

CUSTOMER RELATION FORM

(For Non-Resident Individual Only)
(To be filled in by Joint Applicant / Mandate separately)

Intentionally kept blank

Preferred Home Branch _____

PERSONAL DETAILS – APPLICANT

Joint Applicant Mandate

* Fields are Mandatory



Existing CRN Yes _____ (In case you have an existing relationship with the Bank) No (Please fill the details below)

Name (Title) _____ (First Name) _____ (Middle Name) _____ (Last Name) _____ (Upto 40 characters only)

*DOB (In case of minor, fill up the minor declaration form and attach proof of age) Status Resident NRI/PIO Foreigner

Nationality Indian Others _____ Category General OBC SC ST

*Religion Hindu Muslim Christian Sikh Zoroastrian Others _____

*Gender Male Female *Marital Status Single Married Others _____

*Mother's Maiden Name _____ Father's Name _____

Spouse's Name _____ PAN No. _____

Passport Details Passport No. _____ Date of Issue

Place of Issue _____ Date of Expiry

Visa Details Type of Visa _____ Date of Issue

Place of Issue _____ Date of Expiry

Education Non Graduate Graduate Post Graduate Professionally qualified Others _____ Please specify _____

Occupation Business Self employed Professional Salaried Student

Housewife Non-working Retired Others _____ Please specify _____

Profession Finance Art Legal Teaching Agriculturist Medical

Engineer Management Architect IT Others _____ Please specify _____

Annual Income < USD 30,000 USD 30000-48000 USD 48,000-72,000 USD 72,000-120000 > USD 120000

Residence Address in India

Flat Number/ Building _____ Street/ Block _____

Area _____ Landmark _____ *City _____

*Pin Code _____ *State _____ Country _____

Tel. No. STD _____ Tel. No. _____ Fax No. _____ *Mobile No. _____

Overseas Residence Address (all fields to be filled in compulsory)

Flat Number/ Building _____ Street/ Block _____

Area _____ Landmark _____ *City _____

*Pin Code _____ *State _____ *Country _____

Tel. No. ISD _____ Tel. No. _____ Fax No. _____ *Mobile No. _____ with ISD code

*Email Address _____

*Preferred Mailing Address Indian Address Overseas Residence Address (Address proof mandatory for the mailing address selected)

(Debit Card/PIN/Password mailers will be sent to the preferred mailing address of each applicant. Account Statement/Cheque Book will be sent to preferred mailing address of the first applicant only)

Alternate Contact Details

Name : _____

Relationship : _____ Telephone No. _____ STD/ISD-Tel No. _____ *Mobile No. _____ with ISD code

*Email Address _____

I hereby agree for the bank to contact the above alternate person on the above coordinates in case where the bank is not able to reach me either through in person/mail/phone.

CHANNEL ACCESS REQUEST

I wish to apply for access to the following Channels

	2nd APPLICANT			
	PB	NB	*DC	PG
Deposit Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Account(s)#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Access to Payment Gateway will give automatic access to Net Banking, Direct Pay, Online Shopping and all other Gateway services that may be introduced by the Bank as per regulatory guidelines from time to time.

Mandate in favour of Bank to be executed to avail transaction facility on Net Banking and Phone Banking for Investment Account(s).

Mandate holders will get restricted channel access

@ PRIVY League customers will be offered the default Debit Card, if chosen by the customer.



Deposit Accounts include Current / Savings / Term Deposits



INTRODUCTION DETAILS (Introduction by existing account holder)

Introduction to be provide by existing account holder or documents as per checklist.

 Introducer Name

 Customer Relationship No. Account No. (Client ID in case of demat)

I confirm that I am an account holder of Kotak Mahindra Bank Ltd. for the past _____ months and personally know the applicant fro more than _____ months and confirm his/her identity and address as stated above.

Signature of the Introducer _____

DECLARATION

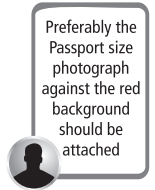
The particulars contained herein shall be valid for all accounts opened by me/us or to be opened by me/us hereafter either singly or with other(s) and/or by me/us in any representative capacity with your Bank unless informed to you otherwise. I have read and understood the Terms and Conditions relating to various services and products as also conditions prescribed herein as also including, but not limited to (a) ATMs (b) Phone Banking (c) Debit Card (d) Net Banking. I accept and agree to be bound by the said Terms and Conditions including those excluding / limiting the Bank's liability. I understand that the Bank may at its absolute discretion, discontinued any of the services completely or partially without any notice to me. I agree that the Bank may debit my account for service charges as applicable from time to time.

 Signature of the Applicant _____ Date & Place _____
 (If the applicant is minor, guardian to sign)

1. The Net Banking, Phone Banking and Payment Gateway access, if applied for, is applicable for all Deposit Accounts existing or to be opened in future.
2. Net Banking and Phone Banking access, if applied for, is applicable for all Investment Accounts existing or to be opened in future
3. Transaction right is subject to the customer executing and granting Power of Attorney in favour of the Bank as required from time to time.
4. Channel access for MF Investment (2-Way Sweep) is restricted to view or enquiry rights on Phone Banking and Net Banking
5. All account(s) existing or to be opened in future will be linked to the Debit Card/Payment Gateway. Customer to give specific instructions if he/she wishes to de-link any account(s).
6. Payment Gateway facility is provided as per the terms and conditions of the Bank and regulatory guideline as applicable from time to time.

PHOTOGRAPHS & SIGNATURE

Joint/Mandate Holder

 CRN:


 * Name
FOR BANK USE ONLY

Source Code	<input type="text"/>	Mandate	<input type="checkbox"/> NRE A/c	<input type="checkbox"/> NRO A/c	<input type="checkbox"/> Both	Checked by	<input type="text"/>
Lead Generator Code	<input type="text"/>	App Temporary VISA	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Created by	<input type="text"/>
Lead Convector Code	<input type="text"/>	POA Executed	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Entered by	<input type="text"/>
RM Code	<input type="text"/>	Customer Sub-Classification	<input type="checkbox"/> Key	<input type="checkbox"/> Associate		Authorised by	<input type="text"/>
						Branch	<input type="text"/>

 Account Sourcing Date Customer Relationship No. Finacle Customer ID

 Name of company with corporate ID Code
Documents Collected:

 Applicant 1: DL IND PASS OVERSEAS PASS ELE_ID PAN PHOTO_CR ID_DOC L_L RATION VISA
 UTILITY PASSBOOK MARRIAGE CERT VALID CTR MID OTHERS