Closure of Savings / Current / Investment Account

(Please fill in Capital Letters only)

Date D D M M Y Y Y Y

Request No.

I/We

Mr/Ms FIRST NAME MIDDLE NAME LAST NAME

Mr/Ms FIRST NAME MIDDLE NAME LAST NAME

hereby request you to close my / our

Account Number

☐ **FIXED DEPOSITS**
☐ Delink (Operate as standalone)

☐ **ActivMoney**
☐ Delink (Operate as standalone) ☐ Liquidate

The reason for no operations in account _____ (Applicable only if account is Dormant)*

KYC document as per acceptable list mentioned in KYC grid*

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**

Beneficiary A/C No.

Beneficiary Name

Beneficiary Bank Name

Beneficiary Branch Name

Beneficiary Bank IFSC Code

Beneficiary Bank A/c. Type

☐ I/We declare that above details are true and correct and the account is in my/our name

I/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.

I/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).

I/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 credited as per above instruction only.
*Spendz Account to be closed if there is no live account under the CRN

DEMAT ACCOUNTS linked to the above account

☐ Please close my demat account-Application for Closing Demat Account (Form 34) attached

☐ Please link Demat account to my/our Other Bank account/Other Kotak Bank account (Modification Form for change of Account No. in Demat account attached)

INVESTMENT ACCOUNT (Investment will continue with AMC and future services can be availed through AMC directly post closure of investment account)

Close the following Accounts

ACCOUNT NO 1 ACCOUNT NO 2 ACCOUNT NO 3

Note: Investment Account with no holdings will be closed along with the Savings/Current Account Closure.

SOVEREIGN GOLD BOND (SGB)

Please change the Savings A/c related to SGB investment A/c to

SGB Investment ID

Beneficiary Account Number

Beneficiary Bank Name

Beneficiary IFSC Code

LOCKERS (if applicable) Locker No

☐ Surrender ☐ **Debit charges to my/our new Kotak Account**

(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
☐ Left Job/ Salary no Longer Credited
☐ Distance From the Branch
☐ Clubbing Accounts Within KOTAK
☐ Other Reason (Please provide reason for closure) _____

***Declaration**

☐ I, hereby, declare that due to injury, illness or infirmity on account of old age or otherwise, I am unable to complete my Aadhaar eKYC authentication. Kindly accept the self-attested copy of Aadhaar to proceed with closure of my dormant account. I confirm the information provided is true and correct.

Signature(s) (Guardian in case of Minor)

1st Account Holder In case of Non-Individuals, please affix Company Seal	2nd Account Holder In case of Non-Individuals, please affix Company Seal	3rd Account Holder In case of Non-Individuals, please affix Company Seal	4th Account Holder In case of Non-Individuals, please affix Company Seal

For Branch Use Section:

Customer Account Type:

☐ Private Banking ☐ Privy League/Affluent ☐ Resident Individual

☐ Non Individual ☐ Non Resident Individual

Reason code for Closure: _____ (To be filled when customer selects other reason)

Non Authentication of Aadhaar due to listed reason is verified: ☐ Yes ☐ No

(For all applicants)	Yes	N.A.
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	☐	☐
Demat –		
Modification Form / Closure Form (Form 34) received (Separate SR to be raised to DP Ops)	☐	☐

Soverign Gold Bond (SGB) –

A/c modification SR No. _____

CPC/RPC use section

(For all applicants)	Yes	N.A.
OD limit zeroised	☐	☐
Demat account closed	☐	☐
Memos checked and actioned	☐	☐
Account in TOD:	☐	☐
Reimbursement/SPENDZ account closed	☐	☐
Approval from POS team received	☐	☐
Check SGB SR is raised	☐	☐

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

KMBL / Mar - 2026/1.11

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.,** _____