



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

From \_\_\_\_\_

having Trading Code

Client Id

For Kotak Securities Ltd. (Company Seal)

Employee Signature

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

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



**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 \_\_\_\_\_

Authorized Signatory  Director  Trustee  Karta  Partner PAN

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

Authorized Signatory  Director  Trustee  Karta  Partner PAN

**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 : / /  Place : \_\_\_\_\_

**Signature/ Thumb Impression of Authorised Person(s)**

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

Documents Received  Certified Copies  Equivalent e-document

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS			
Identity Verification <input type="checkbox"/> Done	Date : <input type="text"/> / <input type="text"/> / <input type="text"/>	<b>Name of Institution</b>	<b>Code of Institution</b>		
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					



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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

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

**For Office Use Only**

**Application Type\***  New  Update  Delete

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

**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\*  /  /

Gender\*  M - Male  F - Female  T - Transgender

Nationality\*  IN - Indian  Others Country Code

Pan\*  Form 60 furnished

**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)

- 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

PHOTO\*

Address: Line 1\*

Line 2

Line 3 Landmark (If any)

City /Town /Village\* District\*

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



Signature



Initials



Note



Tick



Capital Letters



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

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		INSTITUTION DETAILS			
Identity Verification <input type="checkbox"/> Done	Date : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Name of Institution</b>		<b>Code of Institution</b>	
Emp. Name _____		Kotak Securities Ltd.		NSE Code - 08081	BSE Code - 673
Emp. Code _____				MSE Code -1024	
Emp. Designation _____				MCX - 56285	NCDEX - 1262
Emp. Branch _____		Institution Stamp			
Employee Signature					

\*Attach additional Annexure if required.



## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

### A. IMPORTANT POINTS:

- 1) 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.
- 2) 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.
- 3) If any proof of identity or address is in a foreign language, then translation into English is required.
- 4) Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 5) If correspondence & permanent address are different, then proofs for both have to be submitted.
- 6) Sole proprietor must make the application in his individual name & capacity.
- 7) 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.
- 8) For foreign entities. CIN is optional; and in 9ie absence of DIN no. for the directors, their passport copy should be given.
- 9) In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 10) 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.
- 11) 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 I / military officers, senior executives of state owned corporations, important political party of officials, etc.

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

- 1) Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- 2) Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 3) '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.
- 4) 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 5) 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

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

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

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

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

- 1) 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.
- 2) 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.
- 3) If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- 4) 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.')

- 1) 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.
- 2) Investors residing in the state of Skkim.
- 3) UN entitles / multilateral agencies exempt from paying taxes / filing tax returns in India.
- 4) SIP of Mutual Funds upto Rs. 50,000/-p.a.
- 5) In case of institutional clients, namely, FIs, MFs, VCFs, FVCLs, 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 :

- 1) 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).
- 2) 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 & above the POI & 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:

- I. Client must ensure the confidentiality of the password of the email account.
- II. Client must promptly inform the Participant if the email address has changed.
- III. 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). <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). <input type="checkbox"/> Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. <input type="checkbox"/> Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. <input type="checkbox"/> Copies of the Memorandum and Articles of Association and certificate of incorporation. <input type="checkbox"/> Copy of the Board Resolution for investment in securities market, <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). <input type="checkbox"/> Certificate of registration (for registered partnership firms only). <input type="checkbox"/> Copy of partnership deed. <input type="checkbox"/> Authorised signatories list with specimen signatures. <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). <input type="checkbox"/> Certificate of registration (for registered trust only). <input type="checkbox"/> Copy of Trust deed. <input type="checkbox"/> List of trustees certified by managing trustees/CA <input type="checkbox"/> Photograph, POI, POA, PAN of Trustees.
HUF	<input type="checkbox"/> PAN of HUF <input type="checkbox"/> Deed of declaration of HUF/ List of coparceners. <input type="checkbox"/> Bank pass-book/bank statement in the name of HUF. <input type="checkbox"/> Photograph, POI, POA, PAN of Karta.
Unincorporated association or a body of individuals	<input type="checkbox"/> Proof of Existence/Constitution document. <input type="checkbox"/> Resolution of the managing body & Power of Attorney granted to transact business on Its behalf. <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. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Foreign Institutional Investors (FII)	<input type="checkbox"/> Copy of SEBI registration certificate. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Army/Government Bodies	<input type="checkbox"/> Self-certification on letterhead. <input type="checkbox"/> Authorised signatories list with specimen signatures.
Registered Society	<input type="checkbox"/> Copy of Registration Certificate under Societies Registration Act. <input type="checkbox"/> List of Managing Committee members, <input type="checkbox"/> Committee resolution for persons authorised to act as authorised signatories with specimen signatures. <input type="checkbox"/> True copy of Society Rules and Bye Laws certified by the Chairman/Secretary



Signature



Initials



Note



Tick



Capital Letters

<b>Branch Inward Details</b>	
Recd on	
Emp Name	
Emp ID	
Emp Sign	
Branch Name	

**KRA KYC COMMON UPDATION FORM B - NON - INDIVIDUAL**

Name \_\_\_\_\_ Date 

D	M	M	Y	Y	Y
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Trading code 

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 Demat Account No. 

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 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 : 

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IFSC Code of beneficiary bank 

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 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 

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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 

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The email ID mentioned here belongs to Name \_\_\_\_\_  
 Authorized Signatory  Director  Trustee  Karta  Partner PAN 

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**DECLARATION** I / We hereby declare that the details furnished above are true & 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 \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Bank Updation / RTGS Facility  Email Consent for Transaction Statement (Only for DP)  Contract Note/Communication Preference (Only for Trading)

CRM Query ID 4 

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 CRM Query ID 5 

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 CRM Query ID 6 

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Ver 2 (Dec 2020) **FOR OFFICE USE ONLY**

**ACKNOWLEDGEMENT**

Date 

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1 Bank Updation / RTGS Facility Yes  No  CRM Query ID 4 

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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 

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


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.

From \_\_\_\_\_  
having Trading Code 

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Client Id 

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For Kotak Securities Ltd. (Company Seal)  
Employee Signature 

**ACKNOWLEDGEMENT**

Date 

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1 Address Yes  No  CRM Query ID 1 

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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 \_\_\_\_\_

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.

From \_\_\_\_\_  
having Trading Code 

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Client Id 

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For Kotak Securities Ltd. (Company Seal)  
Employee Signature \_\_\_\_\_