

A) Currency of Operation
 USD
 GBP
 EURO
 JPY
 Other Please Specify _____

B) Mode of Operation
 Singly
 Any one
 Jointly by any two
 Other Please Specify _____

C) Type of Request
 Current Account
 CRN

D) Type of Account

<input type="checkbox"/> Checking Account <small>Product Name</small> _____	Code <input type="text"/>	<input type="checkbox"/> Fixed Deposit <small>Product Name</small> _____	Code <input type="text"/>
<input type="checkbox"/> Loan <small>Product Name</small> _____	Code <input type="text"/>	<input type="checkbox"/> Trade <small>Product Name</small> _____	Code <input type="text"/>
<input type="checkbox"/> Custody <small>Product Name</small> _____	Code <input type="text"/>		

E) Details of Organisation
* Fields are Mandatory
Existing CRN
 Yes (Please provide CRN)
 No (Please fill the details below)

***Name**
***Date of Incorporation/Registration** D D M M Y Y Y Y
 #TIN/PAN
***Last 2 years Turnover (in USD)** _____ (Previous FY Actual) _____ (Current FY Projected)

***Constitution**

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Private Limited Company
<input type="checkbox"/> Educational Institute	<input type="checkbox"/> Government Body	<input type="checkbox"/> Association of Persons	<input type="checkbox"/> Public Sector Undertaking	<input type="checkbox"/> Trust
<input type="checkbox"/> Non-Govt. Org.	<input type="checkbox"/> Other <small>Please Specify</small> _____			

***Nature of Business**

<input type="checkbox"/> Commission Agent	<input type="checkbox"/> Retailer	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Banking	<input type="checkbox"/> Insurance	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Share and Stock Brokers	<input type="checkbox"/> Other Financial services
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Other <small>Please Specify</small> _____			

***Registered Office Address**

<input type="text"/>	<small>Flat Number/Building</small>	<input type="text"/>	<small>Street/Block</small>
<input type="text"/>	<small>Area</small>	<input type="text"/>	<small>Landmark</small>
*City <input type="text"/>	*PIN Code <input type="text"/>	*State <input type="text"/>	
*Country <input type="text"/>	*Telephone No. <input type="text"/>		
*Email ID <input type="text"/>			

***Mailing Address**
 Same as Registered Address
 Other (Please fill details below)

<input type="text"/>	<small>Flat Number/Building</small>	<input type="text"/>	<small>Street/Block</small>
<input type="text"/>	<small>Area</small>	<input type="text"/>	<small>Landmark</small>
*City <input type="text"/>	*PIN Code <input type="text"/>	*State <input type="text"/>	
*Country <input type="text"/>	*Telephone No. <input type="text"/>		
*Email ID <input type="text"/>			

In about 100 words give a brief description of the firm and its business**Shareholding Pattern** [refer L (9)]

G) Customer Banking Information
***Current Bankers**

#	Name	Account No.	Swift ID
1			
2			
3			

H) Credit Facilities
 I/We declare that I/We do not enjoy credit facilities from other bank(s).

 I/We enjoy credit facilities / have current account with other bank(s).

Bank	Address	Name of Facility	Account No.	Amount [USD mio]

I) NET Banking Request

I wish to apply for access to the following channels

	1st Applicant / AUS	2nd Applicant / AUS	3rd Applicant / AUS	4th Applicant / AUS	5th Applicant / AUS	6th Applicant / AUS
View Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J) Email Alert Facility

Alert Activation	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Bank will send all alerts to authorized signatories E-Mail address mentioned in this form, irrespective of the mode of operation. Regulatory and Risk alerts will be sent by the Bank by default.

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 this facility.

 The bank will also use these details for sending out transaction information and updates 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
K) Account Statement Options
 E-mail (Monthly)

L) Indicative List Of Documents

- Memorandum & Articles of Association of the Company: Most recent copy, duly attested by Company secretary / Bank / Authorized Signatory of the Company.
- Certificate of Incorporation: Copy, duly attested by Company secretary / Bank / Authorized Signatory of the Company.
- Certificate from the Banker of the Corporate certifying names of Directors/Authorized Signatories (copy acceptable).
- Tax Residency Certificate duly signed by the authorized signatories of the Company.
- Specimen Signature of Authorized signatories duly attested by Company secretary / Bank
- Personal Identification documents/ Passport / TIN / SSN number or an equivalent type of document issued by the governments where the foreign national is from / PAN of Authorized signatories: Duly attested by Company secretary / Bank / Authorized Signatory of the Company.
- FATCA / CRS Declaration as per enclosed Bank format
- Board Resolution of the Company for investments/borrowing / Delegation of Authority
- In case where juridical person is a Company, please identify and provide details of the natural persons who acting alone or together with others or through other juridical persons hold or control (through voting agreements or shareholders or any other agreement) 10% shares in the Company;
 - In case of unincorporated bodies/other juridical persons, please identify natural persons who own or are entitled to profits, capital or share of such unincorporated bodies;
 - In case of trusts, also additionally identify the settler of trust, the trustee, the protector and beneficiaries who entitled to 10% or more of the trust funds / properties and further such other natural persons who effectively have the ultimate control over the trust.
- Any other certificate/document required as per laws/rules/regulations of the Corporate's country of incorporation/registration.
- In cases where the loan / deposit instructions are to be delegated to a third party:
 - Board / Executive Resolution for grant of PoA.
 - Covering letter on granting of PoA.
 - [The Bank – at its sole discretion, retains the right to accept / reject the request for such a delegation]
- In addition to above, the Bank may request for any additional information/documents from time to time.

M) Customer Declaration**For Corporate Customers**

I / We have read and understood the Kotak Mahindra Bank account terms and conditions. I / We accept 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 service charges as applicable from time to time.

- I / We hereby give my / our voluntary consent in updating my / our Social Security Number / Aadhar Number to all my / our existing bank accounts and to my / our customer profile.
- I / We hereby state and undertake that I / We have no objection in authenticating myself with Aadhar based Authentication system and hereby give my / our voluntary consent as required under the Aadhar Act 2016 and Regulations framed thereunder.
- In Case if my / our DOB / Gender as per bank records do not match with that of as per my / our Aadhar, I / We hereby authorise bank to rectify my/our DOB / Gender in my / our bank record as per the Aadhar.

Signature With Stamp

Signature With Stamp

Signature With Stamp

For Bank Use Only

OPTY ID _____

Account Sourcing Date

LOB

Segment Wholesale Banking Retail Liabilities Commercial Banking Treasury

RM Code _____

Checked by Sales Official _____ Sign & Code

Politically Exposed Yes No

Designation _____

Risk Profile High Medium Low

Industry Code

Industry Description _____

Turnover in INR equivalent (Crores)

RE KYC Yes No

FATCA Received Yes No

FATCA Reportable Yes No