

**Customer Relationship Form**

Paste your  
Photograph  
here

**Personal Details**
**Name**

(Mr./Ms./Dr.)	(First name)	(Middle Name)	(Last Name)

**Short Name**   
(This Name will appear on the Debit Card)
**Date of Birth**   
(In case of Minor, fill up the minor declaration form and attach proof of age.)
**Gender**      Male      Female

**Marital Status**    Single      Married

**Nationality**    Indian    Others \_\_\_\_\_

**Father's Name** 
**Mother's Maiden Name** 
**Spouse's Name** 
**PAN/GIR No.** 
**IT Circle/Ward/District No.** 
(If not available, please fill up Form 60/61 as applicable)
**Driving Licence No.** 
**Passport No.** 
**Education**    Non Graduate     Graduate     Post Graduate     Others \_\_\_\_\_

**Mailing Details**
**Building/Company Name** 
**Street/Block** 
**Area** 
**City** 
**Pin Code** 
**Telephone No.** 
**Fax No.** 
**Mobile Number** 
**Email Address**

## Channel Access Request

I wish to apply for access to the following Channels

	Phone Banking	Net Banking	Debit Card	Payment Gateway*
Deposit Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demat Account(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Investment Account(s)	<input type="checkbox"/>	<input type="checkbox"/> #		

# Power of Attorney in favour of Bank to be executed to avail transaction facility on Net Banking for Investment Account(s).

\* This facility requires Net Banking access.

### Introduction Details

Introduction to be provided by existing account holder, or documents as per checklist to be attached for each applicant.

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 for 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 or to be opened by me hereafter either singly or with other(s) and / or by me in any representative capacity with the 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 (e) Payment Gateway. 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, discontinue 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 rights are 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. The channel access for Demat Accounts is restricted to view or enquiry rights and is subject to all the applicants of the Demat Account signing the declaration.
6. 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).
7. Payment Gateway facility is provided as per the terms and conditions of the Bank and regulatory guideline as applicable from time to time.

### For Bank Use Only

	1st Applicant	2nd Applicant	3rd Applicant
Customer Relationship Number			
Flex Customer ID			

Branch \_\_\_\_\_

Salary Account Number \_\_\_\_\_

Account Sourcing Date (dd/mm/yy) \_\_\_\_\_

Reimbursement Account Number \_\_\_\_\_

Source Code \_\_\_\_\_

Overdraft Account Number \_\_\_\_\_

Lead Generator Code \_\_\_\_\_

Date Account opened \_\_\_\_\_

Lead Convertor Code \_\_\_\_\_

Created by \_\_\_\_\_

RM Code \_\_\_\_\_

Entered by \_\_\_\_\_

Checked by \_\_\_\_\_

Authorised by \_\_\_\_\_

Name of company with corporate ID Code \_\_\_\_\_

POA Executed (Yes / No) \_\_\_\_\_