

CUSTOMER RELATIONSHIP FORM

(For Non-Resident Individual Accounts / Deposits Only)
(To be filled in by joint Applicant / Mandate separately)

Intentionally kept blank

Preferred Home Branch _____

PERSONAL DETAILS-APPLICANT

Joint Applicant Mandate

*Fields are Mandatory



*CKYCR New Existing – No Change Existing – Update Change Update CKYCR Change Local Global
C-KYCR No. _____
Local change will not be updated in Central KYC Repository (CKYCR) and will only be applicable to Kotak Mahindra Bank Limited

*In case of a Minor please attach age proof & guardian to fill a Minor Declaration Forms separately

Existing CRN Yes _____ (In case you have an existing relationship with the Bank) No (Please fill the details below)

Name _____

*DOB _____ (In case of minor, fill up the minor declaration form and attach proof of age) Status Resident NRI/PIO Foreigner

Maiden Name _____
(applicable to married woman, documentary proof required)

Nationality Indian Others _____ *Marital Status Single Married Others _____

*Gender Male Female Transgender

*Mother's Maiden Name _____ Father's Name _____

Spouse's Name _____ PAN No. _____

Passport Details Passport No. _____ Date of Issue _____
Place of Issue _____ Date of Expiry _____

Visa Details Type of Visa _____ Date of Issue _____
Place of Issue _____ Date of Expiry _____

Education Non Graduate Graduate Post Graduate Professionally qualified Others _____

Occupation Business Self employed Professional Salaried - Private Sector Salaried - Public Sector
 Salaried - Government Sector Student Homemaker Farmer Retired

Profession Finance Art Legal Teaching Agriculturist Medical
 Engineer Management Architect IT Others _____

Annual Income 0 - 2 lakhs 2 - 5 lakhs 5 - 10 lakhs 10 - 25 lakhs 25 - 50 lakhs 50 lakhs - 1 crore >1 crore

Residence Address in India _____
_____ *City _____

*Pin Code _____ *State _____ Country _____

Tel. No. STD _____ Fax No. _____ *Mobile No. _____

Overseas Residence Address (all field to be filled in compulsory)

_____ *City _____

*Pin Code _____ *State _____ *Country _____

Tel.No. ISD _____ Fax No. _____ *Mobile No. _____

Permanent Address: Same as Indian Address Same as Overseas Address

*Email Address _____

*Preferred Mailing Address Indian Address Overseas Residence Address (Address proof mandatory for the mailing address selected)
(Debit Card/PIN/Password mailers will be sent to the preferred mailing address of each applicant. Account Statement/Cheque Book will be sent to preferred mailing address of the first applicant only)

Alternate Contact Details

Name: _____

Relationship: _____ Telephone No. _____ *Mobile No. _____

*Email Address _____

I hereby agree for the bank to contact the above alternate person on the above coordinates in case where the bank is not able to reach me either through in person/mail/phone.

PAN mandatory, if opting for DTAA NRO TD/ PINS/Investment Account

Please mention country & area code along with your telephone number

@Mobile No. as mentioned in the preferred mailing address will be considered for communication

FATCA / CRS Declaration

Part A		
	Yes	No
a. Are you Citizen of any country other than India (dual / multiple) [including Green card]	<input type="checkbox"/>	<input type="checkbox"/>
b. Is your Country of birth is any country other than India	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you Tax resident of ANY country / ies other than India	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you have POA or a mandate holder who has an address outside India	<input type="checkbox"/>	<input type="checkbox"/>
e. Is your Address or telephone number outside India	<input type="checkbox"/>	<input type="checkbox"/>
If your answer to any of the above questions is a 'YES', please fill Part B		

Part B		
*Address for Tax Residence _____		
Mandate _____		*City _____
*Country of Birth _____	Place within the Country of Birth _____	
<small>(In case Country of Birth is USA, however Nationality and Country of Tax Residency is other than USA, please provide documentary evidence)</small>		
Source of Wealth _____		Nationality _____
<small>Please list below the details, confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers.</small>		
<small>☞</small> *Country of Tax residency	Tax identification Number ¹	Tax identification Document (TIN or functional equivalent)
<small>¹It is mandatory to supply a TIN or functional equivalent (in case TIN not available) if the country in which you are tax resident issues such identifiers. If no TIN /functional equivalent is yet available or has not yet been issued, please provide an explanation below:</small>		

I being the beneficial owner of the account opened / to be opened with Kotak Mahindra Bank Limited and the income credited therein, declare that the above information and information in the submitted documents to be true, correct and updated, and the submitted documents are genuine and duly executed. I acknowledge that towards compliance with tax information sharing laws, such as FATCA / CRS, the Bank may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if the Bank does not receive a valid self certification from me) the Bank may be obliged to share information on my account with relevant tax authorities. Should there be any change in any information provided by me I ensure that I will intimate the Bank promptly, i.e., within 30 days. Towards compliance with such laws, the Bank may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, the Bank may also be constrained to withhold and pay out any sums from my account or close or suspend my account(s). I also understand that the account will be reported if any one of the aforesaid FATCA / CRS criteria for any of the account holders i.e. primary or joint are met.

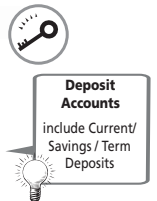
CHANNEL ACCESS REQUEST

I wish to apply for access to the following Channels

	ADDITIONAL APPLICANT			
	PB	NB	DC	PG
Deposit Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Account(s)#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Access to Payment Gateway will give automatic access to Net Banking, Direct Pay, Online Shopping and all other Gateway services that may be introduced by the Bank as per regulatory guidelines from time to time.
 # Mandate in favour of Bank to be executed to avail transaction facility on Net Banking and Phone Banking for Investment Account(s).
 # Mandate holders will get restricted channels access
 *NRO customers will get a domestic debit card.
 @ PRIVY League customers will be offered the default Debit Card, if chosen by the customer.

#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.



PB - Phone Banking; **NB** - Net Banking; **DC** - Debit Card; **PG** - Payment Gateway (Net Banking includes Mobile Banking and Mobile payment services)

INTRODUCTION DETAILS (Introduction by existing account holder)

Introduction to be provided by existing account holder or documents as per checklist.

 Introducer Name

 Customer Relationship No. Account No. (Client ID in case of demat)

I confirm that I am an account holder of Kotak Mahindra Bank Ltd. for the past _____ months and personally know the applicant for more than _____ months and confirm his/her identity and address as stated above.

Signature of the Introducer

DECLARATION

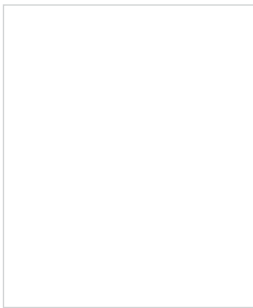
The particulars contained herein shall be valid for all accounts opened by me/us or to be opened by me/us hereafter either singly or with other(s) and/or by me/us in any representative capacity with your Bank unless informed to you otherwise. I have read, understood and agree the Terms and Conditions relating to various services and products as also conditions prescribed herein as also including, but not limited to (a)ATMs (b) Phone Banking (c) Debit Card (d) Net Banking. I accept and agree to be bound by the said Terms and Conditions including those excluding / limiting the Bank's liability. I understand that the Bank may at its absolute discretion, discontinued any of the services completely or partially without any notice to me. I agree that the Bank may debit my account for service charges as applicable from time to time.

I have voluntarily shared the above information which I acknowledge and agree that the Bank is required to obtain the same to provide its products and services to me. I have gone through the Privacy Notice published by the Bank on its website www.kotak.com and having agreed to the same I 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 avail various products and services from the Bank.

 Signature of the Applicant _____
 (If the applicant is minor, guardian to sign)


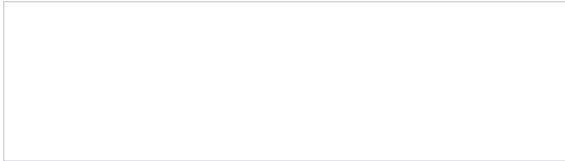
Date & Place _____

- The Net Banking, Phone Banking and Payment Gateway access, if applied for, is applicable for all Deposit Accounts existing or to be opened in future.
- Net Banking and Phone Banking access, if applied for, is applicable for all Investment Accounts existing or to be opened in future.
- Transaction right is subject to the customer executing and granting Power of Attorney in favour of the Bank as required from time to time.
- Channel access for MF Investment (2-Way Sweep) is restricted to view or enquiry rights on Phone Banking and Net Banking.
- All account(s) existing or to be opened in future will be linked to the Debit Card/Payment Gateway. Customer to give specific instructions if he/she wishes to de-link any account(s).
- Payment Gateway facility is provided as per the terms and conditions of the Bank and regulatory guideline as applicable from time to time.

PHOTOGRAPHS & SIGNATURE


 CRN:

Preferably the Passport size photograph against the red background should be attached

Please sign in Black ink only



 *Name
FOR BANK USE ONLY

Source Code	<input type="text"/>	Mandate	<input type="checkbox"/> NRE A/c	<input type="checkbox"/> NRO A/c	<input type="checkbox"/> Both	Checked by	<input type="text"/>
Lead Generator Code	<input type="text"/>	App Temporary VISA	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Created by	<input type="text"/>
Lead Convertor Code	<input type="text"/>	POA Executed	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Entered by	<input type="text"/>
RM Code	<input type="text"/>	Customer Sub-Classification	<input type="checkbox"/> Key	<input type="checkbox"/> Associate		Authorised by	<input type="text"/>
Account Sourcing Date	<input type="text"/>					Branch	<input type="text"/>
Finacle Customer ID	<input type="text"/>	Name of company with corporate ID Code	<input type="text"/>				
		Customer Relationship No.	<input type="text"/>				

Documents Collected:

Applicant 1:	<input type="checkbox"/> DL	<input type="checkbox"/> IND PASS	<input type="checkbox"/> OVERSEAS PASS	<input type="checkbox"/> ELE_ID	<input type="checkbox"/> PAN	<input type="checkbox"/> PHOTO_CR
	<input type="checkbox"/> ID_DOC	<input type="checkbox"/> L_L	<input type="checkbox"/> VISA	<input type="checkbox"/> UTILITY	<input type="checkbox"/> Form 60	<input type="checkbox"/> PASSBOOK
	<input type="checkbox"/> MARRIAGE CERT	<input type="checkbox"/> VALID CTR	<input type="checkbox"/> MID	<input type="checkbox"/> OTHERS	<input type="text"/>	

DOCUMENTS SECTION (BANK USE)

Document Name	ID Proof	Address Proof	Document Name	ID Proof	Address Proof
Indian Passport Number <input type="text"/>			Simplified Document No. <input type="text"/>		
Passport Expiry Date <input type="text"/>			<input type="checkbox"/> Identity card with applicant's photograph issued by Govt. Dept		NA
Overseas Passport Number <input type="text"/>			<input type="checkbox"/> Letter issued by a Gazetted Officer		
Passport Expiry Date <input type="text"/>			Simplified Document (Address Proof)		NA
Voter ID Card <input type="text"/>			<input type="checkbox"/> Utility Bill		
PAN <input type="text"/>		NA	<input type="checkbox"/> Property or Municipal Tax Receipt		
Driving License <input type="text"/>			<input type="checkbox"/> Bank account statement / Passbook		
Driving License Expiry Date <input type="text"/>			<input type="checkbox"/> Pension or family pension payment orders (PPOs)		
E-UID(AADHAAR) <input type="text"/>			<input type="checkbox"/> Letter of allotment of accommodation from employer issued by State or Central Government departments		
Others (any document notified by the Central Government)			<input type="checkbox"/> Documents issued by Govt. Dept. of Foreign Jurisdiction/ Foreign Embassy / Mission in India		
Document Name:			KYC Verification Carried Out By		
Number: <input type="text"/>			Emp. Name <input type="text"/>		
			Emp. Designation <input type="text"/>		
			Emp. Code <input type="text"/>	Emp. Branch <input type="text"/>	
			Date <input type="text"/>	Employee Sign <input type="text"/>	