

Application for whitelisting of Debit Card for International Transactions

Date: / / Service Request No.:

To,

Kotak Mahindra Bank Ltd.,

<Branch Name>

I, the undersigned Mr. / Mrs. / Ms. _____

Request you to whitelist my debit card/s for international transactions.

Details of my Debit card are mentioned as below:

CRN	Debit Card Number (Mention last 4 digits)	Account Number (Mention last 4 digits)

I understand / declare that:

- Once the card is whitelisted, I will be able to use the above mentioned debit card/s internationally to the extent of money available in my linked bank account.
- Bank shall place certain restrictions on the transactions conducted with the said card.
- Requests Kotak Mahindra Bank not to put such restrictions and to whitelist my Card ending with _____ for period from DD-MM-YYYY to DD-MM-YYYY, for usage in _____(country)
- I understand and agree to the risk associated with whitelisting the said card for specified period such as misuse or fraudulent use of the Card. I also understand and agree that any transaction conducted on the Card shall be subject to sufficient and <clear> balance in the said account maintained by me with the Bank.
- I agree to take full responsibility and liability arising out of any loss occurring, post excluding / whitelisting of my Debit Card, from any kind of fraud.
- In consideration of the Bank providing me the said facility of the Card and agreeing to my request as set out hereinabove in the said account, I ("the Indemnifier") does hereby agree to indemnify and hereby keep indemnified, harmless and saved, the Bank, its employees and agents ("the Indemnified"), against all or any actions, proceedings, losses, consequences, charges, demands, costs, claims, liabilities and expenses whatsoever, which may be incurred or suffered, taken or made against or arise against the Bank by reason of it acceding to the aforesaid request and acting in accordance with the aforesaid request.

Thanking You
Yours faithfully,

(Name & Signature of Card Holder)

Customer Acknowledgment Slip (to be filled in by Bank Official)Date: / /

Received a request from Mr. / Mrs. / Ms. _____ for whitelisting of debit card for international transactions.

KMBL _____ Branch

Signature of Bank Official with Bank Seal