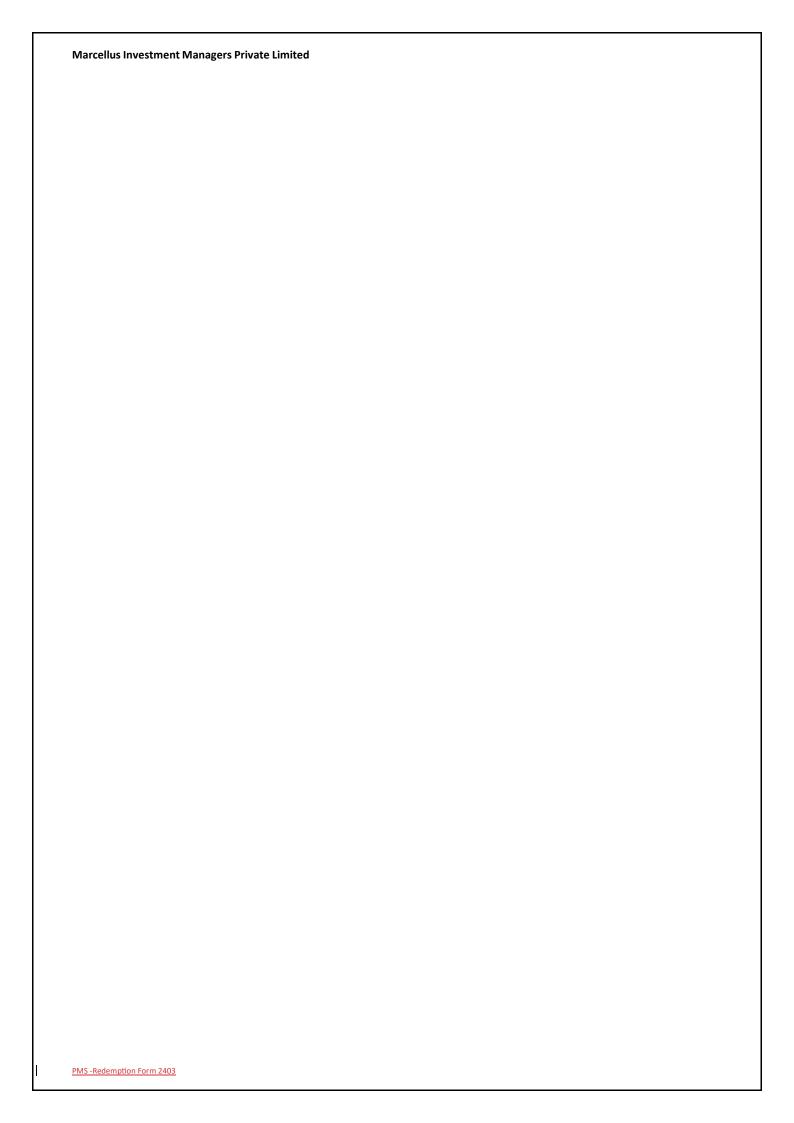
PMS -Redemption Form 2403



### PMS REDEMPTION REQUEST FORM

DEMPTION DETAILS (Please art Redemption art Redemption are mount in Figures: (Applicabe are ASON FOR REDEMPTION	e √tick anyone)  le only for partial redemption): -	Full Redemption [			
ame of Sole/First Holder: ame of Second Holder: ame of Third Holder:  DEMPTION DETAILS (Please art Redemption  mount in Figures: (Applicab					
ame of Second Holder:  ame of Third Holder:  DEMPTION DETAILS (Please art Redemption  mount in Figures: (Applicab					
ame of Third Holder:  DEMPTION DETAILS (Please art Redemption  mount in Figures: (Applicab					
EDEMPTION DETAILS (Please art Redemption art Redemption art Redemption are Redemption					
art Redemption mount in Figures: (Applicab					
mount in Figures: (Applicab	le only for partial redemption): -				
EASON FOR REDEMPTION	le only for partial redemption): -				
EASON FOR REDEMPTION					
ortfolio Performance	] Liquidity-Fund Rec	quirement	Market Volatility		
	1				
ervice issue	Others Reason:				
WOUT OPERAL IN					
AYOUT OPTION (Please ✓ ti	ck anyone)	Stock Transfer*			
Cash Payout			is not available for Part Redemption)		
a. Bank details for Red	emption amount Cash Payo	out (Blooso Vtick any	ana)		
	red Bank		Bank as per below details**		
	ple Bank is Registered, please				
Client Name as per Bank		Account Num	ıber:		
Account Type:		IFSC Code:			
Bank Name:		Bank Branch	Bank Branch & City		
b. Target Demat detail	s If Payout Option selected	is "Stock Transfer" or o	any Restricted stock Transfer.		
DP ID					





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

To, The Manager Kotak Mahindra Bank L A wing, 5th floor, Intellion Square, Infinity General Arun Kumar Va Malad East, Mumbai, Maharashtra – 400097	IT Park,					Date:		
DP ID-								
1. I / We hereby reque	est you to close my/our account	with :	you as per	followin	ng details	:		
Sole/ First Holder	Name of the	e hold	ler(s)					
	and the second second							
Second Holder								
Third Holder						1		
2. Reason/s for Closur	re of depository account-	/						
3. Client ID (of accoun	at to be closed)		/					
4. Please tick the appli	icable option(s)							
		d						
	are no balances / holdings in this		nt J	Targe	t Accoun	t Details		
Option B [Transfer the (	Transfer to my / our own according to the count details	ount						
balances /holdings	and enclose Client Master Report of Target Account)  Transfer to any other account		NSDL 1	DP ID				
]	(Submit duly filled Delivery Instruction Slip signed by all holders)			Client ID				
Option C [Rem	aterialise / Reconvert (Submit du	ly fill	ed Remat /	Reconve	ersion Rec	quest Form	-for mutual	l fund
5. Signatures								
Sole/ First Holder								
Second Holder								
Third Holder								



		\ .1 1.	. 1					
XX 1 1 1 1 1 1 1		Acknowle	edgement	.1 C 11			•	• • • • •
We hereby acknowledge the receipt	of your re	equest for	r closing t	the follow	wing Acc	count sub	ject to ve	rification:
DDID	1	1	1		1	1		
DP ID								
Client ID								
Chefit ID								
Name of Sole/First Holder			1					
Name of Sole/Plist Holder								
Name of Second Holder								
Traine of Second Horder								
Name of Third Holder								
Traine of Time Holder								
Signature of the Authorised Signa	torv		Seal/St	amn of I	Participa	nt		
Signature of the Muthorised Signa	itory		Scarsc	amp or i	ai acipa	*1110		
Date								



### Annexure

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

To <participant's< th=""><th>Nama &gt;</th><th>Date</th><th></th><th>D</th><th>D M</th><th>M</th><th>Y</th><th>Y Y</th><th>Y</th></participant's<>	Nama >	Date		D	D M	M	Y	Y Y	Y
<participant's< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></participant's<>									
DP ID		I	N						
Client ID									
Sole/First Holo									
Second Holder									
Third Holder N									
	nform you that I/we wish to add/del -depository transfers.	ete the be	eneficiary	accounts	details be	elow for ex	ecution o	f offmark	et transfers
Add Delete	Beneficiary DP ID								
	Beneficiary Client ID			_					_
	PAN of the First Holder							_	
Add	Beneficiary DP ID								
Delete	Beneficiary Client ID							<u> </u>	
	PAN of the First Holder							_	
Add	Beneficiary DP ID								
Delete	Beneficiary Client ID								
	PAN of the First Holder								
1	. 2.				2				
1.			ed Signato		s				
			orginate	, (103)					

Participant Authorisation

Name:	
Signature:	Participant's Stamp & Dat



Kotak Infinity, 8 <sup>th</sup> 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 I	M Y Y Y Y				Query No :				
AF	APPLICATION FOR CLOSING AN TRADING/ DEMAT ACCOUNT (Resident Individual)								
	confirm that our Country of Birth/Na r Mandate holder is of India  Yes					ovide the			
	you to close my/our account with	h vou as per fo	allowina de	tails:					
, we hereby request;	•	he holder(s)	onowing ac						
Sole/ First Holder									
Second Holder									
Third Holder									
3. Client ID (of acc ount to					7				
Trading Code	Demat Account N	10 .			DP ID: IN300	214			
4. Please tick the applica	ble option(s)								
Option A [There are	no balances / holdings in this acc	count ]							
Option B Trai (Pro [Transfer the enc	Target Acc ount Details								
1	get Account) nsfer to any other account	☐ NSDL	DP ID						
	bmit duly filled Delivery	INSUL							
	truction Slip)	☐ CDSL	Client						
	signed by allholder(s) or signed by POA holder(s)								
	ise / Reconvert (Submit duly filled Rema	」 t∕Reconversion	Request Forn	n fo	r mutual fund uni	ts )]			
5. Mobile number/ Landli Please do the needful at the	ine Numberearliest and arrange to refund the bala ance And/ Or Stock lying in my trad	ance (if any) in th	ne said Tradir	ng account.					
4	<b>2</b>		4						
Sole / First Holder Instruction/Notes: 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. 7. Please note that once your trading/demat account is closed, all active and running SIP's sourced through our portal/any online mode will be deemed to be cancelled with immediate effect. 8. In case you have SGB in your demat account and wish to process inter-depository transfer, you are requested to give remat request to KSL along with closure documents. You are also requested to give demat request simultaneously to the CDSL Target DP for seamless transfer of SGB units. For any further details contact customer service									
	Acknowle	dgement							
We hereby acknowledge the re Account subject to verification Trading Code	receipt of the your request for closing th  n: having client id - DP ID - IN3002 1.  Client id		Date	kot	Securities  M M Y /	YY			
Name of Sole / First Holder: Name of Second Holder: Name of Third Holder: Signature of the Authorised:	Signatory					. ——			
<b>4</b>		Seal/ Stam	p of Participa	nt					



# Closure of Savings / Current / Investment Account (Please fill in Capital Letters only)

Date DDMMYYYY	(Please IIII II	n Capital Letters onl	y) Request No.				
I/We  Mr / Ms   FIRST NAME    Mr / Ms   FIRST NAME    hereby request you to close my / our		MIDDLE NAME  MIDDLE NAME	LA:	T NAME			
Account Number							
Closure Proceeds of account & maturity/interest payment on Fixed Deposits to be paid as under:							
☐ Credit to my/our other account number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐							
☐ RTGS / NEFT (For A/c closure proceeds m	ore than Rs. 10,000, cand	celled cheque / passbook/sta	atement of beneficiary A	Vc required)			
Beneficiary A/C No.							
Beneficiary Name							
Beneficiary Bank Name							
Beneficiary Branch Name							
Beneficiary Bank IFSC Code		Beneficiary B	ank A/c. Type				
We declare that above details are true and correct and the account is in my/our name   We hereby confirm the   I/we have destroyed unused cheques issued for this account and indemnify bank, its employees, directors and agents against any loss/ claim due to unauthorised use of these unused cheques.   We hereby confirm that   I/we have destroyed debit cards issued for this account and indemnify bank, its employees, directors and agents against any loss/ claim due to unauthorised use of these debit cards (Not applicable in case of customer holds any other account in addition to the account being closed).   We confirm, the closure proceeds from FCRA account will be credited to another FCRA/Utility FCRA/Main FCRA account in our name with KMBL/other Bank.   I/We also confirm the closure proceeds of FCRA account of any entity will not be transferred to another/utility FCRA/Main FCRA account of any other third party.   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.   Kindly close the Reimbursement account/Spendz account* associated with my Salary/Savings account. Balance (if any) of the reimbursement account/Spendz account to be closed if there is no live account under the CRN							
DEMAT ACCOUNTS linked to the above acco  ☐ I/We are closing the accounts(s) separately ☐ Please link it to my/our other Kotak account ☐ I/We agree to pay advance payment of Rs.	nt number		d to other Kotak Accour	nt)			
INVESTMENT ACCOUNT (Investment will contine Close the following Accounts	nue with AMC and future ser	rvices can be availed through AN	MC directly post closure of	investment account)			
LOCKERS (if applicable)  Surrender  (Please submit locker surrender form/standing instructions form for locker rent Separately)  Please delink all other linkages as well.  Reason for closure of Account (Please select any one reason)  Consolidating accounts –Continuing with another Bank  High AMB/AQB Requirement -Unable to Maintain  Clubbing Accounts Within KOTAK  Left Job/ Salary no Longer Credited  Account No 2  Account No 3  Account No 3  Account No 3  Account No 3  Distance From the Branch  Clubbing Accounts Within KOTAK							
Signature(s) (Guardian in case of Minor)  1st Account Holder In case of Non-Individuals, please affix Company Seal	2nd Account Holder n case of Non-Individuals, please a Company Seal	affix In case of Non-Inc	ount Holder dividuals, please affix pany Seal	4th Account Holder In case of Non-Individuals, please affix Company Seal			

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Customer Account		1 6		
☐ Wealth	☐ Privy ☐	Resident Individual		
☐ Non Individual	☐ Non Resident Individual			
Reason code for Closui	re:			
(To be filled when cust	omer selects other reason)		CPC/RPC use section	V N.A
(For all applicants) Customer does not agr offered including bene	ree to the Retention Solutions fits of BSBDA/SOLO account	Yes N.A.	(For all applicants)  OD limit zeroised	Yes N.A.
Separate closure reque raised	st for investment account		Demat account closed  Memos checked and actioned	
Recurring Deposit/s (RD	) closed		Account in TOD:	
Approval from POS tea	m received		Reimbursement/SPENDZ account closed	
Locker Surrendered			Approval from POS team received	
			Approval from POS team received	
	YYYY			
Documents sent to RF	PC/CPC on DDMMYY	YYY		
Signature of Retention Sp			Inputer	Authorizer
(Sign & Emp. Code	e) (Sign & En	np. Code)	inputer	Authorizer
				C
				+
				( ) {
<b></b>				<b></b>
We acknowledge the re	eceint of Account Closure instru		5	
relating to customer rel	ationship number		under service request number	_
Date:		Ва	ank Official (Sign and Stamp)	
		Fc	or Kotak Mahindra Bank Ltd.,	



# Closure of Savings / Current / Investment Account (Please fill in Capital Letters only)

Date DDMMYYYY	(Please IIII II	n Capital Letters onl	y) Request No.				
I/We  Mr / Ms   FIRST NAME    Mr / Ms   FIRST NAME    hereby request you to close my / our		MIDDLE NAME  MIDDLE NAME	LA:	T NAME			
Account Number							
Closure Proceeds of account & maturity/interest payment on Fixed Deposits to be paid as under:							
☐ Credit to my/our other account number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐							
☐ RTGS / NEFT (For A/c closure proceeds m	ore than Rs. 10,000, cand	celled cheque / passbook/sta	atement of beneficiary A	Vc required)			
Beneficiary A/C No.							
Beneficiary Name							
Beneficiary Bank Name							
Beneficiary Branch Name							
Beneficiary Bank IFSC Code		Beneficiary B	ank A/c. Type				
We declare that above details are true and correct and the account is in my/our name   We hereby confirm the   I/we have destroyed unused cheques issued for this account and indemnify bank, its employees, directors and agents against any loss/ claim due to unauthorised use of these unused cheques.   We hereby confirm that   I/we have destroyed debit cards issued for this account and indemnify bank, its employees, directors and agents against any loss/ claim due to unauthorised use of these debit cards (Not applicable in case of customer holds any other account in addition to the account being closed).   We confirm, the closure proceeds from FCRA account will be credited to another FCRA/Utility FCRA/Main FCRA account in our name with KMBL/other Bank.   I/We also confirm the closure proceeds of FCRA account of any entity will not be transferred to another/utility FCRA/Main FCRA account of any other third party.   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.   Kindly close the Reimbursement account/Spendz account* associated with my Salary/Savings account. Balance (if any) of the reimbursement account/Spendz account to be closed if there is no live account under the CRN							
DEMAT ACCOUNTS linked to the above acco  ☐ I/We are closing the accounts(s) separately ☐ Please link it to my/our other Kotak account ☐ I/We agree to pay advance payment of Rs.	nt number		d to other Kotak Accour	nt)			
INVESTMENT ACCOUNT (Investment will contine Close the following Accounts	nue with AMC and future ser	rvices can be availed through AN	MC directly post closure of	investment account)			
LOCKERS (if applicable)  Surrender  (Please submit locker surrender form/standing instructions form for locker rent Separately)  Please delink all other linkages as well.  Reason for closure of Account (Please select any one reason)  Consolidating accounts –Continuing with another Bank  High AMB/AQB Requirement -Unable to Maintain  Clubbing Accounts Within KOTAK  Left Job/ Salary no Longer Credited  Account No 2  Account No 3  Account No 3  Account No 3  Account No 3  Distance From the Branch  Clubbing Accounts Within KOTAK							
Signature(s) (Guardian in case of Minor)  1st Account Holder In case of Non-Individuals, please affix Company Seal	2nd Account Holder n case of Non-Individuals, please a Company Seal	affix In case of Non-Inc	ount Holder dividuals, please affix pany Seal	4th Account Holder In case of Non-Individuals, please affix Company Seal			

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Customer Account		1 6		
☐ Wealth	☐ Privy ☐	Resident Individual		
☐ Non Individual	☐ Non Resident Individual			
Reason code for Closui	re:			
(To be filled when cust	omer selects other reason)		CPC/RPC use section	V N.A
(For all applicants) Customer does not agr offered including bene	ree to the Retention Solutions fits of BSBDA/SOLO account	Yes N.A.	(For all applicants)  OD limit zeroised	Yes N.A.
Separate closure reque raised	st for investment account		Demat account closed  Memos checked and actioned	
Recurring Deposit/s (RD	) closed		Account in TOD:	
Approval from POS tea	m received		Reimbursement/SPENDZ account closed	
Locker Surrendered			Approval from POS team received	
			Approval from POS team received	
	YYYY			
Documents sent to RF	PC/CPC on DDMMYY	YYY		
Signature of Retention Sp			Inputer	Authorizer
(Sign & Emp. Code	e) (Sign & En	np. Code)	inputer	Authorizer
				C
				+
				( ) {
<b></b>				<b></b>
We acknowledge the re	eceint of Account Closure instru		5	
relating to customer rel	ationship number		under service request number	_
Date:		Ва	ank Official (Sign and Stamp)	
		Fc	or Kotak Mahindra Bank Ltd.,	