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PMS REDEMPTION REQUEST/SWITCH REQUEST

PMS Account details:
Name of Account holder(s):
PMS Code: Product Name
Redemption details:
Part Redemption Full Redemption Switch to (Product Name eg. CCP/KCP/STP)
Reason for Redemption:
Amount in figures:
Amount in words:
Payout Option: (Not applicable for Switch)
A) STOCK TRANSFER:
DP ID
CLIENT ID
(Note: Stock transfer option is not available for Part Redemption)
B) BANK TRANSFER:
Client Name as per
Bank Account Number:
Account Type: IFSC Code:
Bank Branch &
Bank Name: Address (Note: Funds will be transferred after deducting all fees and statutory charges.)
Fee Recovery Option: Tick only if you have selected Stock Transfer in Payout Option.
Recover by Selling Stocks Bank Transfer
Would you like to Close Demat / Bank / Trading account?
Yes No
Name & Signature(s)
(First Account Holder) (Second Account Holder) (Third Account Holder)
Date:
Place:
Encl: - a) Personalized cancel cheque leaf attached.b) CMR Copy Stamped by DP & attested by authorized Person of DP

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Annexure												
Sr. No	Scrip Name	Quantity										

Name & Signature(s)

(First Account Holder)

(Second Account Holder)

(Third Account Holder)

Date: Place:



ANNEXURE Q

APPLICATION FOR CLOSING AN ACCOUNT

(For Beneficiary Account only – Individual/Non Individual)

То,		DP ID: IN303173
Kotak Mahindra Bank Limited		Date D D M M Y Y Y
Kotak Infinity,6 th Floor,Bldg No 21,Infinity Park,		
Off Western Express Highway, Dindoshi, Malad (East) Mumbai 400 097		
1. I / We hereby request you to close my/our	account with you as per following	details:
Name of the holder(s)		
Sole/ First Holder		
Second Holder		
Third Holder		
2. Reason/s for Closure of depository account	t:	
3. Client ID (of account to be closed)		
4. Please tick the applicable option(s)		
Option A [There are no balances / holdings in th	is account]	
Option B [Transfer the balances / holdings in this	account as per details given]	
Transfer to my / our own account (Provide NSDL/CDSL logo)	target account details and enclose Clier	nt Master Report of Target Account with
Transfer to any other account <i>(Submit duly fill</i>	ed Delivery Instruction Slip signed by all l	holders)
Target Account Details		
NSDL - DP ID	Client ID	
CDSL - Client ID	(16-digit Demat ac	count number needs to be mentioned)
Option C [Rematerialise / Reconvert (Submit du	ly filled Remat / Reconversion Request Fo	orm-for mutual fund units)]
F Simulture (stores of the experimention)		
5. Signature (stamp of the organisation)		
Sole / First Holder	Second Holder	Third Holder
Instructions: 1) Incase of joint holdings, all holde	ers must sign the application	
2) Please strike off as N.A whatever		
2) Please strike off as N.A whatever	is not applicable.	
	Acknowledgement	
	-	·
We hereby acknowledge the receipt of the your requ	est for closing the following Account sub	ject to verification:
DP ID Client ID		
Name of Sole / First Holder		
Name of Second Holder		
Name of Third Holder		
Signature of the Authorised Signatory		
Date	Seal/ Stamp of Part	icipant



Kotak Infinity, 8th Floor, Bldg; No.21,Infinity Park, Off Western Express Highway, Goregaon Mulund Link Road, Malad – (E), Mumbai – 400 097 ◀ (022) 4285 6825

DATE D D M M Y Y Y

For Office Use Only	:	
CRM Query No	:	

APPLICATION FOR CLOSING AN TRADING/ DEMAT ACCOUNT (Resident Individual)

To, Kotak Securities Ltd.

Kotak Infinity , 8th Floor, Bldg; No.21, Infinity Park, Off Western Express Highway, Goregaon Mulund Link Road, Malad – (E), Mumbai – 400 097.

Dear Sir/Madam,

*FATCA Declaration: I/We confirm that our Country of Birth/Nationality/Citizenship/Tax Residency/Address/Telephone number/ Address of POA or Mandate holder is of India Yes No. (If answer to your question is 'No', then please provide the complete FATCA declaration)

1. I / We hereby request you to close my/our account with you as per following details:

	Name of the holder(s)
Sole/ First Holder	
Second Holder	
Third Holder	
2 Decembra for Cleaure	of Trading / dependence accounts

2. Reason/s for Closure of Trading/ depository account:

3. Client ID (of a	ccou	int to	be d	clos	ed)						
Trading Code						Demat Account No.					DP ID : IN300214

4. Please tick the applicable option(s)

Option A [T]	Option A [There are no balances / holdings in this account]														
Option B [Transfer the	Transfer to my / our own account (Provide target account details and enclose Client Master Report of		Targe	t Aco	coun	t Det	ails								
balances / holdings in	Target Account)	NSDL	DP ID												
this account as per details			Client												
given]	o signed by allholder(s) or		ID												
5 .	o signed by POA holder(s)														
Option C [I	Rematerialise / Reconvert (Submit duly filled Re	emat / Reconve	ersion Red	quest	Forn	n for i	mutua	al fun	id un	its)]					

5. Mobile number/ Landline Number

Please do the needful at the earliest and arrange to refund the balance (if any) in the said Trading account.

I agree with the Ledger balance And/ Or Stock lying in my trading code and Demat account as on the said date and have no dispute with respect to the said accounts 6 Signature(s)

o. orginature(o)			
4		4	
Sole / First Holder	Second Holder	Third Holder	

Instructions: 1. Please surrender all unutilized Instruction Slips along with this Closure Request. 2. Account will be closed, subject to NO HOLDINGS and SIGNATURE VERIFICATION as on records. 3. In case of joint holders, all holders must sign. 4. Please clear the DP dues if any. 5. In case of any Mutual Fund holdings at the time of closure, you may either redeem the same or get it transferred (Note: The ARN shall be changed from Kotak Securities Limited (KSL) to the target distributor's ARN, as specified by you or to the offline ARN of KSL if no ARN is mentioned by you on conversion request) 6. In case of closure cum transfer case, the BO should submit duly certified (signed and stamped) Client Master Report (CMR) obtained from the target Participant.

Acknowledgement	
Ve hereby acknowledge the receipt of the your request for closing the following Account subject to verification: having client id - DP ID -IN300214	
Trading Code Date D M M Y	YYY
lame of Sole / First Holder :	
Seal/ Stamp of Participant	
Your request will be processed within a tentative period of 10 working days from the date of receipt of complete documents. In case of queries regarding the status of the r We request you to call on Customer Service No. 1800 209 9191 / 1860 266 9191 . Demat related complaints write at https://www.ks.dom For any other queries or complaints write at service.securities@kotak.com	equest,



Kotak Mahindra Bank

Closure of Savings / Current / Investment Account

(Please fill in Capital Letters only)

				Siebel Req	juest No.
For Bank Use:					
Customer Account Type:					
Wealth] Privy	🗌 Resident Individu	al	🗌 Non	n Individual
l/We					Date D D M M Y Y Y Y
Mr./ Ms.	FIRST NAME		MIDDLE NAME		
Mr./ Ms.	FIRST NAME		MIDDLE NAME		AST NAME
hereby request you to close	my / our Account Numbe	er			
located at			branch	and pay the	e balance as follows:
Credit to my/our other	account number			(К	Cotak Bank Account only)
Send Demand Draft to	my/our registered mailing	address on record			
Collect DD at				branch	
RTGS / NEFT***					
		Destroyed	Encle	osed	
Debit Card(s)					
Unused Cheque(s)					
Un-presented cheques will n	not be honoured after the	account is closed and	the Bank will	not be liable	e / responsible for the return / dishonour of the same.
□ I/We agree to pay adva TERM DEPOSITS – For matu	count(s) separately other Kotak account num ince payment of Rs. 3000 urity/interest payments or	ber handatory if the De	mat Account is	s not linked	to other Kotak Account)
Credit my/our other Ko	tak account number				
Pay by Demand Draft p	ayable at				to my/our registered mailing address on record
RTGS / NEFT***					
ActivMoney 2 Way Sweep Term Deposit	Delink (oper	ate as a standalone)		Liquidate	
Credit my/our other Ko	tak account number				
 Pay by Demand Draft p. RTGS / NEFT*** 	ayable at				to my/our registered mailing address on record
Investment Account					
Close the following Acco	ounts				
A C C O U N T	N 0 1	A C C O U	N T N O	2	A C C O U N T N O 3
Lockers (if applicable)	Locker No				
Surrender		/our new Kotak Acco	unt		
Please delink all other li	i nkages as well.				
The reason I / We wish to c	:lose my/our account (Ple	ase give a brief indica	tion of the rea	ason for clos	ure) Reason Code

***RTGS / NEFT																																		
Beneficiary A/c No.																																		
Beneficiary Name																																		
Beneficiary Bank Name																																		
Beneficiary Branch Name																																		
Beneficiary Bank IFSC Code			Ī														Be	ene	efic	iar	yВ	anł	κ Α	/c.	Тур	be [Τ	Τ		 		
\Box I /We declare that above	. de	+	ile	250	. +r	 	- d	~~r	roc	+ ~	nd	+h/	 ~~~~	 + ic	in	m	10		n - r	<u>_</u>														

 \Box I /We declare that above details are true and correct and the account is in my/our name.

Signature(s) (Guardian in case of Minor)

1st Account Holder 2nd Account Holder	3rd Account Holder	4th Account Holder
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(For Non-Individual customers, signatures as per MOP required. For Individual customers, all the account holders need to sign.)

Please Note:

- For closure of Investment Account, investments will continue with AMC and customer can approach AMC directly for future services •
- Phone Banking PIN, Net Banking PIN and Debit Cards issued to customers will be de-linked from the accounts closed above. In case the customer holds • any other account in addition to the account being closed, he/she need not surrender/destroy the PINs, Debit Card as they will continue to be linked to any such accounts held by the customer as per original instructions

For Bank Use only Branch use section (For all applicants) Cheque book collected/destroyed Debit card collected/destroyed Locker surrendered Attrition Control Form attached Dated	Yes	N.A.	CPC / RPC use section (For all applicants) OD Limit zeroised Demat account closed Memos checked and actioned Account in TOD: 009 (To Zeroise Account) ** **If Yes, approval as per delegation matrix require	Yes N.A.
Documents sent to RPC/CPC on D D M Y Y Signature Verified by (Sign & Emp. Code)			Input	Authorizer

Acknowledgement Slip

We acknowledge the receipt of Account Closure instruction from Mr. /Mrs. / Ms ____

relating to customer relationship number ____

_____ under service request number ___

Bank Official (Sign and stamp) For Kotak Mahindra Bank Ltd.,