

Declaration/Request to Change Residential Status & Add-on Account Opening
(To be submitted by Customer Changing Status from Resident to Non-Resident)

Intentionally kept blank

 Date

 Service Request No.

Branch Name & Code: _____

Account Holder Details

Name _____ CRN _____

Bank Accounts, Deposits and Standing Instruction:
I/ We confirm that I/ We wish to Convert/Close the following Resident accounts/ Deposits to Non-Resident Account where I am FIRST holder [Mention account number (s) only] –"

Account Number (s)	Account Type (Savings/Current/FD)	Convert	*Close (select anyone)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closure Proceeds of account & maturity/interest payment on Fixed Deposits to be paid as under:

- Credit to my/our other account number (Kotak Bank Account only)
- RTGS/NEFT (For A/c closure proceeds more than Rs. 10,000, cancelled cheque/passbook/statement of beneficiary A/c required)

 A/C No.
 Name
 Bank Name
 Branch Name
 Bank IFSC Code Bank A/c. Type
 I/We declare that above details are true and correct and the account is in my/our name

*In case of closure of account, this declaration to be signed by all holder (s).

I/We request you to -

- Maintain the debit authorization for locker and all demat related charges in the new NRO account.
- Maintain the credit instructions of Interest/maturity of Fixed Deposit (s) under the new NRO account.
- Maintain the Standing Instruction under the new NRO account.
- Prematurely close and rebook existing Resident fixed deposits. The closure proceeds of the closed fixed deposit be treated as principal for new NRO fixed deposit. The tenure of the new NRO fixed deposit be equal to the existing Resident fixed deposits. The rate applicable for the new NRO fixed deposit will be applicable rate available on the date of booking of new NRO deposit.
- Existing Resident Fixed Deposit to be continued till maturity and transfer the maturity proceeds to NRO account
- I/we confirm that Existing Spendz, Reimbursement account and Recurring deposit will be closed

Resident Account where I am not First Holder:
I/ We confirm that I/ We wish to Continue/Delete my/our name in the following Resident accounts/Deposits where I am not the FIRST holder [Mention account number (s) only]

Account Number (s)	Account Type (Savings/FD)	*Continue (select anyone)	**Delete	Mode of Operation
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Please fill below details if you wish to continue as a joint holder in the resident account

*I am the joint account holder of SB/FD/RD/Current Account bearing No (mentioned above) which stands in my name and in the name of Shri/Smt. _____ who is my _____ (state relationship). I hereby undertake that I shall not use the proceeds lying in the above account for any transaction in contravention of the provisions of the Foreign Exchange Management Act (FEMA) 1999, Rules/Regulations made thereunder and the related circulars/instructions issued by the Reserve Bank from time to time. I further undertake that if any such transaction is put through the said account in contravention of the FEMA, 1999 or Rules/Regulations made thereunder, I shall be held responsible for the same. I shall intimate my bank in the event of any change in my Non-resident / Resident status." In case of more than four accounts where status needs to be changed, separate declaration is required

**in case of deletion of name from existing Resident account, deletion of holder form, signed by all holders need to be submitted along with this declaration

Overdraft & Locker

- Close the overdraft facility in my/our Resident account held with your bank.
- Debit my/OUR savings account no. _____ towards OD closure.
- Prematurely liquidate my/OUR FD no towards OD closure and park the balance funds in my/OUR Savings account no. _____

*In case of Resident FD's with lien against Locker, existing Resident FD will be closed and new NRO FD will be opened and lien will be re-marked against new NRO FD

FASTag

- Exhaust the balance in the FASTag
- Surrender the FASTag (Need to submit separate declaration for surrender)

Demat/Trading Account

- Demat Account with NIL holding (Separate annexure need to be submitted for closure)
- Demat Account with holding (Separate annexure need to be submitted for conversion)

In case of any discrepancy, I/we shall support to submit required documents for conversion/closure of my demat account. I/ we are responsible to convert/close all my resident relationship by submitting request(s) to respectively entities

Investment Account

Investment Account Number: _____ (For the purpose of proceeding with conversion of bank account from Resident to Non- resident)

- Without Holding;** I/we request to close my resident investment account(s) with NIL holding (no separate form required)

*In case of investment account with holdings, existing account to be closed & new investment account under NR status to be opened separately

Authorized Signatory/BO capacity

I/We wish to change the status from Resident to Non Resident in accounts where I/We were in authorized signatory/BO capacity (mention CRN number (s) only)-

(Only IT Type will be changed at CRN level in the Bank's application)

Cheque Book

- I wish to apply for a new cheque book for the NRO account
- I/We confirm that I/We have destroyed/surrendered to the bank , the cheque book and debit card for all my/our resident accounts with the bank, indemnify bank, its employees, directors and agents against any loss/ claim due to unauthorised use of these unused cheques.
- I/We confirm that the below mentioned cheque(s) have been issued from my Resident account as Post dated Cheque(s) towards EMI payments of loan taken by me/us and the same will be honored by the bank on presentment.

Sr. No.	Cheque series from	Cheque series to

I am aware that thereafter any cheques issued by me from my Resident account will not be honored and returned by the Bank.

Declaration:

- I/We voluntarily supplied the above information which I acknowledge that the Bank is required to obtain to provide its products and services to me.
- I/We gone through the Privacy Notice published by the Bank on its website www.kotak.com and having agreed to the same I hereby give my consent in favour of the Bank to process my personal information for the purposes and in the manner provided in the Privacy Notice while I avail various products and services from the Bank.
- In case of Sweep in instruction, the same will be discontinued post conversion of account.
- All eligible existing Promos applicable for resident account holder will be discontinued.
- NRI General Schedule of Fees and Charges is submitted.
- I/We acknowledge that I/We will be liable to TDS as per the Income tax Regulations for Non-Resident Individuals on account of my/our change in Resident status.
- I/we understand that post closure of my investment account I/we would not be able to do any online transaction further and any ongoing SIP's using this investment account will also be stopped.
- I/We confirm that I/We intend to stay outside India for taking up Employment or carrying out Business or Vocation.
- I/ We understand that a financial transaction is mandatory to maintain the active status of the account.
- In case I / we fail to carry out any financial transaction within 7 days of activation of account, Bank will change the status of my/our account to Dormant restricting transactions and channel access. (Applicable only if status of account is dormant as on date of conversion)
- I/We am/our aware that my/our Re-KYC will be updated through this Declaration
- Resident account under wallet/small scheme code will be updated with the KYC documents submitted under NR status

1st Holder	2nd Holder	3rd Holder
Name: _____	Name: _____	Name: _____
CRN: _____	CRN: _____	CRN: _____
Date: _____	Date: _____	Date: _____
For Bank Use only:		
Existing Scheme Code _____	New Scheme Code _____	
SR: _____	(DP Closure/Conversion)	

ADD-ON ACCOUNT OPENING

Account Type (Rupee Accounts)

Rupee Savings Account	<input type="checkbox"/> NRE (Non-Resident External-Repatriable)	Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> NRO (Non-Resident Ordinary Non-Repatriable)	Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Rupee Current Account	<input type="checkbox"/> NRE	Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> NRO	Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Rupee Savings PINS A/c	<input type="checkbox"/> NRE PINS (Portfolio Investment Scheme)	Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> NRO PINS (Portfolio Investment Scheme)	Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Platina Savings Account	<input type="checkbox"/> NRE	Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> NRO	Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Branch _____					
Investment Account	<input type="checkbox"/> Repatriable	<input type="checkbox"/> Non - Repatriable				
Mode of Operation	<input type="checkbox"/> Singly	<input type="checkbox"/> Either or survivor	<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone or survivor	<input type="checkbox"/> Former or survivor	<input type="checkbox"/> Others _____ Please specify _____

Note: In case of change in account holding pattern then separate NR AOF will be required

SIGNATURE / THUMB IMPRESSION

(Please sign in Black ink only)

*In case of Face-to-Face, additional account opening request is submitted and the overseas address proof document is not available then a separate declaration for overseas address can be submitted.

*In case of signature mismatch, then a separate dual signature declaration will be required

*In case of name mismatch, then a separate name declaration will be required

Acknowledgement Slip

We acknowledge the receipt of customer modification instruction type _____ from Mr./Mrs. / Ms. _____ relating to customer relationship number _____ under Service request number _____

Date: / /

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

NOMINATION (FORM DA1)

For NRE

Yes No (Bank use only)

Nomination under section 45ZA of the Banking Regulation Act, 1949, and the Rule 2(1) of The Banking Companies (Nomination) Rules, 1985, In respect of bank deposits

I/We _____ Address(es) _____

nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by **Kotak Mahindra Bank Limited**.

Applicable for all account type

Nature of Deposit _____ Distinguishing No. _____ Additional details, if any _____

Nominee Name (Title) | (First Name) | (Middle Name) | (Last Name) | (Upto 40 characters only)

Nominee Address: Same as 1st Applicant Yes No (please give the address below)

Address: _____ Mobile No.: _____

*City _____ *Pin Code _____ State _____ Email ID _____

Relationship with Depositor, if any _____ Age _____ (If Nominee is a minor, his/her date of birth) | D | D | | M | M | | Y | Y | Y | Y |

As the nominee is a minor on this date, I/We appoint Shri / Smt / Kum.* _____ (Guardian Name) _____ Relation with Minor Nominee _____

Address: _____ Mobile No.: _____

*City _____ *Pin Code _____ State _____ Email ID _____

Age _____ to receive the amount of the deposit on behalf of the nominee, in the event of my / our / minor's death during the minority of the nominee.

Nominee Name to be printed on the Statements / Advices Yes No

Signature(s) /Thumb Impression(s)*** _____ Depositor _____ Depositor _____ Depositor _____

Date & Place _____ Signature of First Witness*** _____ Signature of Second Witness*** _____

*Strike out if nominee is not a minor ***Thumb impression(s) shall be attested by two witnesses.
Note: Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Applicable, If no nomination is provided in a Single Holder A/c

The Bank, through its authorized representative had explained to me the advantages of nomination facility as per the extant guidelines of RBI. However, I hereby decline to presently nominate any individual and understand the risks and consequences of my failure to give nomination and am fully aware of the hardships my legal heirs would face in the event of my death with out nomination registered in your Bank records.

FOR BANK USE ONLY

I have clearly explained to the customer the advantages of nomination facility and inspite of the same he/she still does not want to nominate and he/she also refused to provide a specific letter to the effect that he/she does not want to make a nomination.

Customers Signature _____

Employees Signature & Code _____

For NRO

NOMINATION (FORM DA1)

Yes No (Bank use only)

Nomination under section 45ZA of the Banking Regulation Act, 1949, and the Rule 2(1) of The Banking Companies (Nomination) Rules, 1985, In respect of bank deposits

I/We _____ Address(es) _____

nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by **Kotak Mahindra Bank Limited**.

Applicable for all account type

Nature of Deposit _____ Distinguishing No. _____ Additional details, if any _____

Nominee Name (Title) | (First Name) | (Middle Name) | (Last Name) | (Upto 40 characters only)

Nominee Address: Same as 1st Applicant Yes No (please give the address below)

Address: _____ Mobile No.: _____

*City _____ *Pin Code _____ State _____ Email ID _____

Relationship with Depositor, if any _____ Age _____ (If Nominee is a minor, his/her date of birth) | D | D | | M | M | | Y | Y | Y | Y |

As the nominee is a minor on this date, I/We appoint Shri / Smt / Kum.* _____ (Guardian Name) _____ Relation with Minor Nominee _____

Address: _____ Mobile No.: _____

*City _____ *Pin Code _____ State _____ Email ID _____

Age _____ to receive the amount of the deposit on behalf of the nominee, in the event of my / our / minor's death during the minority of the nominee.

Nominee Name to be printed on the Statements / Advices Yes No

Signature(s) /Thumb Impression(s)*** _____ Depositor _____ Depositor _____ Depositor _____

Date & Place _____ Signature of First Witness*** _____ Signature of Second Witness*** _____

*Strike out if nominee is not a minor ***Thumb impression(s) shall be attested by two witnesses.
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I have clearly explained to the customer the advantages of nomination facility and inspite of the same he/she still does not want to nominate and he/she also refused to provide a specific letter to the effect that he/she does not want to make a nomination.

Customers Signature _____

Employees Signature & Code _____

ACKNOWLEDGMENT SLIP

We acknowledge the receipt of Nomination Instruction from Mr./ Mrs. /Ms.

Nomination received: NRE Account Yes No NRO Account Yes No Date: | D | D | | M | M | | Y | Y | Y | Y |

Received _____ Officer Signature _____ Bank Seal _____