

NRI - DORMANT ACCOUNT ACTIVATION / RE-KYC UPDATION FORM

 Date : / /

 Service Request No.:

 CRN:

 Latest photograph
(Mandatory)

 Customer Name:

CUSTOMER INSTRUCTIONS (Applicable only if account is dormant)

Dear Sir/Madam,

I/We request you to activate my/our Dormant accounts listed below:-

 Account number:

OR

 All accounts under above mentioned CRN with mode of operation singly/either or survivor/any one

The reason for no operation in the account _____

KYC information of Primary Holder

Please update the following information in your records. Also enclosed is the self-attested copy of my Passport and VISA / Permit / OCI / PIO

Passport Details	Passport Number <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Date of Issue <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	Date of Expiry <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	
VISA Details	VISA Type <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Date of Issue <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	Date of Expiry <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	
PAN				
Address				
Mobile Number (tick preferred option) Overseas <input type="checkbox"/> Indian <input type="checkbox"/>	ISD Code <input type="text" value="I"/> <input type="text" value="S"/> <input type="text" value="D"/> _____	Customer's Sign (in case of change in contact details)		

Email ID				
Occupation Type & Source of Income (Please tick any one option)	*Occupation Type		*Source of Income	
	<input type="checkbox"/> Retired		<input type="checkbox"/> Pension <input type="checkbox"/> Investment Income <input type="checkbox"/> Rental Income <input type="checkbox"/> Family Income	
	<input type="checkbox"/> Homemaker		<input type="checkbox"/> Family Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Rental Income	
	<input type="checkbox"/> Student		<input type="checkbox"/> Family Income <input type="checkbox"/> Investment Income	
	<input type="checkbox"/> Business/Professional/Self-Employed		<input type="checkbox"/> Business Income / Professional	
	<input type="checkbox"/> Farmer		<input type="checkbox"/> Agricultural Income	
	Service: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Govt.		<input type="checkbox"/> Salary Name of Organization _____	
Annual Income (INR) (Please tick any one option)	<input type="checkbox"/> 0-2 Lakhs <input type="checkbox"/> 2-5 Lakhs <input type="checkbox"/> 5-10 Lakhs <input type="checkbox"/> 10-25 Lakhs <input type="checkbox"/> 25-50 Lakhs <input type="checkbox"/> More than 50 Lakhs			
Profession (Please tick any one option)	<input type="checkbox"/> Finance <input type="checkbox"/> Art <input type="checkbox"/> Legal <input type="checkbox"/> Teaching <input type="checkbox"/> Agriculturist <input type="checkbox"/> Medical <input type="checkbox"/> Engineer <input type="checkbox"/> Management <input type="checkbox"/> Architect <input type="checkbox"/> IT <input type="checkbox"/> Others _____			

Note:

- If there is a change in your contact details, please ensure that your Re-KYC form & documents are only sent via Secured Mail (Net Banking) (Here's how: Help > Write to us (Inbox) > Raise a query > Product > Type > Sub Type) or in person at the branch.
- For mariners, in case the VISA / Permit is not available, CDC booklet issued by Govt of India and Indian/Merchant Navy declaration to be provided.

FATCA / CRS Declaration:

Part A			
		Yes	No
a.	Are you a citizen of any country other than India ? (dual/multiple [including Green card])	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is your Country of birth any country other than India ?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are you a Tax resident of any countries other than India ?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Do you have POA or a mandate holder who has an address outside India ?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Is your Address or Telephone number outside India ?	<input type="checkbox"/>	<input type="checkbox"/>
If your answer to any of the above questions is a 'YES', please fill Part B			

Part B		
*Address of Tax Residence _____		
		*City _____
*Country of Birth _____	Place within the Country of Birth _____	
<small>(In case Country of Birth is USA, however Nationality and Country of Tax Residency is other than USA, please provide documentary evidence)</small>		
Source of Wealth _____		Nationality _____
<small>Please list below the details, confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers.</small>		
<small>≠</small>	*Country of Tax Residency	Tax Identification Number ²
		Tax Identification Document (TIN or functional equivalent)
<small>*It is mandatory to supply a TIN or functional equivalent (in case TIN not available) if the country in which you are tax resident issues such identifiers. If no TIN / functional equivalent is yet available or has not yet been issued, please provide an explanation below: _____</small>		
<small>Please refer to below OECD website to identify the name of your Tax Identification Document https://web.archive.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/</small>		

I _____ being the beneficial owner of the account opened / to be opened with Kotak Mahindra Bank Limited and the income credited therein, declare that the above information and information in the submitted documents to be true, correct and updated, and the submitted documents are genuine and duly executed.

I acknowledge that towards compliance with tax information sharing laws, such as FATCA / CRS, the Bank may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from the account holder. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if the Bank does not receive a valid self-certification from me) the Bank may be obliged to share information on my account with relevant tax authorities. Should there be any change in any information provided by me I ensure that I will intimate the Bank promptly, i.e., within 30 days.

Towards compliance with such laws, the Bank may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, the Bank may also be constrained to withhold and pay out any sums from my account or close or suspend my account(s).

I also understand that the account will be reported if any one of the aforesaid FATCA / CRS criteria for any of the account holders i.e., account will be reported if criteria is met or not met?

I understand that any inaccurate, incomplete or false disclosure of statement of financial transaction or reportable account by me would lead to penal consequence on the Bank under applicable law. The Bank shall be entitled to take any necessary action and recover from me such amount levied due to such inaccuracy, incompleteness or false disclosure. I shall indemnify the Bank in respect of all or any liabilities incurred by Bank, by reason of any of the information or particulars given by me, being incorrect or false or being suppressed or omitted.

I / We, do hereby solemnly declare, that the information provided above with respect to my / our account is true, correct and complete and the said details may be updated in the Bank records.

Customer Signature: _____

Date: _____

Indicative List of Acceptable Valid Documents

Sr. No.	Name of the Document	Identity Proof	Address Proof
1.	Passport	Yes	Yes
2.	OCI/PIO	No	Yes
3.	Driving License	No	Yes
4.	AADHAAR (e-KYC authentication by the Bank) <small>Applicable only if visiting the branch in person</small>	No	Yes

Customer Acknowledgement Copy: (Applicable if submitted at the branch)

Service Request No: _____

 Acknowledgement Date:

D	D	/	M	M	/	Y	Y	Y	Y
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Signature of the Bank Official: _____

To be used for re-KYC update for joint holder(s)
CRN:

 Latest photograph
 (Mandatory)

Customer Name:
KYC Information of Joint Holder

Please update the following information in your records. Also enclosed is the self-attested copy of my Passport and VISA / Permit / OCI / PIO

Passport Details	Passport Number <input type="text"/>	Date of Issue <input type="text"/>	Date of Expiry <input type="text"/>	
VISA Details	VISA Type <input type="text"/>	Date of Issue <input type="text"/>	Date of Expiry <input type="text"/>	
PAN	<input type="text"/>			
Address	<input type="text"/>			
Mobile Number (tick preferred option)	ISD Code <input type="text"/>		Customer's Sign (in case of change in contact details)	
Overseas <input type="checkbox"/>	<input type="text"/>			
Indian <input type="checkbox"/>	<input type="text"/>			
Email ID	<input type="text"/>			
Occupation Type & Source of Income (Please tick any one option)	*Occupation Type		*Source of Income	
	<input type="checkbox"/> Retired	<input type="checkbox"/> Pension	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Rental Income <input type="checkbox"/> Family Income
	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Family Income	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Rental Income
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	<input type="checkbox"/> Business/Professional/Self-Employed	<input type="checkbox"/> Business Income / Professional		
	<input type="checkbox"/> Farmer	<input type="checkbox"/> Agricultural Income		
	Service: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Govt.		<input type="checkbox"/> Salary Name of Organization <input type="text"/>	
Annual Income (INR) (Please tick any one option)	<input type="checkbox"/> 0-2 Lakhs <input type="checkbox"/> 2-5 Lakhs <input type="checkbox"/> 5-10 Lakhs <input type="checkbox"/> 10-25 Lakhs <input type="checkbox"/> 25-50 Lakhs <input type="checkbox"/> More than 50 Lakhs			
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c.	Are you a Tax resident of any countries other than India?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Do you have POA or a mandate holder who has an address outside India?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Is your Address or Telephone number outside India?	<input type="checkbox"/>	<input type="checkbox"/>

If your answer to any of the above questions is a 'YES', please fill Part B

Part B		
*Address of Tax Residence <input type="text"/>		
		*City <input type="text"/>
*Country of Birth <input type="text"/>	Place within the Country of Birth <input type="text"/>	
<small>(In case Country of Birth is USA, however Nationality and Country of Tax Residency is other than USA, please provide documentary evidence)</small>		
Source of Wealth <input type="text"/>		Nationality <input type="text"/>
<small>Please list below the details, confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers.</small>		
*Country of Tax Residency	Tax Identification Number ¹	Tax Identification Document (TIN or functional equivalent)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>¹It is mandatory to supply a TIN or functional equivalent (in case TIN not available) if the country in which you are tax resident issues such identifiers. If no TIN / functional equivalent is yet available or has not yet been issued, please provide an explanation below:</small>		
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I / We, do hereby solemnly declare, that the information provided above with respect to my / our account is true, correct and complete and the said details may be updated in the Bank records.

Customer Signature: _____

Date: _____