

Best Compliments Card (BCC) Application Form (Non Individual Customers)

Branch _____ Date _____

Name of the Organization: _____

Name of Authorized Signatory: _____

Registered Address: _____

City _____ State _____

Phone No. _____ Mobile No. _____

Email ID: _____ (authorized signatory): _____

Company PAN/GIR No: _____

Mailing Address: (If different from Registered Office Address)

City _____ State _____

Phone No. _____ Mobile No. _____

Email ID: _____ (authorized signatory): _____

Type of Constitution:
 Pvt Limited
 Public Limited
 Sole Proprietorship
 Partnership
 Club
 Trust
 Society
 Others

Existing CRN: _____ (to be entered only if the organization is having an existing relationship with the Bank)

Card Details:

Issuance Fee per BCC : Rs.100/- + GST.

No. of Best Compliments Card (BCC) required: _____ Total Load Amount in Rs. _____

(Sum of Load Amt on all BCC cards)

Total Issuance Fees (as applicable): _____ (Issuance should be inclusive of GST)

Please Note: For single or multiple BCC requirement, please provide End Beneficiary details as per Annexure A, as mandated by RBI.
Payment Details:
 Debit Kotak Mahindra Bank Current Account No. _____

 Pay by clearing Cheque / Cash (If cash payment is more than Rs.50,000/- then PAN/GIR is necessary)

Cheque No.	Drawn on Bank / Branch	Cash	Amount in Rs.
Total			

Declaration:

Declaration:

I/We hereby apply for the issue of a Best Compliments Card/s ("Card") and I/We declare that the information provided by me/us in this application form is true and correct and that I/We are eligible to apply for the Card/s. I/We accept that Kotak Mahindra Bank Ltd. ("Bank") is entitled at its discretion to accept or reject this application without assigning any reason whatsoever. I/We also agree that the bank at its absolute discretion may withdraw, discontinue, cancel, suspend, and/or terminate the Card completely or partially without providing any notice to me/us. I/We have read the Terms and Conditions applicable to the Card. I/We agree to be bound by the said Terms and Conditions as may be in force from time to time, including those excluding/limiting the Bank's liability.

I/We will also provide the End Beneficiary's details (i.e. Name of End Beneficiary, Address, Landline No./ Mobile No., Email ID) to whom the cards will be issued and any additional details/KYC related to End Beneficiary/s as requested by the Bank / RBI shall be provided me/us within the stipulated time as communicated by the bank, not leading to delay. I/We agree that upon our permitting someone else to use this Card/s, the Bank will treat this as if I/We have authorized that person to use the Card and I/We will be responsible for any transactions initiated by such person with the Card. I/We further acknowledge that I/We will be responsible for any transaction done on Card/s that have been received by me/us. I/We are aware that upon any purchase via a point-of-sale device, the amount available on the Card will be reduced by the amount of such purchase. I/We agree that the Bank may debit the available balance on the Card/s or debit any of our other account/s with the Bank for any charges that may be applicable on the Card/s from time to time. I/We shall advise the Bank immediately in case of any change in the above details and information given in this application form. I am aware about the Card balance refund policy and shall inform the Bank for any refund before the expiry of the Card. I understand and agree that request for such a refund is to be made with the bank 30 days prior to the expiry of the Card.

Signature of the Authorized Signatory with Organization Seal/Stamp:

Mr/Mrs/MS. _____

Signature: _____

For Office use only:

Particulars	Total Load Amount in Rs.
No. of Best Compliments Card (BCC) : _____	
Add Issuance Fee	
Add GST	
Total Amount	

Check List of Documents collected from the Client :

- BCC Application Form
- End Beneficiary Details (as per annexure A)
- Authority Letter (as per annexure B)
- KYC (not required for existing CRN)

The above mentioned documents have been collected from the Client, and the Total BCC Load amount (inclusive of issuance fees + GST) Rs. _____ towards the purchase of Best Compliments Card has been credited to the BCC pooling account no. 06410125027235.

Clearing Cheque Account Transfer Cash

Authorized by (Signature)

Name of the Employee: _____ Employee Code: _____

Annexure A – End Beneficiaries Details

(To be provided on Organization’s Letterhead)

Details of End Beneficiaries:

Name of End beneficiary	Address	Landline No.	Mobile No.	Email ID	Load Amount	Card Reference No. (to be filled by Kotak Branch)

Signature of the Authorized Signatory with Organization Seal/Stamp:

Mr/Mrs/MS. _____

Signature: _____

Annexure B - Authority Letter
(To be provided on Organization's Letterhead)

To,
Kotak Mahindra Bank Ltd
Branch _____
Mumbai.

Date: _____

Subject:- Purchase of Best Compliments Card from Kotak Mahindra Bank.

Dear Sir,

We are desirous of purchasing Best Compliments Card from your Bank for the purpose of offering the same to some of our associates / employees. We have read the Terms and Conditions (placed on the Kotak website) applicable to the Best Compliments Card and we accept the same.

We, enclose cheque no. _____ for a sum of Rs. _____ / will deposit cash of Rs. _____ / issue debit instruction on our existing current account no. _____ with you for a sum of Rs. _____ against purchase of the Best Compliments Card from the Bank.

We will submit the completed application forms duly supported with the required KYC documents to you for the purchase of Best Compliments Card. We will also provide the End Beneficiary details (i.e. Name of End Beneficiary, Address, Landline No., Mobile No., Email ID) to whom the cards will be issued and any additional details related to End Beneficiary as requested by the Bank / RBI shall be provided within the stipulated time as communicated, not leading to delay.

We request you to handover the Cards to our representatives against submission of complete documentation to your satisfaction.

We hereby authorize the following person/s to sign the application forms and acknowledge receipt of the Cards from the Bank and to give the necessary, instructions to the Bank in respect of the Cards.

1) Mr/Mrs/MS. _____ Signature: _____

2) Mr/Mrs/MS. _____ Signature: _____

We also undertake to advise the Bank in writing by submission of a fresh authority letter in case of change in any of the designated representatives above.

We will inform the Bank immediately in the event of loss of any of the Cards. We will inform you within 15 days if any of the Cards needs to be revoked.

We will not hold the Bank responsible if we do not comply with these terms.

We understand and acknowledge that the Bank will fund the Cards after due acknowledgement of receipt of the Cards by the above mentioned authorized representatives.

We understand that the Bank may at its sole discretion, discontinue any of the services in respect of the Cards completely or partially without any notice to us.

Yours Sincerely,

For _____

Company Secretary / Director / Partner / Authorized Signatory

(Signature and Company Stamp)

Annexure C

Acknowledgement Receipt of Prepaid Rupee Card (Best Compliments Card)

(To be provided on Organization's Letterhead)

To,
Kotak Mahindra Bank Ltd
Branch _____
Mumbai.

Date: _____

Dear Sir,

This is to confirm that we have received the Best Compliments Card Welcome packets as mentioned below from Kotak Mahindra Bank Limited.

Sr. No.	Card Reference No.	Card No.
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Signature of Authorized Signatories (Accompanied by stamp of the organization):

Mr/Mrs/MS. _____ Signature: _____