

PMS REDEMPTION REQUEST/SWIT	TCH REQUEST			Date: DD/MM/YYYY
I / We hereby request you to close	my/our account with yo	ou as per following details	::	
PMS ACCOUNT DETAILS				
PMS Account Code				
Sole/ First Holder				
Second Holder				
Third Holder				
Amount in figures:				
Amount in words:				
REASON FOR REDEMPTION				
Portfolio Performance	Liquidity-Fund Req	uirement	Market Volatility	
Service issue	Others:			
REDEMPTION DETAILS				
Part Redemption]	Full Redemption		
Switch from Product From:	to:	(Product Name	e.g. CCP/KCP/STP)	
PAYOUT OPTION: (Not Applicable	o for Switch)			
A) STOCK TRANSFER:	_			
NSDL CDSL				
DP ID				
CLIENT ID				
(Note: Stock transfer option is not B) BANK TRANSFER	available for Part Redei	mption)		
Client Name as perBank		Account Number	:	
Account Type:		IFSC Code:		
Bank Name:		Bank Branch &Ci	ty	
(Note: Funds will be transferred a	fter deducting all fees ar	nd statutory charges.)		
FEE RECOVERY OPTION: Tick only	y if you have selected St	ock Transfer in Payout O	ption or for Switch ca	ise
Recover by Selling Stocks		Bank Transfer		
Encl: - a) Personalized cancel cheq Note: Full Redemption will be cons			-	
Name: First Applicant	Name: Second		Name: Third Applica	•
(Signature)	(Signa	ture)	(Signature)	





fund units)]

FORM 34 APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only)

To, The Manager Date: Kotak Mahindra Bank Ltd. Kotak Infiniti, 2nd Floor, Zone I, Building No 21, Infinity Park, Off Western Express Highway, General A K Vaidya Marg, Malad (E), Mumbai 400 097, India DP ID-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 depository account-**3. Client ID** (of account to be closed) 4. Please tick the applicable option(s) Option A [There are no balances / holdings in this account] **Target Account Details** Transfer to my / our own Option B account [Transfer the (Provide target account details DP П balances and enclose Client Master ID /holdings Report **NSDL** In this account as of Target Account) Client per details given] Transfer to any other ID **CDSL** (Submit duly filled Delivery Instruction Slip signed by all holders) Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual



Kotak Mahindra Bank Limited

5. Signatures

Sole/ First Holder						
Second Holder						
Third Holder						
		dgement		. 1	•	
We hereby acknowledge the receipt of your reque	est for	closing the follow	ving Acc	ount sub	ject to ver	rification:
DP ID					1	
Client ID						
Name of Sole/First Holder				`_		
Name of Second Holder						
Name of Third Holder				-		
Signature of the Authorised Signatory Date		Seal/Stamp of I	Participa	nt	1	



Kotak Infinity, 8 th Floor, Bldg; No.21,Infinity Park, Off Western Express Highway, Goregaon Mulund Link Road, Malad – (E), Mumbai – 400 097 **4**0 (022) 4285 6825

DATE D D M M Y Y Y	For Office Use Only : CRM Query No :											
APPLICATION FOR CLOSING AN TRADING/ DEMAT ACCOUNT (Resident Individual)												
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:												
	e of the holder(s)											
Sole/ First Holder Second Holder Third Holder 2. Reason/s for Closure of Trading/ depository accounts.	unt:											
3. Client ID (of acc ount to be closed) Trading Code Demat Acco 4. Please tick the applicable option(s)												
Option A [There are no balances / holdings in this	s account l											
Option B Transfer to my / our own account (Provide target account details and enclose Client Master Report of balances / Target Account)	Target Acc ount Details											
holdings in this account as per details given] Transfer to any other account (Submit duly filled Delivery Instruction Slip) o signed by allholder(s) or o signed by POA holder(s)	□ NSDL DP ID Client D Client D Client D Client CDSL D Client CDSL CD											
Option C [Rematerialise / Reconvert (Submit duly filled f	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 Lagree with the Ledger balance And/ Or Stock lying in my have no dispute with respect to the said accounts 6. Signature(s)	e balance (if any) in the said Trading account. y trading code and Demat account as on the said date and											
SIGNATURE VERIFICATION as on records. 3. In case of joint holders, all hold at the time of closure, you may either redeem the same or get it transferred distributor's ARN, as specified by you or to the offline ARN of KSL if no ARN BO should submit duly certified (signed and stamped) Client Master Report account is closed, all active and running SIP's sourced through our portal/at SGB in your demat account and wish to process inter-depository transfer, you	with this Closure Request. 2. Account will be closed, subject to NO HOLDINGS and ders must sign. 4. Please clear the DP dues if any. 5. In case of any Mutual Fund holdings (Note: The ARN shall be changed from Kotak Securities Limited (KSL) to the target is mentioned by you on conversion request) 6. In case of closure cum transfer case, the (CMR) obtained from the target Participant. 7. Please note that once your trading/demat ny online mode will be deemed to be cancelled with immediate effect. 8. In case you have ou are requested to give remat request to KSL along with closure documents. You are also seamless transfer of SGB units. For any further details contact customer service											
Ackno	owledgement											
We hereby acknowledge the receipt of the your request for closi Account subject to verification: having client id - DP ID - IN30 Trading Code Client id												
Name of Sole / First Holder: Name of Second Holder: Name of Third Holder: Signature of the Authorised Signatory	Seal/ Stamp of Participant											



Closure of Savings / Current / Investment Account

(Please fill in Capital Letters only)

	Siebel Request No.	
For Bank Use:		_
Customer Account Type:		
☐ Wealth ☐ Priv	vy Resident Individual Non Individual	
	Date DDMMYYY	V
I/We	Date D D M M Y Y Y Y	Υ
Mr./ Ms.	FIRST NAME AST NAME AST NAME	
Mr./ Ms.	FIRST NAME AST NAME AST NAME	
hereby request you to close my /	our Account Number	
located at	branch and pay the balance as follows:	
☐ Credit to my/our other accou	unt number (Kotak Bank Account only)	
☐ Send Demand Draft to my/o	ur 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	e honoured after the account is closed and the Bank will not be liable / responsible for the return / dishonour of the same	ie.
I/We are closing the accountPlease link it to my/our other		
TERM DEPOSITS – For maturity/i	nterest payments on our TERM DEPOSITS, please	
☐ Credit my/our other Kotak a	ccount number	
☐ Pay by Demand Draft payabl	e at to my/our registered mailing address on record	k
☐ RTGS / NEFT***		
ActivMoney		
2 Way Sweep	Delink (operate as a standalone) Liquidate	
Term Deposit	□ □ AII	
☐ Credit my/our other Kotak a	ccount number	
☐ Pay by Demand Draft payabl	e atto my/our registered mailing address on record	l
☐ RTGS / NEFT***		
Investment Account		
☐ Close the following Accounts		
A C C O U N T N	O	
Lockers (if applicable)	Locker No	
☐ Surrender [☐ Dr. charges to my/our new Kotak Account	
☐ Please delink all other linkag	es as well.	
The reason I / We wish to close I	my/our account (Please give a brief indication of the reason for closure) Reason Code	

***RTGS / NEFT	***RTGS / NEFT																															
eneficiary A/c No.																																
Beneficiary Name			Ï	ľ	Ĺ			I	Ï		Τ				L		L				L	L							I			
Beneficiary Bank Name								ĺ																		Ì		Ī	Ī			
Beneficiary Branch Name																												\perp				
Beneficiary Bank IFSC Code														Ber	nef	iciary	у В	ank	A,	c. T	уре	= _										
☐ I /We declare that above	I/We declare that above details are true and correct and the account is in my/our name.																															
Signature(s) (Guardian in case of	of Mino	r)	_																					_								_
1st Account Holder 2nd Account Holder 3rd Account Holder 4th Account Holder																																
(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 CPC / RPC use section																																
(For all applicants)							Ye	es		N	۱.A.		1	For a															Yes	N.A.		
Cheque book collected/destroy		I					Ļ	\exists		[\dashv		-	D Lii					ا										닏	닏		
Debit card collected/destroy	yea						L	╣		Į	႕			ema 4							n o .	7							님	Ш		
Locker surrendered Attrition Control Form attack	chad						F	=		l I	닉			/lemo									۸۰		n+\	**			님	Ш		
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Dated Downward Sent to RPC/CPC on DOMMYYYY Signature Verified by (Sign & Emp. Code) **If Yes, approval as per delegation matrix required Input Authorizer																																
						_				_ Ack	now	/le	dgen	ent	Slip											—		_	 —	 —		
We acknowledge the receip	ot of A	ccoun	nt C	losui	re ins	stru	ıctior	n fr					_																 			_
relating to customer relatio	nship	numb	er											u	nd	er se	ervi	ice r	eq	uest	: ทเ	ımb	er _						 			_
Date:	_													fficia a k N																		_