

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

kotak Kotak Mahindra Bank

Date: DD/MM/YYYY	Service Request No:
PART A – Dormant Account activation Account Number/s:	n: 
_	oned Account with your Bank, request you to activate my / our Account, on-operations in the account:
I/We confirm enclosing Self-attested copy of Authorised Signatories.	of Officially Valid Documents (Identity and Address proof) for Entity and
I / We hereby confirm that there is no account basis documents submitted.	change in the contact details updated in bank records. Please activate the
	Or
I / We hereby request you to update the that only contact details will be updated	contact details as mentioned in PART B & activate the account. I understand however rekyc will not be updated.  Or
I / We hereby request you to update the the account.	e contact details and / or with Re-KYC as mentioned in PART B and activate
Entity Name:	
Signatures:	
(With Rubber stamp as per Mode of Operatio	n of the account)
(With Rubber starrip as per Mode of Operatio	if of the accounty
PART B – Re-KYC (updation of KYC inf	formation):
Company / Entity Information:	ormation).
Section A – Entity 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:	
,	

KMBL/Apr-2024/V 1.09

Section B – Declaration for Beneficiary Owner (BO):
I / We have submitted BO details as per revised rule applicable WEF March'23 & there is no change in the details already furnished.
I / We have not submitted BO details as per revised rule applicable WEF March'23 / 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.
Section D – (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)
in Bank records)
in Bank records)  Details for Authorized Signatory-1  Beneficial Owner  %
in Bank records)  Details for Authorized Signatory-1  Beneficial Owner  %  Section A – Personal:
in Bank records)  Details for Authorized Signatory-1  Beneficial Owner  %  Section A – Personal:  CRN:
Details for Authorized Signatory-1 Beneficial Owner %  Section A – Personal:  CRN:  Customer Name: FIRSTNAME MIDDLENAME SURNAME
in Bank records)  Details for Authorized Signatory-1 Beneficial Owner %  Section A – Personal:  CRN:  Customer Name: FIRSTNAME MIDDLENAME SURNAME  Section B – Contact details:
Details for Authorized Signatory-1  Beneficial Owner  Section A – Personal:  CRN:  Customer Name: FRSTNAME MIDDLENAME SURNAME  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
Details for Authorized Signatory-1  Beneficial Owner  Section A - Personal:  CRN:  Customer Name: FIRSTNAME MIDDLENAME SURNAME  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.
Details for Authorized Signatory-1 Beneficial Owner %  Section A - Personal:  CRN:  Customer Name: FRSTNAME MIDDLENAME SURNAME  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.  Section C - To be filled ONLY IF THERE IS A CHANGE in the contact details:
Details for Authorized Signatory-1 Beneficial Owner %  Section A - Personal:  CRN: Customer Name: FIRSTNAME MIDDLENAME SURNAME  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.  Section C - To be filled ONLY IF THERE IS A CHANGE in the contact details:  Please update the following information in your records. I have provided identity / address proof for the same.

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

Details for Authorized Signatory-2	Beneficial Owner %
ection A – Personal:	
RN:	
customer Name: FIRSTNAME	
ection B – Contact details:	
There is no change in my contact detail	ls.
I wish to change my contact details in the new details.	the bank records. Attached herewith are the KYC documents matching wi
ection C – To be filled ONLY IF THERE IS	
<u> </u>	our records. I have provided identity / address proof for the same.  ile Number/ Email id (provide Identity Proof Document)
Mobile No.:	le Number, Emaina (provide identity 11001 bocument)
Email ID	
	Customer's Sign (Please provide sign, name and Designation with
	stamp of organization")
ection D – FATCA/CRS Declaration	
IAMe have submitted EATC A/CRS and t	there is no change in the details already furnished.
//VVe wish to submit / update FATCA/C	CRS details. (Enclose separate FATCA / CRS form as applicable)
/ We confirm the above information furnish	ed is true and correct and the said details may be updated in the Bank recor
Signature* of the Authorized Signat	Signatura* of the Authorized Signatory 2
Signature* of the Authorized Signat	tory-1 Signature* of the Authorized Signatory-2
Signature* of the Authorized Signat	tory-1 Signature* of the Authorized Signatory-2
Signature* of the Authorized Signat	tory-1 Signature* of the Authorized Signatory-2
lame:	
lame: *Please sign as per Account Mode of Opera	Name:tion along with Rubber Stamp of Organization]
lame:*Please sign as per Account Mode of Opera	Name:
lame:*Please sign as per Account Mode of Opera	Name: tion along with Rubber Stamp of Organization]

Section D - FATCA/CRS Declaration