



Kotak Securities Ltd. Kotak Infinity, 8th floor, Building No 21, Infinity Park, Off Western Express Highway,  
Gen A. K. Vaidya Marg, Malad (E), Mumbai - 400097.

### KRA KYC COMMON UPDATION FORM A - NON - INDIVIDUAL

☐ Trading code  ☐ Demat Account No.

DP ID :No.  Date :  /  /

KNOW YOUR CLIENT (KYC) ☐ NEW ☐ CHANGE REQUEST Acknowledgment No. : \_\_\_\_\_

Please fill this form in ENGLISH and in BLOCK LETTERS.

Please tick ☒ the appropriate now where CHANGE/CORRECTION is required IDENTITY DETAILS MANDATORY

### Branch Inward Details

Recd on

Emp Name

Emp ID

Emp Sign

Branch Name

### 1. ENTITY DETAILS

Name\* \_\_\_\_\_

**Entity Constitution Type:** ☐ Private Ltd.Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust ☐ Liquidator ☐ Charities

☐ FI ☐ FII ☐ HUF ☐ AOP ☐ Bank Government Body ☐ Non-Government Organization ☐ Society ☐ BOI

☐ Defence Establishment ☐ LLP ☐ Mutual fund ☐ Portfolio Managers ☐ Other \_\_\_\_\_ Please (Specify)

Date of Incorporation / Formation\*  /  /

Date of Commencement of Business  /  /

Place of Incorporation / Formation\*

Country of Incorporation / Formation\*

TIN or Equivalent Issuing Country  PAN\*

☐ Form 60 furnished

TIN / GST Registration Number \_\_\_\_\_

### 2. PROOF OF IDENTITY (PoI)\* (Please refer instruction A)

☐ Officially valid document(s) in respect of person authorised to transact

☐ Certificate of Incorporation / Formation ☐ Registration Certificate  Regn Certificate No

☐ Memorandum and Articles of Association ☐ Partnership Deed ☐ Trust Deed

☐ Resolution of Board/ Managing Committee ☐ Power of attorney granted to its manager, officers or employees to transact on its behalf

### 3. ADDRESS\* (Please see instruction B)

#### 3.1 Registered Office Address/ Place of Business\*

Proof of Address\* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☐ Other Document \_\_\_\_\_

Line 1 \*

Line 2

Line 3

City / Town / Village\*

District\* \_\_\_\_\_ PIN / Post Code\* \_\_\_\_\_ State / U.T.\* \_\_\_\_\_ Country\* \_\_\_\_\_

#### 3.2 Local Address in India (If different from Above)\*

☐ Other Document \_\_\_\_\_

Line 1 \*

Line 2

Line 3

City / Town / Village\*

District\* \_\_\_\_\_ PIN / Post Code\* \_\_\_\_\_ State / U.T.\* \_\_\_\_\_ Country\* \_\_\_\_\_



Date

### ACKNOWLEDGEMENT

1 Address Yes ☐ No ☐ CRM Query ID 1

2 Mobile No./Phone No. Yes ☐ No ☐ CRM Query ID 2

3 Email Id Yes ☐ No ☐ CRM Query ID 3

Name of the Employee \_\_\_\_\_ Employee Code \_\_\_\_\_

From \_\_\_\_\_

having Trading Code

Client Id

For Kotak Securities Ltd. (Company Seal)

Employee Signature

Your request will be processed within a tentative period of 7 days from the date of receipt of complete documents. In case of queries regarding the status of the request, We request you to call on Customer Service No. 1800 209 9191 / 1860 266 9191. Demat related complaints write at ks.demat@kotak.com for any other queries or complaints write at service.securities@kotak.com.



Signature

X Initials

! Note

✓ Tick

A Capital Letters

**Signature Required****4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C)**

Tel. (Off)  -  FAX  -

Mobile  -  Email ID

SMS Flag ☐ Yes ☐ No

The mobile number mentioned here belongs to Name \_\_\_\_\_

☐ Authorised Person (Corporate) ☐ Trustee ☐ KARTA ☐ Co-parcener ☐ Partner PAN 

The email ID mentioned here belongs to Name \_\_\_\_\_

☐ Authorised Person (Corporate) ☐ Trustee ☐ KARTA ☐ Co-parcener ☐ Partner PAN 

Notes:-

- In case of HUF, Karta or any of the Co-parceners as per prior approval of Karta
- In case of Partnership firm, any of the partners as per prior approval of all / authorised partners
- In case of a Trust, any of the trustees or beneficiaries as per resolution passed by the Trust.
- In case of Corporates, the Authorised person operating the trading account as per the Board Resolution passed by the Corporate

**OTHER DETAILS of Account Holder** Gross Annual Income Details (please specify):

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| Income Range per annum*                                    | <input type="checkbox"/> Below ₹1 lac <input type="checkbox"/> ₹ 1-5 lac <input type="checkbox"/> ₹ 5 -10 lac <input type="checkbox"/> ₹ 10 -25 lac <input type="checkbox"/> ₹ 25 lac - 1 crore |  |  |  |  |
|  | <input type="checkbox"/> More than ₹ 1 crore as on DD / MM / YYYY   |  |  |  |  |
| Net-worth in ₹ (Net worth should not be older than 1 year) | as on DD / MM / YYYY  |  |  |  |  |

**5. NUMBER OF RELATED PERSONS**  (Please refer instruction D)**6. REMARKS** (If any)**7. APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS / Email on the above registered number/email address.



Date : DD / MM / YYYY Place : \_\_\_\_\_

Signature/ Thumb Impression of Authorised Person(s)

**8. ATTESTATION/ FOR OFFICE USE ONLY**

Ver.4 (Sept 2021)

Documents Received ☐ Certified Copies ☐ Equivalent e-document

| KYC VERIFICATION CARRIED OUT BY                     |                       | INSTITUTION DETAILS   |                  |                     |                |
|---|-----------------------|-----------------------|------------------|---------------------|----------------|
| Identity Verification <input type="checkbox"/> Done | Date : DD / MM / YYYY | Name of Institution   |                  | Code of Institution |                |
| Emp. Name _____                                     |                       | Kotak Securities Ltd. | NSE Code - 08081 | BSE Code - 673      | MSE Code -1024 |
| Emp. Code _____                                     |                       |                       | MCX - 56285      | NCDEX - 1262        |                |
| Emp. Designation _____                              |                       | Institution Stamp     |                  |                     |                |
| Emp. Branch _____                                   |                       |                       |                  |                     |                |
| Employee Signature                                  |                       |                       |                  |                     |                |



Signature



Initials



Note



Tick



Capital Letters

**KRA KYC COMMON UPDATION FORM A - NON - INDIVIDUAL**☐ Trading code ☐ Demat Account No. 

1

DP ID :No.       Date :   /   /    

KNOW YOUR CLIENT (KYC) ☐ NEW ☐ CHANGE REQUEST Acknowledgment No. : \_\_\_\_\_

Please fill this form in ENGLISH and in BLOCK LETTERS.

Please tick ☒ the appropriate now where CHANGE/CORRECTION is required IDENTITY DETAILS MANDATORY

### Branch Inward Details

Recd on

Emp Name

Emp ID

Emp Sign

Branch Name

## Annexure A2 | Legal Entity | Other than Individuals

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person - Authorised signatory 1 of Company / Firm / Trust / Other (Please specify) \_\_\_\_\_**

## Important Instructions

- A) Fields marked with '\*\*' are mandatory fields.  
B) Tick '✓' wherever applicable.  
C) Please fill the date in DD-MM-YYYY format.  
D) Please fill the form in English and in BLOCK letters.  
E) KYC number of applicant is mandatory for update application.

## For Office Use Only

**Application Type\*** ☐ New ☐ Update ☐ Delete

**KYC Number** (To be filled by financial institution)             (Mandatory for KYC update and delete request)

### 1. DETAILS OF RELATED PERSON (Please refer instruction D)

- ☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KYC Number of Related Person (if available\*)             If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

## Related Person Type\*

- ☐ Director
 ☐ Promoter
 ☐ Karta
 ☐ Trustee
 ☐ Partner
 ☐ Court Appointment Official
 ☐ Beneficiary  
☐ Authorised Signatory
 ☐ Beneficial Owner
 ☐ Power of Attorney Holder
 ☐ Other Please (Specify)

DIN (Director Identification Number)  (Mandatory if Related Person Type is Director)

### 1.1 PERSONAL DETAILS (Please refer instruction A)

|                         |  |            |             |           |
|-------------------------|--|------------|-------------|-----------|
| Name*(Same as ID proof) | Prefix   | First Name | Middle Name | Last Name |
| Maiden Name (if any)    | Prefix   | First Name | Middle Name | Last Name |
| Father/Spouse Name*     | Prefix   | First Name | Middle Name | Last Name |
| Mother Name             | Prefix   | First Name | Middle Name | Last Name |
| Date of Birth*          | <div> <div>DD</div> <div>/</div> <div>MM</div> <div>/</div> <div>YYYY</div> </div>   |            |             |           |
| Gender*                 | <div> <input type="checkbox"/> M - Male             <input type="checkbox"/> F - Female             <input type="checkbox"/> T - Transgender         </div>  |            |             |           |
| Nationality*            | <div> <input type="checkbox"/> IN - Indian             <input type="checkbox"/> Others             Country Code <div></div> </div>   |            |             |           |
| Pan*                    | <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <input type="checkbox"/> Form 60 furnished         </div> |            |             |           |

## 1.2 PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction B)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- [illegible]

PHOTO\*

Address: Line 1\*

Line 2

| Line 3 | Landmark (If any) |
|--------|-------------------|
|        |                   |

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_

PIN/ Post Code\*  State / U.T\*  Country\*

**Signature Required****1.2 CURRENT ADDRESS\*** (Please refer instruction B )

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport No.  
☐ B-Voter ID Card  
☐ C-Driving Licence  
☐ D-NREGA Job Card  
☐ E-National Population Register Letter  
☐ F-Proof of Possession of Aadhaar  
 II ☐ E-KYC Authentication  
 III ☐ Offline verification of Aadhaar  
 IV ☐ Deemed PoA  
 V ☐ Self Declaration

Address: Line1\*

Line 2

Line 3

Landmark (If any)

City /Town /Village\*

District\*

PIN/ Post Code\*

State / U.T\*

Country\*

**1. 4 CONTACT DETAILS** (All communication will be sent on provided mobile no./ Email-ID) (Please refer instruction C)

Tel.(Off.) 9 1 S T D Tel.(Off.) 9 1 S T D Mobile 9 1 -

E-mail ID

**2. APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS / Email on the above registered number/email address.

Signature /Thumb Impression of Applicant



Date:

Place:

**3. ATTESTATION/ FOR OFFICE USE ONLY**

Ver.4 (Sept 2021)

Documents Received : ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification  
☐ Digital KYC process ☐ Equivalent e-document

**KYC VERIFICATION CARRIED OUT BY**

Identity Verification ☐ Done Date : D D / M M / Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Employee Signature

**INSTITUTION DETAILS**

| Name of Institution   | Code of Institution |                |                |
|-----------------------|---------------------|----------------|----------------|
| Kotak Securities Ltd. | NSE Code - 08081    | BSE Code - 673 | MSE Code -1024 |
|                       | MCX - 56285         | NCDEX - 1262   |                |

Institution Stamp

\*Attach additional Annexure if required.



Signature X Initials



Note



Tick



Capital Letters



## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

## A. IMPORTANT POINTS:

- Self attested copy of PAN card is mandatory for all clients, Including Promoters / Partners / Karta / Trustees and whole time directors and persons authorised to deal in securities on behalf of company/ firm / others.
- Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorised for attesting the documents, as per the below mentioned list.
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card / OCI Card and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository participant or Mutual Fund, for a minor, photo copy of the School Leav in Certificate/ Mark sheet is sued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.
- Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government judica / military officers, senior executives of state owned corporations, important political party of officials, etc.

## A) Clarification / Guidelines for filling 'Proof of Identity [Pol]' section

- Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

## B) Clarification / Guidelines for filling 'Proof of Address [POA]' section

- State / U.T Code and Pin/ Post Code will not be mandatory for Overseas addresses.
- Certified copy of document or equivalent e-document to be submitted.

## C) Clarification / Guidelines for filling 'Contact Details' section

- Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- Do not add '0' in the beginning of Mobile number.

## D) Clarification / Guidelines for filling 'Related Person Details' section

- Personal Details
  - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Proof of Address [POA]
  - POA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
  - State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
  - In case of deemed POA such as utility bill, the document need not be uploaded on CKYCR
  - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

## E) Exemptions / Clarifications to PAN ('Sufficient documentary evidence in support of such claims to be collected.')

- In case of transactions under taken on behalf of Central Government and / of State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
- Investors residing in the state of Skkim.
- UN entities / multilateral agencies exempt from paying taxes / filing tax returns in India.
- SIP of Mutual Funds upto Rs. 50,000/-p.a.
- In case of institutional clients, namely, FIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

## F) List of people authorised to attest the documents :

- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial / Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- In case of NRIs, authorised officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy / Consulate General in the country where the client resides are permitted to attest the documents.

## G) In case of Non-Individuals, additional documents to be obtained from non-individuals, over &amp; above the POI &amp; POA, as mentioned below :

## H) In case you wish to have direct Access Facility with the new Bank Account and Power Of attorney has not been registered against this Account, please submit a copy of the "Linking Letter" to your Bank for linking the same. Please note that in absence of the same, you will be unable to transfer funds to your Trading Account.

## I) Mode of Receiving Statement of Account

Note : For receiving Statement of Account in electronic form:

- Client must ensure the confidentiality of the password of the email account.
- Client must promptly inform the Participant if the email address has changed.
- Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.

| Types of entity                                     | Documentary requirements   |
|---|--|
| Corporate   | <input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year).<br><input type="checkbox"/> Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year).<br><input type="checkbox"/> Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations.<br><input type="checkbox"/> Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.<br><input type="checkbox"/> Copies of the Memorandum and Articles of Association and certificate of incorporation.<br><input type="checkbox"/> Copy of the Board Resolution for investment in securities market,<br><input type="checkbox"/> Authorised signatories list with specimen signatures, |
| Partnership firm                                    | <input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year).<br><input type="checkbox"/> Certificate of registration (for registered partnership firms only).<br><input type="checkbox"/> Copy of partnership deed.<br><input type="checkbox"/> Authorised signatories list with specimen signatures.<br><input type="checkbox"/> Photograph, POI, POA, PAN of Partners  |
| Trust   | <input type="checkbox"/> Copy of the balance sheets for the last 2 financial years (to be submitted every year).<br><input type="checkbox"/> Certificate of registration (for registered trust only).<br><input type="checkbox"/> Copy of Trust deed.<br><input type="checkbox"/> List of trustees certified by managing trustees/CA<br><input type="checkbox"/> Photograph, POI, POA, PAN of Trustees.  |
| HUF   | <input type="checkbox"/> PAN of HUF<br><input type="checkbox"/> Deed of declaration of HUF/ List of coparceners.<br><input type="checkbox"/> Bank pass-book/bank statement in the name of HUF.<br><input type="checkbox"/> Photograph, POI, POA, PAN of Karta.   |
| Unincorporated association or a body of individuals | <input type="checkbox"/> Proof of Existence/Constitution document.<br><input type="checkbox"/> Resolution of the managing body & Power of Attorney granted to transact business on its behalf.<br><input type="checkbox"/> Authorised signatories list with specimen signatures.   |
| Banks / Institutional Investors                     | <input type="checkbox"/> Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.<br><input type="checkbox"/> Authorised signatories list with specimen signatures.  |
| Foreign Institutional Investors (FII)               | <input type="checkbox"/> Copy of SEBI registration certificate.<br><input type="checkbox"/> Authorised signatories list with specimen signatures.  |
| Army/Government Bodies                              | <input type="checkbox"/> Self-certification on letterhead.<br><input type="checkbox"/> Authorised signatories list with specimen signatures.   |
| Registered Society                                  | <input type="checkbox"/> Copy of Registration Certificate under Societies Registration Act.<br><input type="checkbox"/> List of Managing Committee members,<br><input type="checkbox"/> Committee resolution for persons authorised to act as authorised signatories with specimen signatures.<br><input type="checkbox"/> True copy of Society Rules and Bye Laws certified by the Chairman/Secretary   |



Signature

X Initials



Note



Tick



A Capital Letters



Signature Required

**kotak**  
SecuritiesKotak Securities Ltd. Kotak Infinity, 8th floor, Building No 21, Infinity Park, Off Western Express Highway,  
Gen A. K. Vaidya Marg, Malad (E), Mumbai - 400097.**KRA KYC COMMON UPDATION FORM B - NON - INDIVIDUAL****Branch Inward Details**Recd on  
Emp Name  
Emp ID  
Emp Sign  
Branch NameName \_\_\_\_\_ Date          ☐ Trading code       ☐ Demat Account No.           DP ID : IN300214☐ 1. REQUEST FOR BANK DETAILS UPDATION/RTGS FACILITY☐ Change☐ Addition (Only for trading)

CRM Query ID 4

I want to avail RTGS/NEFT Facility : ☐ Yes ☐ No Default mapping ☐ Yes ☐ No

Bank Name: \_\_\_\_\_

Branch Address : \_\_\_\_\_ City : \_\_\_\_\_ Pin Code :      IFSC Code of beneficiary bank             MICR Code :        Bank A/c No. \_\_\_\_\_ Bank A/c Type : ☐ Saving ☐ Current

Full name of First Holder in the Bank \_\_\_\_\_

Full name of Second Holder in the Bank \_\_\_\_\_

Full name of Third Holder in the Bank \_\_\_\_\_

I am enclosing the following documents as proof that the aforesaid account belongs to me:

1. Cancelled personalized cheque leaf of the above mentioned Bank Account and
2. Bank statement/Bank Passbook copy of the same.
3. In case Bank Account in Joint Name NOC from Account holder is required.

A/c Type : ☐ Online ☐ Offline ☐ Bank Name : ☐ KMBL ☐ Other Bank ☐

In Case Existing Bank a/c is being replaced with KMBL A/c then read the Point # "H" given in "Instruction / Check List for Filling KYC Form"

☐ 2. Mode of Receiving Statement of Account (Tick any one) Please reference instruction 'I'

CRM Query ID 5

☐ Physical Form ☐ Electronic Form (Read the point 'I' and ensure that email id is provided in KYC application form)☐ 3. Request Form for Accepting Contract Notes and other Communication through Electronic mode and on Mobile Phone: (Only for trading)

Email ID: \_\_\_\_\_ CRM Query ID 6

I/We hereby agree to receive: (Please tick any one) Mobile        ☐ Contract notes and other communication on Email and mobile☐ Contract notes and other communication through physical mode\*

Please send all communication at my/our email id and mobile number as mentioned in the client registration form. I/ We agree that all information sent to the abovementioned email id shall be binding upon me/us. Further, I/We understand that nonreceipt of bounced mail notification by Kotak Securities Limited (KSL) shall amount to delivery of the contact note or such other information at my /our email id. I/We agree that KSL shall not be responsible for the non-receipt of the contract note/confirmation note/other correspondence by me/us due to any change in the address/email id/mobile number if not intimated by me/us. I/We am/are aware that for any change in the address/email id/mobile number, I/we am/are required to update the same to KSL in writing through a physical letter. If I/we avail online trading services provided by KSL, the said updation can also be made through a secured access to the website.

\* Nominal charges may be debited to my account as per the prevalent policy of the company towards the physical delivery of various communication

The mobile number mentioned here belongs to Name \_\_\_\_\_

Client Signature

☐ Authorized Signatory ☐ Director ☐ Trustee ☐ Karta ☐ Partner PAN        

The email ID mentioned here belongs to Name \_\_\_\_\_

☐ Authorized Signatory ☐ Director ☐ Trustee ☐ Karta ☐ Partner PAN        **DECLARATION**

I/ We hereby declare that the details furnished above are true &amp; correct to the best of my knowledge and undertake to inform you of any changes therein immediately, and I/we may be held liable for any information is found to be false/misreading /misrepresenting. I/We are aware that the information provided herewith shall be updated in accounts maintained at Kotak Securities under intimation to me.

1st Holder



Name \_\_\_\_\_

2nd Holder



Name \_\_\_\_\_

3rd Holder



Name \_\_\_\_\_

☐ Bank Updation / RTGS Facility☐ Email Consent for Transaction Statement (Only for DP)

Ver 2 (Dec 2020)

FOR OFFICE USE ONLY

CRM Query ID 4        CRM Query ID 5        ☐ Contract Note/Communication Preference (Only for Trading)CRM Query ID 6        Date      **ACKNOWLEDGEMENT**

1 Bank Updation / RTGS Facility

Yes ☐ No ☐ CRM Query ID 4      

2 Email Consent for Transaction Statement (Only for DP)

Yes ☐ No ☐ CRM Query ID 5      

3 Contract Note/Communication Preference (Only for Trading)

Yes ☐ No ☐ CRM Query ID 6      

Name of the Employee \_\_\_\_\_

Employee Code \_\_\_\_\_

From \_\_\_\_\_  
having Trading Code    Client Id      

For Kotak Securities Ltd. (Company Seal)

Employee Signature

Your request will be processed within a tentative period of 7 days from the date of receipt of complete documents. In case of queries regarding the status of the request, We request you to call on Customer Service No. 1800 209 9191 / 1860 266 9191. Demat related complaints write at ks.demat@kotak.com for any other queries or complaints write at service.securities@kotak.com.



Signature

X Initials



Note



Tick



Capital Letters