Standing Instructions Request Form

Remittance Details

I/We, _____

_____ hereby request you to set-up/cancel a standing Instruction on my/our

Account Number ☐☐☐☐ ☐☐☐ ☐☐☐☐☐☐ (hereinafter referred as funding account)

for Rs. (in figures) _____ Rs. (in words) _____

as per the details given below.

☐ Fund Transfer ☐ Issuance of a Banker's Cheque

Beneficiary Details

Name of the Beneficiary _____

Beneficiary Account Number ☐☐☐☐ ☐☐☐ ☐☐☐☐☐☐ (Applicable for Funds Transfer only)

Beneficiary Address* _____

_____

_____

*Applicable only if the banker's cheque needs to be sent to the beneficiary.

Operational Details

Frequency

☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly

☐ Quartely ☐ Half-yearly ☐ Yearly

Start Date D D M M Y Y Y Y End Date D D M M Y Y Y Y

Purpose of Standing Instruction set-up/Reason for cancellation of Standing Instruction _____

Signature(s)

Account Holder/Authorised Signatory	Account Holder/Authorised Signatory	Account Holder/Authorised Signatory

Date _____

Notes :
1. Charges, if applicable, will be debited to your account.
2. Please note that standing instructions would be executed in the order to set - up / request.
3. Execution of the standing instruction is subject to availability of funds in Funding Account on morning of execution date.
4. Start date is the date of commencement of standing instructions execution at the frequency selected.
5. A Bankers Cheque, if requested for, will be issued in favour of the beneficiary payable in the city where your Branch is. It will be sent to your mailing address as per our records within 3 working days of the execution day.
6. You may request for the same to be delivered directly to the Beneficiary by giving the beneficiary's mailing address. This option is available only if the mailing address is in India. Please note that while we will take full care to ensure delivery, we are not liable for losses / consequences if any, on account of postal/other delays outside our control.
7. In case the beneficiary's address is not filled, the Bankers Cheques, if requested for, will be sent to your mailing address as per our records.

For Bank Use Only

Signature verified by _____ Set-up/Cancellation Date _____

Approved by _____ Entered by _____

Authorised by _____

Surprise Verification - Date _____ Name and Employee Code _____

Signature of Employee _____ Remarks _____

Acknowledgement

We acknowledge the receipt of customer request 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)