

PMS REDEMPTION REQUEST FORM

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

Date: DD/MM/YYYY

PMS ACCOUNT DETAILS

PMS Account code:	
Name of Sole/First Holder:	
Name of Second Holder:	
Name of Third Holder:	

REDEMPTION DETAILS (Please ✓ tick anyone)

Part Redemption <input type="checkbox"/>	Full Redemption <input type="checkbox"/>
Amount in Figures: (Applicable only for partial redemption): - _____	

REASON FOR REDEMPTION

Portfolio Performance <input type="checkbox"/>	Liquidity-Fund Requirement <input type="checkbox"/>	Market Volatility <input type="checkbox"/>
Service issue <input type="checkbox"/>	Others Reason: _____	

PAYOUT OPTION (Please ✓ tick anyone)

Cash Payout <input type="checkbox"/>	Stock Transfer* <input type="checkbox"/> (Note: *Stock transfer is not available for Part Redemption)
a. Bank details for Redemption amount Cash Payout. (Please ✓ tick anyone)	
<input type="checkbox"/> Registered Bank	<input type="checkbox"/> New Bank as per below details**
**Bank Details: (In case of Multiple Bank is Registered, please mentioned anyone bank account details for Payout)	
Client Name as per Bank	Account Number:
Account Type:	IFSC Code:
Bank Name:	Bank Branch & City
b. Target Demat details If Payout Option selected is "Stock Transfer" or any Restricted stock Transfer.	
DP ID	
Client ID	

(Note: Funds will be transferred after deducting all fees and statutory charges.)

Encl: - a) Personalized cancel cheque leaf will be required in case of a new bank other than the registered bank.

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

Note: Full Redemption will be constituted as Closure of a PMS Account and closure of Demat account shall be mandatory.

Name: <i>First Applicant</i>	Name: <i>Second Applicant</i>	Name: <i>Third Applicant</i>
(Signature)	(Signature)	(Signature)



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

To,**The Manager**

Kotak Mahindra Bank Ltd.
A wing, 5th floor,
Intellion Square, Infinity IT Park,
General Arun Kumar Vaidya Marg,
Malad East, Mumbai,
Maharashtra – 400097

Date:**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)

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4. Please tick the applicable option(s)

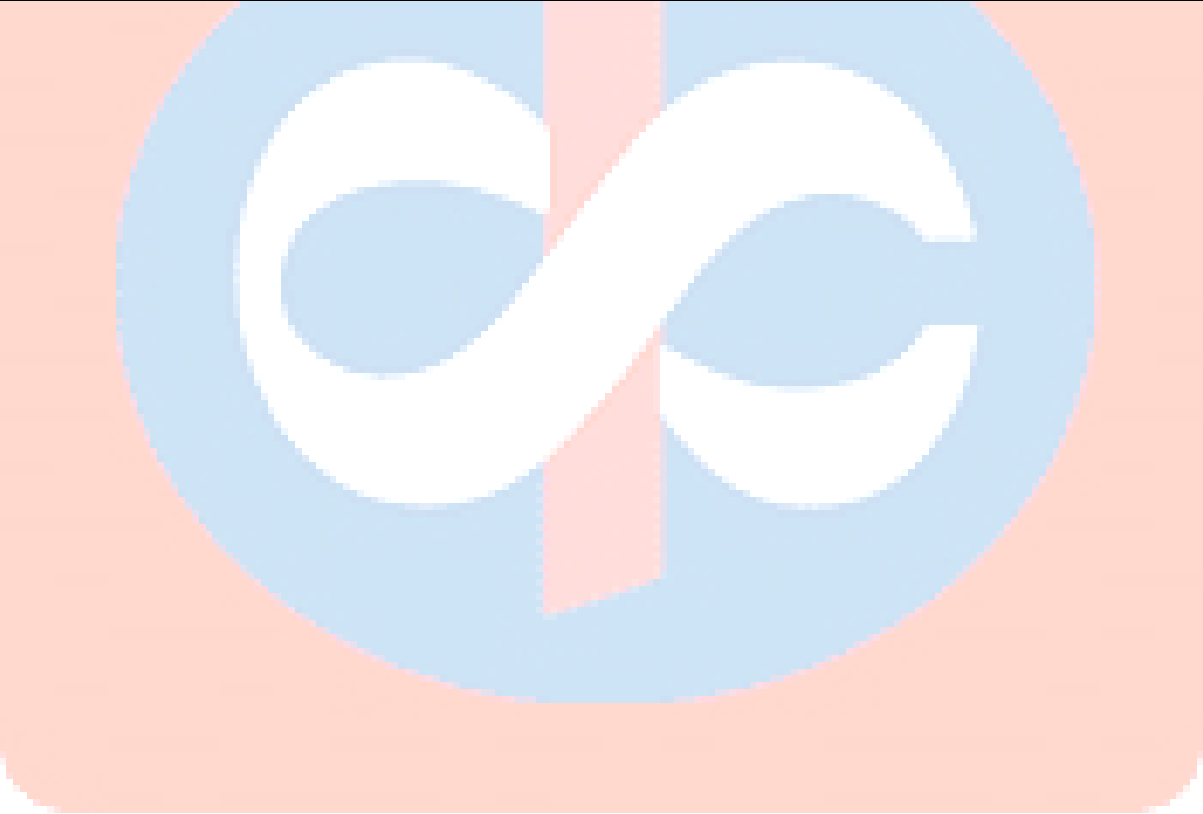
<input type="checkbox"/> Option A [There are no balances / holdings in this account]																																						
<input type="checkbox"/> Option B [Transfer the balances /holdings In this account as per details given]	<table border="1"><tr><td colspan="2"><input type="checkbox"/> Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account)</td><td colspan="10">Target Account Details</td></tr><tr><td rowspan="2"><input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)</td><td><input type="checkbox"/> NSDL</td><td>DP ID</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> CDSL</td><td>Client ID</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	<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 signed by all holders)	<input type="checkbox"/> NSDL	DP ID											<input type="checkbox"/> CDSL	Client ID										
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	<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. Signatures

Sole/ First Holder	
Second Holder	
Third Holder	



Acknowledgement								
We hereby acknowledge the receipt of your request for closing the following Account subject to verification:								
DP ID								
Client ID								
Name of Sole/First Holder								
Name of Second Holder								
Name of Third Holder								
Signature of the Authorised Signatory				Seal/Stamp of Participant				
Date								



Annexure

Request for addition/deletion of beneficiary account details for execution of off-market transfer

To <Participant's Name > <Participant's Address >	Date	D	D	M	M	Y	Y	Y	Y
DP ID	I	N							
Client ID									
Sole/First Holder Name									
Second Holder Name									
Third Holder Name									
I/We hereby inform you that I/we wish to add/delete the beneficiary accounts details below for execution of offmarket transfers including inter-depository transfers.									
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Beneficiary DP ID								
	Beneficiary Client ID								
	PAN of the First Holder								
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Beneficiary DP ID								
	Beneficiary Client ID								
	PAN of the First Holder								
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Beneficiary DP ID								
	Beneficiary Client ID								
	PAN of the First Holder								
1. _____ 2. _____ 3. _____ Authorised Signatory (ies)									

Participant Authorisation

Name:

Signature:

Participant's Stamp & Date



For Branch Use Section:

Customer Account Type:

- ☐ Wealth
- ☐ Privy
- ☐ Resident Individual
- ☐ Non Individual
- ☐ Non Resident Individual

Reason code for Closure: _____

(To be filled when customer selects other reason)

(For all applicants)

Customer does not agree to the Retention Solutions offered including benefits of BSBDA/SOLO account

Separate closure request for investment account raised

Recurring Deposit/s (RD) closed

Approval from POS team received

Locker Surrendered

Yes

☐

N.A.

☐

CPC/RPC use section

(For all applicants)

OD limit zeroised

Demat account closed

Memos checked and actioned

Account in TOD:

Reimbursement/SPENDZ account closed

Approval from POS team received

Yes

☐

N.A.

☐☐☐☐☐☐☐☐☐☐☐

Dated

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

Documents sent to RPC/CPC on

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

Signature of Retention Specialist
(Sign & Emp. Code)

Signature verified by
(Sign & Emp. Code)

Inputer

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.**, _____

For Branch Use Section:

Customer Account Type:

- ☐ Wealth
- ☐ Privy
- ☐ Resident Individual
- ☐ Non Individual
- ☐ Non Resident Individual

Reason code for Closure: _____

(To be filled when customer selects other reason)

(For all applicants)

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Account in TOD:

Reimbursement/SPENDZ account closed

Approval from POS team received

Yes

☐

N.A.

☐☐☐☐☐☐☐☐☐☐☐

Dated

D

D

M

M

Y

Y

Y

Y

Documents sent to RPC/CPC on

D

D

M

M

Y

Y

Y

Y

Signature of Retention Specialist
(Sign & Emp. Code)

Signature verified by
(Sign & Emp. Code)

Inputer

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.**, _____