

# Welcome to Kotak Mahindra Bank

Dear Customer,

We thank you for choosing Kotak Mahindra Bank.

It is our constant endeavour to enrich our customer's banking experience and to fulfil their emerging and changing banking and investment needs.

Our branch caters to a global customer base, with a wide suite of products and services including deposits, loans and credit, and wealth management services.

This form has been designed for ease of completion, with a few simple instructions to guide you:

- Please write clearly in the white spaces with capital letters or tick the boxes (where indicated)
- To enable us to process your application without any delays, please fill all the required information
- Please attach separate sheets in case the given space is insufficient or provide details in the 'Additional Notes' page available in this booklet
- Please fill the form and submit it to the below mentioned address:

Kotak Mahindra Bank Ltd. - 10th Floor, Hiranandani Signature, Block No. 13, Zone- 1, GIFT SEZ, GIFT City, Gandhinagar - 382355 Gujarat, India

Should you have any difficulty in understanding the requirements, please reach us on Email ID – [GIFT.Connect@kotak.com](mailto:GIFT.Connect@kotak.com) OR Contact number: +91-79-66741200. We will be happy to assist you

Warm Regards

**Kotak Mahindra Bank**

**A) Personal Details**

Type of Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Customer Relationship Number (CRN)
Existing CRN	<input type="checkbox"/> Yes <input style="width: 50px; height: 15px; border: 1px solid black;" type="text"/>	<input type="checkbox"/> No
Mode of Operation	<input type="checkbox"/> SINGLY <input type="checkbox"/> EITHER OR SURVIVOR <input type="checkbox"/> JOINTLY <input type="checkbox"/> Others _____	
In case of Joint Account, kindly select:	<input type="checkbox"/> Primary Holder <input type="checkbox"/> Joint Holder	

**\*Title**     Mr.     Ms. / Mrs.     Dr.     Others \_\_\_\_\_

**\*First Name**   

**Middle Name**   

**\*Last Name**   

**\*Mother's Maiden Name**      Minor     Senior Citizen

**\*Date of Birth**      /   /         **\*Gender**     F     M     Others \_\_\_\_\_

**\*Marital Status**     Single     Married     Others \_\_\_\_\_

\*Father or     \*Spouse name

**\*Education**     Non-Graduate     Graduate     Post Graduate     Others \_\_\_\_\_ Please specify

**\*Occupation**     Salaried     Self Employed     Professional     Home-maker     Retired     Student  
 Military Personnel     Others \_\_\_\_\_

**\*Citizenship**     Single or     Dual    Country 1 \_\_\_\_\_    Country 2 \_\_\_\_\_

**\*Nationality**   

**\*Domicile**   

**National ID Name**   

**National ID No.**   

**Country of Issue**   

**PAN**  
(PERMANENT ACCOUNT NUMBER)   

**TIN / TRC or  
Equivalent Document**  
(TAX IDENTIFICATION NUMBER)   

**\*Passport No.**   

**\*Date of Issue**      /   /         **\*Date of Expiry**      /   /

**\*Place of Issue**   

**\*Country of Issue**   

**VISA details**   

**Alias (if any)**   

**I wish to apply for access to the following channels**

**Monthly email statement**     Yes     No

**Net Banking**     Yes     No

**B) Address**
**Residential\***

Line 1   
 Line 2   
 Line 3  Landmark   
 District  City  Pincode   
 State   
 Country   
 International Dialing Code  Telephone No.   
 Mob No.  Fax   
 Email Id

**Home Country\***
 Same as Residential

Line 1   
 Line 2   
 Line 3  Landmark   
 District  City  Pincode   
 State   
 Country   
 International Dialing Code  Telephone No.   
 Mob No.  Fax   
 Email Id

**Office\***
 Same as Residential

Line 1   
 Line 2   
 Line 3  Landmark   
 District  City  Pincode   
 State   
 Country   
 International Dialing Code  Telephone No.   
 Mob No.  Fax   
 Email Id

\*Preferred correspondence address  Residential  Home country  Office



Initials

**C) Details of Nationality / Resident status / Taxation Information**

(If dual citizenship or passports held in the past, provide details. Update personal tax information details, wherever available)

Name of the country	Validity														Document Name	Document Ref No	Remarks (if any)		
	From							To											
	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y			
	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y			
	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y			
	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y			

**D) Bank Account Details**

Bank	Country	Type of account	CRN / Account Number	SWIFT code	Operating Since
					D D M M Y Y Y Y
					D D M M Y Y Y Y
					D D M M Y Y Y Y
					D D M M Y Y Y Y

In case of self-employed, only personal bank account details to be mentioned, company bank account details not required.

**E) Information required for Salaried Individuals**

Name of the Employer

Designation

Location

Working in the current firm since  /  /  /  /  /

(Support with documentation, wherever needed.)

**F) Information required for Professional / Self-Employed Individuals**

Name of Business <small>(as available on the identity document submitted)</small>	<input type="text"/>
Industry	<input type="text"/>
Business registration or incorporation date	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>
Activities conducted out of this business? Type of products or services offered.	<input type="text"/>
Structure of the establishment <small>(Partnership, LLC, Proprietary etc)</small>	<input type="text"/>
Ownership pattern Self / applicant <small>(directly or as allowed by respective regulators)</small>	<input type="text"/>
Are there any controllers who are neither shareholders nor beneficial owners? If yes, names of all the controllers	<input type="text"/>
Are there any politically exposed persons involved directly or indirectly in your business?	<input type="text"/>
Is the business cash intensive?	<input type="text"/>
Does your company / business have nominee shareholders or directors or shares in bearer form?	<input type="text"/>
Do you receive payments from customers who are not known to you?	<input type="text"/>
Do you meet prospective new customers in person or assess them through your reliable / known associations before initiating a business relationship? <small>(Businesses dealing with walk-in customers for value less than \$10,000 may exclude this information)</small>	<input type="text"/>

**G) Countries with which the applicant does business or has links**

Country 1	<input type="text"/>	Country 3	<input type="text"/>
Country 2	<input type="text"/>	Country 4	<input type="text"/>



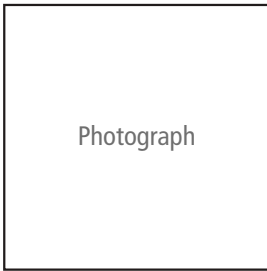
Initials

**H) Politically Exposed Persons - Persons entrusted with prominent public functions**

“Politically Exposed Person” (PEP) means the individuals who are or have been entrusted with prominent public functions by any country, which shall include Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials or International Organisation Politically Exposed Person. Explanation: The definition of Politically Exposed Person is not intended to cover middle ranking or more junior individuals in the definition.

Are you a PEP?  Y  N

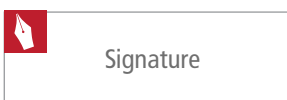
If yes, please provide details \_\_\_\_\_

**I) Signature, Photograph & Declaration (Please attach a recent photograph (35mm x 45mm) in the space provided below)**


I/We hereby declare that the above information is true and correct to the best of my/our knowledge. I/We undertake to inform KMBL - Gift City Branch, Gandhinagar (“Gift Branch”) of any changes in the information provided in this form by a written communication. I/We further agree that any false/misleading information given by me/us or suppression of any material fact will result in withholding and/ or declining of any transaction by the Gift Branch. I/We authorize the Gift Branch to share my transaction details with regulatory/statutory/judiciary/enforcement authorities whenever such information is called for. I/We authorize the Gift Branch to update the document details in the Gift Branch’s records as per the copies of documents submitted by me/us. In the event of any dispute, Gift Branch’s records shall be binding on me/us as the conclusive evidence of the transactions carried out basis the information provided by me/us in this form. I/We hereby consent to the use of and authorize the Gift Branch to share my/our personal information with Kotak Mahindra Bank Ltd. (“Bank”) and its group companies, for the purpose of providing me/us with information on products and services offered/to be offered by the Gift Branch and/or Bank or its group companies. I/we further authorise the Gift Branch and the Bank to share with each other my/our personal information provided to the Gift Branch or the Bank, as the case may be, from time to time. I/we agree and acknowledge that though the Bank and the Gift Branch are entitled to exchange my/ our personal information with each other, however furnishing of personal information to one does not automatically result in assuming knowledge or possession of the said information by the other and I/we shall provide the relevant information to each of them separately as may be required by the Bank/Gift Branch. The Gift Branch has the right to approve, hold or decline my/our application. The Gift Branch also has the right to offer or decline any product and/or service offerings basis the regulatory and/or group and/or internal policy guidelines, at any time without assigning any reasons.

I/We accept and agree to all the contents set out in this form and in the terms and conditions updated from time to time on the Bank’s website mentioned below and such contents, terms and conditions shall be binding on me/us in the same manner as if I/We have agreed to the same in writing.

I/WE CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD & AGREE AND ACCEPT THE TERMS AND CONDITIONS READ TOGETHER WITH THE ANNEXURES UPDATED ON THE BANK’S WEBSITE AT URL (<https://www.kotak.com/en/personal-banking/gift/terms-and-conditions.html>).THE GIFT BRANCH/ BANK MAY AT ANY TIME ADD/MODIFY/VARY THE TERMS AND CONDITIONS FROM TIME TO TIME, WITHOUT GIVING ANY NOTICE TO ME/US AND THE SAME SHALL BE BINDING ON ME/US. I/WE ALSO AGREE TO KEEP MYSELF/OURSELVES UPDATED OF ANY AMENDMENTS OF THE TERMS AND CONDITIONS ON THE SAID WEBSITE FROM TIME TO TIME.



Date  /  /  Name \_\_\_\_\_



## Declaration & Acknowledgement

I/We \_\_\_\_\_ being the beneficial owner of the account opened /to be opened with the KMBL- Gift City Branch, Gandhinagar ("Gift Branch") and the income credited therein, declare that the above information and information in the submitted documents including my/our KYC documents as may be required by the Gift Branch/Kotak Mahindra Bank Ltd. ("Bank"), to be true, correct and updated, and the submitted documents are genuine and duly executed. I/We acknowledge that towards compliance with tax information sharing laws, including but not limited to Foreign Account Tax Compliance Act (FATCA)/Common Reporting Standard (CRS), the Gift Branch and/or 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 Gift Branch/Bank does not receive a valid self certification from me/us) the Gift Branch/Bank may be obliged to share information on my/our account with relevant tax authorities. Should there be any change in **any information provided by me/us, I/we shall intimate the Gift Branch/Bank promptly, i.e., within 30 days. I/We understand that I/we will be liable for fine from the relevant authorities for providing inaccurate or incomplete information and I/we undertake to pay the same.** Towards compliance with such laws, the Gift Branch/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 Gift Branch/Bank may also be constrained to withhold and pay out any sums from my/our account(s) or close or suspend my/our account(s). I/We also understand that the account will be reported by Gift Branch/Bank if any one of the aforesaid FATCA/CRS or any other related criteria for any of the account holders i.e. primary or joint are met. I/We shall indemnify the Gift Branch/Bank for any loss that may arise to Gift Branch/Bank on account of providing incorrect or incomplete information by me/us.

 Signature

Date   /   /

**Form DA 1**

Nomination under Section 45-ZA of the Banking Regulation Act, 1949, and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposits.

I/We

\*Name(s) \_\_\_\_\_

Address(es) \_\_\_\_\_

nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by \_\_\_\_\_

(name and address of branch/office in which deposit is held)

**Deposit**

Nature of \_\_\_\_\_

Distinguishing No. \_\_\_\_\_

Additional details, if any \_\_\_\_\_

**Nominee**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship with depositor, if any \_\_\_\_\_

Age \_\_\_\_\_ If nominee is a minor, date of birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

As the nominee is a minor on this date, I/we appoint Shri / Smt / Kum\*\*

Name \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

to receive the amount of the deposit on behalf of the nominee, in the event of my / our / minor's death during the minority of the nominee.

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature(s) / Thumb Impression(s)\*\*\*

\_\_\_\_\_  
First Depositor\_\_\_\_\_  
Second Depositor\_\_\_\_\_  
Third Depositor

Nomination facility is available for individual as well as joint deposit accounts with or without "Either or survivor" mandate.

\*\* Strike out if nominee is not a minor.

\*\*\* Where deposit is made in the name of a minor, the variation of nomination should be signed by a person lawfully entitled to act on behalf of the minor.

**For Office use only**

**Sales staff**

Account Sourcing Date:    /    /

Relationship Manager(RM) KYC:  Y  N FATCA Received:  Y  N FATCA Reportable:  Y  N

RM assessment note completed:  Y  N Staff account:  Y  N

RM Name: \_\_\_\_\_ RM Code: \_\_\_\_\_

Designation: \_\_\_\_\_

Checked by RM:  \_\_\_\_\_

**Operations staff**

Branch Code: \_\_\_\_\_

OPTY ID: \_\_\_\_\_

LOB:

Politically Exposed:  Y  N

Risk Profile:  High  Medium  Low

RM assessment note received:  Y  N

Existing CRN:  Y CRN No.  or  N

Operations Official Name: \_\_\_\_\_ Operations Official Code: \_\_\_\_\_

Designation: \_\_\_\_\_

Checked by Operations Official:  \_\_\_\_\_



**Net worth (in USD)**

<b>Net worth</b>	
<b>Net assets*</b>	

\*Net Assets are calculated post deducting any leverage availed and primary residence.

**Approximate annual income for the last financial year (IN USD)**

<b>Annual income (combining all income)</b>	
<b>Accumulated savings</b>	
<b>Return on investments</b>	
<b>Rental income</b>	
<b>Sale of properties</b>	
<b>Maturing investments</b>	
<b>Policy claims paid</b>	
<b>Liabilities</b>	
<b>Others</b>	
<b>Total estimated income</b>	

**Are you the beneficial owner/share holder (10% and above for Pvt Ltd. / Ltd. Companies or Trust and 25% and above for other constitutions)/key controller or director and/or decision maker for any business/es or firm/s or profession? Please provide details.**

<b>Name of the firm</b>	<b>Licensed by</b>	<b>Activity</b>	<b>Type of clients</b>	<b>Holding the position since</b>	<b>Jurisdictions or countries dealt with</b>

Is the relationship being used for personal transactions only?

Y  N

 Signature

Date   /   /

 Initials