

CLOSING OF MARCELLUS PMS ACCOUNT

Portfolio Management Service:

Discretionary Service **Non-Discretionary Services** **Advisory Service**

PART A

I / We _____ currently invested in the _____ product Client Code - _____ hereby request you to close my above mentioned Account.

Kindly transfer balances amount / holdings in the below mentioned Account.

PART B

FOR STOCK HOLDING: NSDL CDSL

DP ID: _____ CLIENT ID: _____

FOR AMOUNT TRANSFER IN BANK ACCOUNT:

Bank Name: _____ Account Number: _____

Account Type: _____ IFSC Code: _____

(Note: on closure, amount and funds will be transferred after deducting all fees and statutory charges.)

PART C

I /We declare that above details are true and correct.

Name & Signature(s)

(First Account Holder)

(Second Account Holder)

(Third Account Holder)

Date:

Place:

Encl: - a) Personalized cancel cheque leaf attached.

b) CMR Copy Stamped by DP & attested by authorized Person of DP.

DATE	D	D	M	M	Y	Y	Y	Y
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For Office Use Only	:	
CRM Query No	:	

APPLICATION FOR CLOSING AN TRADING/ DEMAT ACCOUNT (Resident Individual)

To, Kotak Securities Ltd.

Kotak Infinity , 8th Floor, Bldg; No.21, Infinity Park, Off Western Express Highway,
Goregaon Mulund Link Road, Malad – (E), Mumbai – 400 097.

Dear Sir/Madam,

*FATCA Declaration: I/We confirm that our Country of Birth/Nationality/Citizenship/Tax Residency/Address/Telephone number/ Address of POA or Mandate holder is of India Yes No. (If answer to your question is 'No', then please provide the complete FATCA declaration)

1. I / We hereby request you to close my/our account with you as per following details:

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of Trading/ depository account: _____

3. Client ID (of account to be closed)

Trading Code							
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Demat Account No.							
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DP ID : IN300214

4. Please tick the applicable option(s)

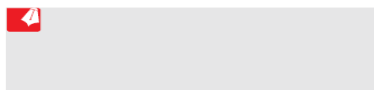
<input type="checkbox"/> Option A [There are no balances / holdings in this account]									
<input type="checkbox"/> Option B [Transfer the balances / holdings in this account as per details given]	<input type="checkbox"/> Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account)	Target Account Details							
	<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip) <input type="checkbox"/> signed by all holder(s) or <input type="checkbox"/> signed by POA holder(s)			<input type="checkbox"/> NSDL DP ID					
		<input type="checkbox"/> CDSL Client ID							
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form for mutual fund units)]									

5. Mobile number/ Landline Number _____

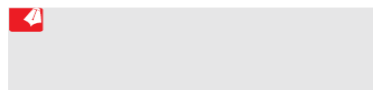
Please do the needful at the earliest and arrange to refund the balance (if any) in the said Trading account.

I agree with the Ledger balance And/ Or Stock lying in my trading code and Demat account as on the said date and have no dispute with respect to the said accounts

6. Signature(s)



Sole / First Holder



Second Holder



Third Holder

Instructions: 1. Please surrender all unutilized Instruction Slips along with this Closure Request. 2. Account will be closed, subject to NO HOLDINGS and SIGNATURE VERIFICATION as on records. 3. In case of joint holders, all holders must sign. 4. Please clear the DP dues if any. 5. In case of any Mutual Fund holdings at the time of closure, you may either redeem the same or get it transferred (Note: The ARN shall be changed from Kotak Securities Limited (KSL) to the target distributor's ARN, as specified by you or to the offline ARN of KSL if no ARN is mentioned by you on conversion request) 6. In case of closure cum transfer case, the BO should submit duly certified (signed and stamped) Client Master Report (CMR) obtained from the target Participant.

Acknowledgement

We hereby acknowledge the receipt of the your request for closing the following Account subject to verification: having client id - DP ID -IN300214

Trading Code

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 Client id

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 Date

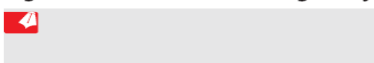
D	D	M	M	Y	Y	Y	Y
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Name of Sole / First Holder : _____

Name of Second Holder : _____

Name of Third Holder : _____

Signature of the Authorised Signatory



Seal/ Stamp of Participant

Your request will be processed within a tentative period of 10 working days from the date of receipt of complete documents. In case of queries regarding the status of the request,

We request you to call on Customer Service No. 1800 209 9191 / 1860 266 9191 . Demat related complaints write at ks.demat@kotak.com

For any other queries or complaints write at service.securities@kotak.com

Closure of Savings / Current / Investment Account

(Please fill in Capital Letters only)

Siebel Request No.

For Bank Use:

Customer Account Type:

- Wealth
 Privy
 Resident Individual
 Non Individual

I/We Date

Mr./ Ms. FIRST NAME MIDDLE NAME LAST NAME

Mr./ Ms. FIRST NAME MIDDLE NAME LAST NAME

hereby request you to close my / our Account Number

located at branch and pay the balance as follows:

- Credit to my/our other account number (Kotak Bank Account only)
 Send Demand Draft to my/our registered mailing address on record
 Collect DD at branch
 RTGS / NEFT***

Destroyed Enclosed

Debit Card(s)
Unused Cheque(s)

Un-presented cheques will not be honoured after the account is closed and the Bank will not be liable / responsible for the return / dishonour of the same.

DEMAT ACCOUNTS linked to the above account for debit of service charges

- I/We are closing the account(s) separately
 Please link it to my/our other Kotak account number
 I/We agree to pay advance payment of Rs. 3000 (Mandatory if the Demat Account is not linked to other Kotak Account)

TERM DEPOSITS – For maturity/interest payments on our **TERM DEPOSITS**, please

- Credit my/our other Kotak account number
 Pay by Demand Draft payable at to my/our registered mailing address on record
 RTGS / NEFT***

ActivMoney

2 Way Sweep

Delink (operate as a standalone)

Liquidate All

- Term Deposit
 Credit my/our other Kotak account number
 Pay by Demand Draft payable at to my/our registered mailing address on record
 RTGS / NEFT***

Investment Account

- Close the following Accounts

A C C O U N T N O 1
 A C C O U N T N O 2
 A C C O U N T N O 3

Lockers (if applicable)

Locker No

- Surrender
 Dr. charges to my/our new Kotak Account
 Please delink **all other linkages** as well.

The reason I / We wish to close my/our account (Please give a brief indication of the reason for closure)

Reason Code

***RTGS / NEFT

Beneficiary A/c No.

Beneficiary Name

Beneficiary Bank Name

Beneficiary Branch Name

Beneficiary Bank IFSC Code Beneficiary Bank A/c. Type

I /We declare that above details are true and correct and the account is in my/our name.

Signature(s) (Guardian in case of Minor)

1st Account Holder	2nd Account Holder	3rd Account Holder	4th Account Holder
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(For Non-Individual customers, signatures as per MOP required. For Individual customers, all the account holders need to sign.)

Please Note:

- For closure of Investment Account, investments will continue with AMC and customer can approach AMC directly for future services
- Phone Banking PIN, Net Banking PIN and Debit Cards issued to customers will be de-linked from the accounts closed above. In case the customer holds any other account in addition to the account being closed, he/she need not surrender/destroy the PINs, Debit Card as they will continue to be linked to any such accounts held by the customer as per original instructions

For Bank Use only

Branch use section

(For all applicants)

	Yes	N.A.
Cheque book collected/destroyed	<input type="checkbox"/>	<input type="checkbox"/>
Debit card collected/destroyed	<input type="checkbox"/>	<input type="checkbox"/>
Locker surrendered	<input type="checkbox"/>	<input type="checkbox"/>
Attrition Control Form attached	<input type="checkbox"/>	<input type="checkbox"/>

Dated

Documents sent to RPC/CPC on

Signature Verified by (Sign & Emp. Code)

CPC / RPC use section

(For all applicants)

	Yes	N.A.
OD Limit zeroised	<input type="checkbox"/>	<input type="checkbox"/>
Demat account closed	<input type="checkbox"/>	<input type="checkbox"/>
Memos checked and actioned	<input type="checkbox"/>	<input type="checkbox"/>
Account in TOD: 009 (To Zeroise Account) **	<input type="checkbox"/>	<input type="checkbox"/>

**If Yes, approval as per delegation matrix required

Input

Authorizer

Acknowledgement Slip

We acknowledge the receipt of Account Closure instruction from Mr. /Mrs. / Ms _____

relating to customer relationship number _____ under service request number _____

Date: _____

Bank Official (Sign and stamp)
For **Kotak Mahindra Bank Ltd.**, _____