the bank hable and/or responsible.	
SIGNATURE / THUMB IMPRESSION	PHOTOGRAPH	
Affix Latest Coloured Passport Size Photo	Please Sign in Black ink only	Preferably the Passport size photograph against the red background should be attached
	Name: Please Name Above	Signature & stamp of the Organisation to be signed in Black ink only

### FOR BANK USE ONLY

Documents Section (BANK USE)			Classification:
Document Name	ID Proof	Address Proof	Sub-classification: Key Associate
Passport Number			Relation Code: F NF
Passport Expiry Date DDDMMJYYYY			*Additional Info:
			Approved By
Voter ID Card			
Driving License			Sales Official Sign, Code & Designation Branch Official Sign, Code & Designation
Driving License Expiry Date D D M M Y Y Y			KYC Verification Carried Out By (BANK USE)
			Emp. Name
E-UID (AADHAAR)			Emp. Designation
E-UID (AADHAAR)  NREGA Job Card			Emp. Code   Emp. Branch   Employee Sign
NREGA Job Card			Emp. Code Employee Sign  Date D D M M Y Y Y Y
NREGA Job Card			Emp. Code   Emp. Branch   Employee Sign
			Emp. Code
NREGA Job Card Letter issued by National Population Register			Emp. Code