

**Closure of Savings / Current / Investment Account**

(Please fill in Capital Letters only)

Siebel Request No.

**For Bank Use:**

**Customer Account Type:**

- Wealth     
  Privy     
  Resident Individual     
  Non Individual

I/We Date

Mr.  Ms.  FIRST NAME  MIDDLE NAME  LAST NAME

Mr.  Ms.  FIRST NAME  MIDDLE NAME  LAST NAME

hereby request you to close my / our Account Number

located at  branch and pay the balance as follows:

- Credit to my/our other account number  (Kotak Bank Account only)
- Send Demand Draft to my/our registered mailing address on record
- Collect DD at  branch
- RTGS / NEFT\*\*\*

**Destroyed                      Enclosed**

**Debit Card(s)**

**Unused Cheque(s)**

*Un-presented cheques will not be honoured after the account is closed and the Bank will not be liable / responsible for the return / dishonour of the same.*

**DEMAT ACCOUNTS** linked to the above account for debit of service charges

- I/We are closing the account(s) separately
- Please link it to my/our other Kotak account number
- I/We agree to pay advance payment of Rs. 3000 (Mandatory if the Demat Account is not linked to other Kotak Account)

**TERM DEPOSITS** – For maturity/interest payments on our **TERM DEPOSITS**, please

- Credit my/our other Kotak account number
- Pay by Demand Draft payable at  to my/our registered mailing address on record
- RTGS / NEFT\*\*\*

**ActivMoney**

**2 Way Sweep**

**Delink** (operate as a standalone)

**Liquidate**  All

- Term Deposit
- Credit my/our other Kotak account number
- Pay by Demand Draft payable at  to my/our registered mailing address on record
- RTGS / NEFT\*\*\*

**Investment Account**

Close the following Accounts

A C C O U N T N O 1     
  A C C O U N T N O 2     
  A C C O U N T N O 3

**Lockers** (if applicable)

**Locker No**

- Surrender     
  Dr. charges to my/our new Kotak Account
- Please delink **all other linkages** as well.

**The reason I / We wish to close my/our account** (Please give a brief indication of the reason for closure)

Reason Code

\*\*\*RTGS / NEFT

Beneficiary A/c No.

Beneficiary Name

Beneficiary Bank Name

Beneficiary Branch Name

Beneficiary Bank IFSC Code  Beneficiary Bank A/c. Type

I /We declare that above details are true and correct and the account is in my/our name.

Signature(s) (Guardian in case of Minor)

1st Account Holder	2nd Account Holder	3rd Account Holder	4th Account Holder
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(For Non-Individual customers, signatures as per MOP required. For Individual customers, all the account holders need to sign.)

**Please Note:**

- For closure of Investment Account, investments will continue with AMC and customer can approach AMC directly for future services
- Phone Banking PIN, Net Banking PIN and Debit Cards issued to customers will be de-linked from the accounts closed above. In case the customer holds any other account in addition to the account being closed, he/she need not surrender/destroy the PINs, Debit Card as they will continue to be linked to any such accounts held by the customer as per original instructions

**For Bank Use only**

**Branch use section**

(For all applicants)

	Yes	N.A.
Cheque book collected/destroyed	<input type="checkbox"/>	<input type="checkbox"/>
Debit card collected/destroyed	<input type="checkbox"/>	<input type="checkbox"/>
Locker surrendered	<input type="checkbox"/>	<input type="checkbox"/>
Attrition Control Form attached	<input type="checkbox"/>	<input type="checkbox"/>

Dated

Documents sent to RPC/CPC on

Signature Verified by (Sign & Emp. Code)

**CPC / RPC use section**

(For all applicants)

	Yes	N.A.
OD Limit zeroised	<input type="checkbox"/>	<input type="checkbox"/>
Demat account closed	<input type="checkbox"/>	<input type="checkbox"/>
Memos checked and actioned	<input type="checkbox"/>	<input type="checkbox"/>
Account in TOD: 009 (To Zeroise Account) **	<input type="checkbox"/>	<input type="checkbox"/>

\*\*If Yes, approval as per delegation matrix required

Input

Authorizer

**Acknowledgement Slip**

We acknowledge the receipt of Account Closure instruction from Mr. /Mrs. / Ms \_\_\_\_\_

relating to customer relationship number \_\_\_\_\_ under service request number \_\_\_\_\_

Date: \_\_\_\_\_

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