

PMS REDEMPTION REQUEST/SWITCH REQUEST

Date: DD/MM/YYYY

I / We hereby request you to close my/our account with you 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 <input type="checkbox"/>	Liquidity-Fund Requirement <input type="checkbox"/>	Market Volatility <input type="checkbox"/>
Service issue <input type="checkbox"/>	Others: _____	

REDEMPTION DETAILS

Part Redemption <input type="checkbox"/>	Full Redemption <input type="checkbox"/>
Switch from Product From: _____ to: _____ (Product Name e.g. CCP/KCP/STP)	

PAYOUT OPTION: (Not Applicable for Switch)

A) STOCK TRANSFER:			
NSDL <input type="checkbox"/>	CDSL <input type="checkbox"/>		
DP ID			
CLIENT ID			
(Note: Stock transfer option is not available for Part Redemption)			
B) BANK TRANSFER			
Client Name as per Bank		Account Number:	
Account Type:		IFSC Code:	
Bank Name:		Bank Branch & City	
(Note: Funds will be transferred after deducting all fees and statutory charges.)			

FEE RECOVERY OPTION: Tick only if you have selected Stock Transfer in Payout Option or for Switch case

Recover by Selling Stocks <input type="checkbox"/>	Bank Transfer <input type="checkbox"/>
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Encl: - a) Personalized cancel cheque leaf attached. 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 De mat account shall be mandatory

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



Kotak Mahindra Bank Limited

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)

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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]	<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						
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]									



Kotak Mahindra Bank Limited

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									

