

PMS REDEMPTION REQUEST FORM

	to close my/our account wit	h you as per the following details: Date: DD/	MM/YYY
AS ACCOUNT DETAILS			
MS Account code:			
ame of Sole/First Holder:			
ame of Second Holder:			
ame of Third Holder:			
DEMPTION DETAILS (Plea	se v tick anvone)		
art Redemption		Full Redemption	
mount in Figures: (Applica	able only for partial redemption): -		
ASON FOR REDEMPTION			
ortfolio Performance	Liquidity-Fund Red	quirement Market Volatility	
ervice issue			
	Others Reason:		
AYOUT OPTION (Please 🗸	tick anvone)		
Cash Payout		Stock Transfer*	
Cashrayout		(Note: *Stock transfer is not available for Part Redempt	tion)
a. Bank details for Re	demption amount Cash Paye	out. (Please √tick anvone)	
	<u> </u>		
Regist	ered Bank	New Bank as per below details**	
ank Details: (In case of Mu	ltiple Bank is Registered, please	mentioned anyone bank account details for Payout)	
Client Name as per		Account Number:	
Bank Account Type:		IFSC Code:	
Bank Name:		Bank Branch & City	
Barik Nume.	<u> </u>	bank branch & city	
b. Target Demat deta	ils If Payout Option selected	is "Stock Transfer" or any Restricted stock Transfer.	,
DP ID			

Encl: - a) Personalized cancel cheque leaf will be required in case of a new bank other than the registered bank.b) CMR Copy Stamped by DP & attested by authorized Person of DP.

Note: Full Redemption will be constituted as Closure of a PMS Account and closure of Demat account shall be mandatory.

Name: First Applicant	Name: Second Applicant	Name: Third Applicant					
(Signature)	(Signature)	(Signature)					

Marcellus Investment Managers Private Limited



FORM 34 APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only)

To, The Manager Kotak Mahindra Bank Ltd. A wing, 5th floor, Intellion Square, Infinity IT Park, General Arun Kumar Vaidya Marg, Malad East, Mumbai, Maharashtra – 400097

Date:

DP ID-

I. I / We hereby req	uest you to close my/our account w	vith you a	s per fo	ollowi	ng d	etails	5:				
	Name of the	holder(s)									
Sole/ First Holder	and the second s										
Second Holder											
Third Holder											
2. Reason/s for Close	ure of depository account-	/								 	
Client ID (of accord	ut to be closed)		4			-			1		
. Please tick the app						1					
Option A [Ther	e are no balances / holdings in this a	ccount]									
Option B [Transfer the	Transfer to my / our own accou	unt		Targ	et Ao	ccoui	nt De	etails			
balances /holdings In this account as per details given]	(Provide target account details and enclose Client Master Report of Target Account)		D DL	-			2				
	(Submit duly filled Delivery Instruction Slip signed by all holders)		II	lient D							

Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]

5. Signatures

Sole/ First Holder	
Second Holder	
Third Holder	

Kotak Mahindra Bank Ltd. CIN: L65110MH1985PLC03813 Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051. www.kotak.com



	edgement									
We hereby acknowledge the receipt	of your re	equest for	closing	the follow	wing Acc	ount sub	ject to ve	rification:		
DP ID										
Client ID										
Name of Sole/First Holder										
Name of Second Holder										
Name of Third Holder										
Signature of the Authorised Signatory			Seal/Stamp of Participant							
Date										



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Annexure

Request for addition/deletion of beneficiary account details for execution of off-market transfer

To - Participant's	Nama N	Date		D	D	M	Μ	Y	Y	Y	Υ
<participant's <participant's< td=""><td></td><td><u> </u></td><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></participant's<></participant's 		<u> </u>		•							
DP ID		Ι	Ν								
Client ID											
Sole/First Holder Name											
Second Holder Name											
Third Holder Name											
	nform you that I/we wish to add/del -depository transfers.	ete the b	eneficiary	accounts	details	s bel	ow for ex	ecution	of offn	narke	et transfers
Add	Beneficiary DP ID										
Delete	Beneficiary Client ID										
	PAN of the First Holder										
Add	Beneficiary DP ID										
Delete	Beneficiary Client ID										
	PAN of the First Holder										
Add	Beneficiary DP ID										
Delete	Beneficiary Client ID										
	PAN of the First Holder										
1	2					_3_					
	ŀ	Authoris	ed Signat	ory (ies)							

Participant Authorisation

Name: Signature:

Participant's Stamp & Date



Kotak Infinity, 8 th Floor, Bldg; No.21,Infinity Park, Off Western Express Highway, Goregaon Mulund Link Road, Malad – (E) , Mumbai – 400 097 **4** (022) 4285 6825

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For Office Use Only	
CRM Query No	

April 2021

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

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 Pes No. (If ans wer 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 t	he holder(s)						
Sole/ First Holder								
Second Holder								
Third Holder								
2. Reason/s for Closure c 3. Client ID (of acc ount to	2. Reason/s for Closure of Trading/ depository account:							
Trading Code Demat Account No DP ID : IN300214								
4. Please tick the applicable option(s)								
Option A [There are no balances / holdings in this account]								
Option BTransfer to my / our own account (Provide target account details and enclose Client Master Report ofTarget Acc ount Details								
holdings in Trai this account (Sul	get Account) nsfer to any other account omit duly filled Delivery	NSDL DP ID Client						
given] o	ruction Slip) signed by allholder(s) or							
o s igned by POA holder(s) Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form for mutual fund units								
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)								
Sole / First HolderSecond HolderThird HolderInstruction/Notes : 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. 7. Please note that once your trading/demat account is closed, all active and running SIP's sourced through our portal/any online mode will be deemed to be cancelled with immediate effect. 8. In case you have SGB in your demat account and wish to process inter-depository transfer, you are requested to give remat request to KSL along with closure documents. You are also requested to give demat request simultaneously to the CDSL Target DP for seamless transfer of SGB units. For any further details contact customer service								
Acknowledgement								
, .	We hereby acknowledge the receipt of the your request for closing the following Account subject to verification: having client id - DP ID – IN3002 14 Trading Code Client id Client id Date D M M Y Y							
Name of Sole / First Holder : Name of Second Holder : Name of Third Holder : Signature of the Authorised S	Signatory							
4		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 request, We request you to call on Customer Service No. 1800 209 9191. Demat related complaints write at <u>ks.demat@kotak.com</u> For any other queries or complaints write at <u>service.securities@kotak.com</u> Kotak Infinity Park, Off Western Express Highway, Gen A.K. Vaidya Marg, Malad (E), Mumbai - 400 097 Tel.: 91-22-4285 6825								

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Closure of Savings / Current / Investment Account (Please fill in Capital Letters only)

Date DDMMYYY			(PIE	ease t	iii in C	apit	tai le	tters	,	,	oct N									Τ_	
										ĸequ	est N	0.								<u> </u>	
I/We						1							т.		La cel		<u>т т</u>				
Mr./Ms.	FIRST NAME					MIL	DUE NAI	VIE						ASEN	JAIVIE	_		<u> </u>	+		
Mr/Ms.	FIRST NAME					MIC	dite nai	VIE					L	AST N	JAME						
hereby request you to close m	ny / our																				
Account Number Image: Fixed DepOsits Image: ActivMoney Image: Delink (Operate as standalone) Image: Delink (Operate as standalone) Image: Delink (Operate as standalone)																					
Closure Proceeds of account & maturity/interest payment on Fixed Deposits to be paid as under:																					
Credit to my/our other ac	count numbe	er 📃								(Ko	otak B	ank A	Accou	nt oi	nly)						
RTGS / NEFT (For A/c clo	osure proceed	ls more th	an Rs. 1	0,000,	cancelle	ed che	que / I	bassboo	ok/stat	emei	nt of	bene	ficiary	A/c	requi	red)					
Beneficiary A/C No.																					
Beneficiary Name																					
Beneficiary Bank Name																					
Beneficiary Branch Name																					
Beneficiary Bank IFSC Code							В	eneficia	ary Ba	nk A/	/c. Ty	pe									
□ I/We declare that above details are true and correct and the account is in my/our name																					
I/We hereby confirm the I/we have destroyed unused cheques issued for this account and indemnify bank, its employees, directors and agents against any loss/ claim due to unauthorised use of these unused cheques.																					
I/We hereby confirm that I/we have destroyed debit cards issued for this account and indemnify bank, its employees, directors and agents against any loss/ claim due to unauthorised use of these debit cards (Not applicable in case of customer holds any other account in addition to the account being closed).																					
I/We confirm, the closure proceeds from FCRA account will be credited to another FCRA/Utility FCRA/Main FCRA account in our name with KMBL/other Bank. I/We																					
also confirm the closure proceeds of FCRA account of any entity will not be transferred to another/utility FCRA/Main FCRA account of any other third party. Un-presented cheques will not be honoured after the account is closed and the Bank will not be liable/responsible for the return/dishonour of the same.																					
Kindly close the Reimbursem	nent account	t/Spendz																		nt/S	pendz
account to be credited as per al *Spendz Account to be closed			t under	the CRN	I																
DEMAT ACCOUNTS linked to	to the above a	account fo	r debit (of servio	e charg	jes															
I/We are closing the acco		-	. [
Please link it to my/our ot																					
□ I/We agree to pay advanc	ce payment o	f Rs. 3000	(Manda	atory if	the Der	nat Ac	count	is not l	inked	to ot	her k	Cotak	Αссοι	unt)							
INVESTMENT ACCOUNT (In Close the following Acco		ontinue wit	h AMC a	nd futur	e service	s can b	oe availe	ed throu	gh AM	C dire	ectly p	ost clo	osure o	finve	estmei	nt acco	ount)				
		1	A		ΟU	N ·		NO	2		Γ	A	C		U	ΝT		N (0	3	
						11					L				1 - 1						
LOCKERS (if applicable)	Locker N								_, _,			i									
Surrender	Debit cl	-	-																		
(Please submit locker surrend	der form/stan	ding instru	ictions f	orm for	locker	rent S	eparat	ely)													
Please delink all other	-																				
Reason for closure of Accoun		-		son)			_														
Consolidating accounts –	-							n the B			/										
High AMB/AQB Requirem		to Mainta	'n				0	ounts '				. f		-)							
Left Job/ Salary no Longer						Juner	Reasor	n (Pleas	e prov	nue n	easor	11010	losure	2)							
Signature(s) (Guardian in case of	f Minor)												[]
1st Account Holder			2nd Acco						d Accou								Account				
In case of Non-Individuals, please Company Seal	≥ atfix	In case o	of Non-Indi Compa	viduals, pl iny Seal	ease affix		In	case of N	lon-Indi Compa			e affix			In case		n-Individ Smpany			: affix	C

For Branch Use Section:

Customer Account Type:

🗋 Wealth 🗌 Privy

□ Non Individual □ Non Resident Individual

Resident Individual

Yes

Reason code for Closure: _____

(To be filled when customer selects other reason)

(For all applicants) Customer does not agree to the Retention Solutions offered including benefits of BSBDA/SOLO account

Separate closure request for investment account raised

Recurring Deposit/s (RD) closed

Approval from POS team received

Locker Surrendered

	_
1 1	

N.A.

CPC/RPC use section

(For all applicants)	
OD limit zeroised	
Demat account closed	
Memos checked and actioned	
Account in TOD:	
Reimbursement/SPENDZ account closed	
Approval from POS team received	

Yes	N.A.

Dated D D M M Y Y Y Y

Documents sent to RPC/CPC on D D M M Y Y Y

Signature of Retention Specialist (Sign & Emp. Code) Signature verified by (Sign & Emp. Code)

Inputer

Authorizer

Acknowledgement Slip

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

relating to customer relationship number____

___ under service request number ___

Date: _

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

Kotak Mahindra Bank Ltd. CIN: L65110MH1985PLC038137 Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E) Mumbai - 400 051. www.kotak.com

kotak

Closure of Savings / Current / Investment Account (Please fill in Capital Letters only)

Date DDMMYYY			(PIE	ease t	iii in (apr	tai L	ette	rs o	<i>,</i>		-+ No. [
										KE	eques	st No.									
I/We		_				1					1 1										
	FIKST NAIVI					IVIII	JDLE NA	AIVIE						LAST	NAME			<u> </u>	<u> </u>	$\frac{1}{1}$	
Mr./Ms.	FIRST NAMI	ē				MI	DDLE NA	AME						LAST	NAME					<u> </u>	
hereby request you to close n	ny / our											1									
Account Number							D DE k (Op			andalo	one)				-	ns star	ndalo	ne)		Liqu	uidate
Closure Proceeds of accour	nt & maturit	y/interes	payme	ent on l	Fixed D	Depos	its to	be p	aid a	s und	der:										
Credit to my/our other ac	ccount numb	er 📃								((Kota	ak Bank	Acco	unt d	only)						
RTGS / NEFT (For A/c clo	osure procee	ds more th	an Rs. 1	0,000,	cancell	ed che	eque /	pass	book/	stater	nent	of bene	eficia	ry A/	c requ	uired)					
Beneficiary A/C No.																					
Beneficiary Name																					
Beneficiary Bank Name																					
Beneficiary Branch Name																					
Beneficiary Bank IFSC Code								Benet	ficiary	Bank	A/c.	Туре									
	I/We decl	are that al	oove det	ails are	true ar	nd cor	rect ai	nd th	e acco	ount i	s in r	my/our r	name								
I/We hereby confirm the I/we claim due to unauthorised use	e have destroy e of these unu:	yed unuse sed cheque	d cheque	es issue	d for tł	nis acc	count	and i	ndem	nify b	ank,	its emp	loyee	es, di	recto	rs and	l ager	nts a	agains	st ar	ny loss/
I/We hereby confirm that I/we due to unauthorised use of the																			t any	loss	/ claim
I/We confirm, the closure proce also confirm the closure proce	ceeds from FC	CRA accou	nt will be	e credite	ed to ar	nother	FCRA	/Utili	ty FCF	RA/Ma	ain FC	CRA acc	ount	in ou	ır nam	ne wit	h KM	IBL/c	other	Ban	k. I/We
Un-presented cheques will no																					
Kindly close the Reimbursen	ment account	t/Spendz																		unt/S	Spendz
account to be credited as per a *Spendz Account to be closed			it under	the CRN	I																
DEMAT ACCOUNTS linked t	to the above	account fo	or debit o	of servio	e char	ges															
I/We are closing the acco		-	. Г																		
Please link it to my/our o																					
□ I/We agree to pay advance	ce payment c	of Rs. 3000	(Manda	atory if	the Der	mat A	ccoun	t is n	ot linl	ked to	oth	er Kotak	(Acc	ount)						
INVESTMENT ACCOUNT (In Close the following Acc		continue wit	h AMC a	nd futur	e service	es can l	be avai	led th	rough	AMC	direct	tly post c	losure	of in	vestme	ent aco	count)				
		1	A		0 0	N	Т	NO		2		A	C	С	οU	N	T	Ν	0	3	
						11															
LOCKERS (if applicable)	Locker I]														
Surrender	🗌 Debit c	-	-														I				
(Please submit locker surrend	der form/stan	iding instru	uctions f	orm for	locker	rent S	Separa	ately)													
Please delink all other	-																				
Reason for closure of Accour		-		son)			_		_												
Consolidating accounts -	-						ice Fro														
High AMB/AQB Requiren		to Mainta	IN				ing Ad														
Left Job/ Salary no Longe						Other	Reasc		ease p	Drovia	e rea	ason for	CIOSU	ire) _							
Signature(s) (Guardian in case of	of Minor)																				
1st Account Holder			2nd Acco							ccount							Accour				
In case of Non-Individuals, please Company Seal	e attix	In case o	of Non-Indi Compa	viduals, pl iny Seal	ease attix			in case		-Individ mpany		olease affix			In cas		on-Indivi Compan			e atti	X

For Branch Use Section:

Customer Account Type:

🗋 Wealth 🗌 Privy

□ Non Individual □ Non Resident Individual

Resident Individual

Yes

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(To be filled when customer selects other reason)

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Approval from POS team received

Locker Surrendered

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Dated D D M M Y Y Y Y

Documents sent to RPC/CPC on D D M M Y Y Y

Signature of Retention Specialist (Sign & Emp. Code) Signature verified by (Sign & Emp. Code)

Inputer

Authorizer

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relating to customer relationship number____

___ under service request number ___

Date: _

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