

Annexure-B Request for dormant account activation and updation of Re-KYC (Non-Individual Customer)

Date : DD/MM/YYYY	Service Request No:	
Account Number/s:		

Dear Sir / Madam,

I/We, authorized signatories of above-mentioned Account with your Bank, request you to activate my / our Account, which is in Dormant status. The Reason for non-operations in the account:

Section A - Entity / Company details:

Type of Business:	Comm. Agent Retailer Wholesaler Agriculture Manufacturing
	Services Trading Others (For others please specify) :
Nature of Business / activity:	
Annual Turnover / Income: (Rs. In Lakh) (Last FY)	
Annual Turnover / Income: (Rs. In Lakh) (Current FY Projected)	
Preferred Email ID:	
Preferred Mobile No.:	
Permanent Account Number: (PAN) of Entity OR Proprietor in case of Sole-Proprietor	
	Customer Signature with rubber stamp

Section B – Declaration for Beneficiary Owner (BO):

- BO details already submitted as per extant rule & there is no change in the details already furnished.
- BO details not submitted as per extant rule / BO details have under gone change & hence please find the current BO details along with applicable documents attached herewith.

Section C – Address:

- There is no change in my / our mailing address or other details like constitutions, authorised signatories, mode of operation, PAN, etc. Attached herewith are the KYC documents for the purpose of Re-KYC updation.
 - I / We wish to change mailing address / constitutions / authorised signatories / mode of operation / PAN, etc. Attached herewith are the KYC documents matching with the new details for the purpose of Re-KYC updation.



(To be filled ONLY IF THERE IS A CHANGE in the mailing address):

Please update the following information in your records. Also enclosed is the self- attested copy of address proof.

New Address :													
(Please submit proof for new address. This will be updated as the New Address													
in Bank records)													

Section D – FATCA/CRS Declaration:

I / We have submitted FATCA / CRS details and there is no change in the details already furnished.

I / We wish to submit / update FATCA / CRS details. (Enclose separate FATCA / CRS form as applicable)

Details for Authorized Signatory-1	Beneficial Owner	%

Section A – Personal:

CRN:	
Customer Name: FIRSTNAME	S U R N A M E
Section B – Contact details:	

There is no change in my contact details.

I wish to change my contact details in the bank records. Attached herewith are the KYC documents matching with the new details.

To be filled ONLY IF THERE IS A CHANGE in the contact details:

	For updating New A	ddress (provide Address Pro	oof Document)
Address:			
Address:			
City:	Pin-code:	State:	Country:
	For updating New Mobile N	umber / Email id (provide Idei	entity Proof Document)
	Mobile No.:	S D -	
	For updating Em	ail ID (provide Identity Proof	f Document)
Email ID			
5			

Customer's Sign (Please provide sign, name and Designation with stamp of organization)

Section C – FATCA/CRS Declaration

I/We have submitted FATCA/CRS and there is no change in the details already furnished.

I/We wish to submit / update FATCA/CRS details. (Enclose separate FATCA / CRS form as applicable)

Section A – Personal:			
Customer Name: E I R S T N A M E	M I D D L E N		
There is no change in my contact details.			
		hed herewith are the KYC documents matchin	g with
the new details.			5
To be filled ONLY IF THERE IS A CHANGE in			
Please update the following information in you		· · ·	
	New Address (provide Add		
Address:			
- Address:			
City: Pin-code:	State:	Country:	
For undating New Moh	ile Number / Fmail id (pro	ovide Identity Proof Document)	
Mobile No.			
	g Email ID (provide Identi	ty Proof Document)	
Email ID			
		Customer's Sign (Please provide sign, name and Designation wit	h
		stamp of organization)	
Section C – FATCA/CRS Declaration			
, I/We have submitted FATCA/CRS and th	ere is no change in the	details already furnished	
I/We wish to submit / update FATCA/CR	S details. (Enclose sepa	rate FATCA / CRS form as applicable)	
I / We confirm the above information furnished	d is true and correct an	d the said details may be updated in the Bank r	ecord
Signature* of the Authorized Signator	ry-1	Signature* of the Authorized Signatory-2	
Name:	Name		
[*Please sign as per Account Mode of Operatic			
	-	··· · · · · · · · · · · · · · · · · ·	
Customer Acknowledge	ement Copy: (Applical	ole if submitted at the branch)	

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