

PMS REDEMPTION REQUEST FORM

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

Date: DD/MM/YYYY

PMS ACCOUNT DETAILS

PMS Account code:	
Name of Sole/First Holder:	
Name of Second Holder:	
Name of Third Holder:	

REDEMPTION DETAILS (Please ✓ tick anyone)

Part Redemption <input type="checkbox"/>	Full Redemption <input type="checkbox"/>
Amount in Figures: (Applicable only for partial redemption): - _____	

REASON FOR REDEMPTION

Portfolio Performance <input type="checkbox"/>	Liquidity-Fund Requirement <input type="checkbox"/>	Market Volatility <input type="checkbox"/>
Service issue <input type="checkbox"/>	Others Reason: _____	

PAYOUT OPTION (Please ✓ tick anyone)

Cash Payout <input type="checkbox"/>	Stock Transfer* <input type="checkbox"/> (Note: *Stock transfer is not available for Part Redemption)
a. Bank details for Redemption amount Cash Payout. (Please ✓ tick anyone)	
<input type="checkbox"/> Registered Bank	<input type="checkbox"/> New Bank as per below details**
**Bank Details: (In case of Multiple Bank is Registered, please mentioned anyone bank account details for Payout)	
Client Name as per Bank	Account Number:
Account Type:	IFSC Code:
Bank Name:	Bank Branch & City
b. Target Demat details If Payout Option selected is "Stock Transfer" or any Restricted stock Transfer.	
DP ID	
Client ID	

(Note: Funds will be transferred after deducting all fees and statutory charges.)

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: <i>First Applicant</i>	Name: <i>Second Applicant</i>	Name: <i>Third Applicant</i>
(Signature)	(Signature)	(Signature)



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-

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-

3. Client ID (of account to be closed)

--	--	--	--	--	--	--	--

4. Please tick the applicable option(s)

<input type="checkbox"/> Option A [There are no balances / holdings in this account]												
<input type="checkbox"/> Option B [Transfer the balances /holdings In this account as per details given]	<input type="checkbox"/> Transfer to my / our own account (Provide target account details and enclose Client Master Report of Target Account)	Target Account Details										
	<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders)	<input type="checkbox"/> NSDL	DP ID									
		<input type="checkbox"/> CDSL	Client ID									
<input type="checkbox"/> Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]												

5. Signatures

Sole/ First Holder	
Second Holder	
Third Holder	



Acknowledgement								
We hereby acknowledge the receipt of your request for closing the following Account subject to verification:								
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								

Annexure

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

To <Participant's Name > <Participant's Address >	Date	D	D	M	M	Y	Y	Y	Y
DP ID	I	N							
Client ID									
Sole/First Holder Name									
Second Holder Name									
Third Holder Name									
I/We hereby inform you that I/we wish to add/delete the beneficiary accounts details below for execution of offmarket transfers including inter-depository transfers.									
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Beneficiary DP ID								
	Beneficiary Client ID								
	PAN of the First Holder								
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Beneficiary DP ID								
	Beneficiary Client ID								
	PAN of the First Holder								
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Beneficiary DP ID								
	Beneficiary Client ID								
	PAN of the First Holder								
1. _____ 2. _____ 3. _____ Authorised Signatory (ies)									

Participant Authorisation

Name:

Signature:

Participant's Stamp & Date

