

Dist ARN - 92245	Sub-Broker's ARN	Sub-Broker's Code	E092536
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- ☐ *By mentioning RIA/PMS code, I/ We authorize you to share with the Investment Adviser/ Portfolio Manager the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund. Declaration for "Execution-only" transactions (only where EUIN box is left blank)
- ☐ "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

SIGNATURE(S) Sole / First Applicant	Second Applicant (To be signed by All Applicants)	Third Applicant
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TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading "Guidelines to filling up the form" for details)

Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor.

Have you ever invested in any, Mutual Fund before ☐ Yes ☐ No (for more details, please refer Transaction Charges on page 7)

Are you a tax resident of any country other than India? ☐ Yes ☐ No


Existing Unitholder Information (Section I)	<p>If you have, at any time, invested in any Scheme of Kotak Mahindra Mutual Fund and wish to hold your present investment in the same Account, please furnish your Name, Folio Number and PAN details below and proceed to Section Investment Details.</p> <p>Name of Sole / First Applicant: _____ PAN No.: _____ Folio No.: _____</p>
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New Applicant's Personal Information (Section II)	<p>Name of Sole/ First Applicant: _____ ^ Name shall be as per PAN card.</p> <p>PAN/ PEKRN: _____ Date of Birth/ Incorporation DD MM YYYY CKYC: _____</p> <p>Gross Annual Income Details in INR (please tick): <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)</p> <p>Please tick, if applicable, <input type="radio"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="radio"/> Related to a Politically Exposed Person (PEP)* <input type="radio"/> Not applicable</p> <p>Occupation of Applicant</p> <table style="width:100%;"> <tr> <td><input type="radio"/> Private Sector Service</td> <td><input type="radio"/> Business</td> <td><input type="radio"/> Retired</td> <td><input type="radio"/> Professional</td> <td><input type="radio"/> Forex Dealer</td> </tr> <tr> <td><input type="radio"/> Public Sector/ Government Service</td> <td><input type="radio"/> Professional</td> <td><input type="radio"/> Housewife</td> <td><input type="radio"/> Agriculturist</td> <td><input type="radio"/> Other _____</td> </tr> <tr> <td></td> <td><input type="radio"/> Agriculturist</td> <td><input type="radio"/> Business</td> <td><input type="radio"/> Student</td> <td>(Please specify)</td> </tr> </table> <p>Status of Applicant</p> <table style="width:100%;"> <tr> <td><input type="radio"/> Resident Individual</td> <td><input type="radio"/> Proprietorship</td> <td><input type="radio"/> Mutual Fund</td> <td><input type="radio"/> PF/ Gratuity/ Pension/</td> <td><input type="radio"/> Foreign Institutional Investor</td> </tr> <tr> <td><input type="radio"/> NRI on Repatriation Basis (NRE)</td> <td><input type="radio"/> Partnership Firm</td> <td><input type="radio"/> Mutual Fund FOF Scheme</td> <td><input type="radio"/> Superannuation Fund</td> <td><input type="radio"/> On behalf of Minor</td> </tr> <tr> <td><input type="radio"/> NRI on Non-Repatriation Basis (NRO)</td> <td><input type="radio"/> Private Limited Company</td> <td><input type="radio"/> Body Corporate</td> <td><input type="radio"/> Trust</td> <td><input type="radio"/> Other _____</td> </tr> <tr> <td><input type="radio"/> HUF</td> <td><input type="radio"/> Public Limited Company</td> <td><input type="radio"/> Registered Society</td> <td><input type="radio"/> AOP/ BOI</td> <td>(Please specify)</td> </tr> </table> <p>LEI Number (Legal Entity Identifier) - _____ Valid till DD MM YYYY For Non individuals only:</p> <p>Name of Second Applicant: _____ ^ Name shall be as per PAN card.</p> <p>PAN/ PEKRN: _____ Date of Birth/ Incorporation DD MM YYYY CKYC: _____</p> <p>Gross Annual Income Details in INR (please tick): <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)</p> <p>Please tick, if applicable, <input type="radio"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="radio"/> Related to a Politically Exposed Person (PEP)* <input type="radio"/> Not applicable</p> <p>Name of Third Applicant: _____ ^ Name shall be as per PAN card.</p> <p>PAN/ PEKRN: _____ Date of Birth/ Incorporation DD MM YYYY CKYC: _____</p> <p>Gross Annual Income Details in INR (please tick): <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)</p> <p>Please tick, if applicable, <input type="radio"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="radio"/> Related to a Politically Exposed Person (PEP)* <input type="radio"/> Not applicable</p> <p><small>*I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management Co. Ltd. immediately in case there is any change in the above information.</small></p>	<input type="radio"/> Private Sector Service	<input type="radio"/> Business	<input type="radio"/> Retired	<input type="radio"/> Professional	<input type="radio"/> Forex Dealer	<input type="radio"/> Public Sector/ Government Service	<input type="radio"/> Professional	<input type="radio"/> Housewife	<input type="radio"/> Agriculturist	<input type="radio"/> Other _____		<input type="radio"/> Agriculturist	<input type="radio"/> Business	<input type="radio"/> Student	(Please specify)	<input type="radio"/> Resident Individual	<input type="radio"/> Proprietorship	<input type="radio"/> Mutual Fund	<input type="radio"/> PF/ Gratuity/ Pension/	<input type="radio"/> Foreign Institutional Investor	<input type="radio"/> NRI on Repatriation Basis (NRE)	<input type="radio"/> Partnership Firm	<input type="radio"/> Mutual Fund FOF Scheme	<input type="radio"/> Superannuation Fund	<input type="radio"/> On behalf of Minor	<input type="radio"/> NRI on Non-Repatriation Basis (NRO)	<input type="radio"/> Private Limited Company	<input type="radio"/> Body Corporate	<input type="radio"/> Trust	<input type="radio"/> Other _____	<input type="radio"/> HUF	<input type="radio"/> Public Limited Company	<input type="radio"/> Registered Society	<input type="radio"/> AOP/ BOI	(Please specify)
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(Section III)	<p>Mode of Operation - Where there is more than one applicant [Please (✓)]</p> <p><input type="radio"/> First Applicant only <input type="radio"/> Anyone or Survivor <input type="radio"/> Joint (Default will be any one or survivor, in case of more than one applicant)</p>
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Guardian/ Contact Person if Non-Individual Applicant (Section IV)	<table style="width:100%;"> <tr> <th>Name</th> <th>PAN</th> <th>Country of Birth</th> <th>Nationality</th> <th>Tax Reference Number (for NRI)</th> </tr> </table> <p>Gross Annual Income Details in INR (please tick): <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)</p> <p>Please tick, if applicable, <input type="radio"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="radio"/> Related to a Politically Exposed Person (PEP)* <input type="radio"/> Not applicable</p> <p><small>*I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management Co. Ltd. immediately in case there is any change in the above information.</small></p>	Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)
Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)		

Power of Attorney Holder (PoA) (Section V)	<table style="width:100%;"> <tr> <th>Name</th> <th>PAN</th> <th>Country of Birth</th> <th>Nationality</th> <th>Tax Reference Number (for NRI)</th> </tr> </table> <p>Gross Annual Income Details in INR (please tick): <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)</p> <p>Please tick, if applicable, <input type="radio"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="radio"/> Related to a Politically Exposed Person (PEP)* <input type="radio"/> Not applicable</p> <p><small>*I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management Co. Ltd. immediately in case there is any change in the above information.</small></p>	Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)
Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)		

ACKNOWLEDGEMENT SLIP		(To be filled by Applicant) An application for allotment of units in the following scheme:	Appl. CA							
		<table style="width:100%;"> <tr> <th>Instrument Details</th> <th>Investment Details</th> </tr> </table>	Instrument Details	Investment Details						
Instrument Details	Investment Details									
		<table style="width:100%;"> <tr> <td>Received from: _____</td> <td>Scheme _____</td> </tr> <tr> <td>No. _____ Dated DD / MM / YYYY Rs. _____</td> <td>Plan _____</td> </tr> <tr> <td>Bank & Branch _____</td> <td>Option _____</td> </tr> </table>	Received from: _____	Scheme _____	No. _____ Dated DD / MM / YYYY Rs. _____	Plan _____	Bank & Branch _____	Option _____		<div style="border: 1px solid black; height: 50px; width: 100%;"></div> Official Acceptance Point Stamp & Sign
Received from: _____	Scheme _____									
No. _____ Dated DD / MM / YYYY Rs. _____	Plan _____									
Bank & Branch _____	Option _____									
<small>Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement</small>										

Correspondence Details of Sole / First Applicant (Section VI)	Address for Communication (Full Address Mandatory)		Overseas Address (Mandatory for NRI/ FIIL Applicants)	
	House/ Flat No		House/ Flat No	
	Street Address		Street Address	
	City/ Town	State	City/ Town	State
	Country	Pin Code	Country	Pin Code
	Mobile: _____ Mobile belongs to: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings			
	Email: _____		Tel (Res./ Off.) _____	
Email Address belongs to: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings				
I/ We hereby declare that the details furnished above are true & correct to the best of my knowledge and undertake to inform KMAMC of any changes therein immediately, and I/we approve the usage of these contact details for any communication with KMAMC. Please note all kinds of investor communication, Transaction Information, Statement of Account, Annual Report and other kind of communication will be sent through email only instead of physical, for investors who provide their email address.				

Third Party Payment Declaration (Section VII)	Employer on behalf of Employee (SIP only)/ Custodian on behalf of FIIL	
	Name: _____	Relationship with Applicant: _____
	PAN: _____ KYC Compliant Status: <input type="radio"/> Yes <input type="radio"/> No	<div style="border: 1px solid black; height: 40px; display: flex; align-items: center; justify-content: center;">Signature</div>
Declaration: I hereby declare and confirm that the Applicant stated above is the beneficial owner of the investment details mentioned above. I am providing the funds for these investments on account of my natural love and affection or incentive to employee or for & on behalf of FIIL or as gift from my bank account only.		

FATCA & CRS INFORMATION [Please tick (✓)], for Individuals (Mandatory). Non Individual investors & HUF should mandatorily fill separate FATCA detail form.

The below information is required for all applicant(s)/guardian

Address Type: ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s) / guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

If Yes, Please provide the following information **[Mandatory]**

Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below.

Category	First Applicant/ Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency – 1**			
Tax Payer Ref. ID No. – 1^			
Tax Identification Type – 1 [TIN or Other, please specify]			
Country of Tax Residency – 2**			
Tax Payer Ref. ID No. – 2^			
Tax Identification Type – 2 [TIN or Other, please specify]			
Country of Tax Residency – 3**			
Tax Payer Ref. ID No. – 3^			
Tax Identification Type – 3 [TIN or Other, please specify]			

** To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

Nomination Details (Section VIII) (to be filled in by Individual(s) applying Singly or Jointly)	I/ We _____ and _____ do hereby nominate the undermentioned Nominee to receive the Units to my/our credit in Folio No./Application No. _____ in the event of my/our death. I/we also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund / Trustee.					
	DETAILS OF NOMINEE (Date of Birth & PAN is mandatory)					
	Name & Address of Nominee	Relationship	PAN	Date Of Birth	% Share	Signature Of Nominee
DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)						
Name & Address of Guardian		PAN	Relationship with Minor		Signature Of Guardian	
I/We _____ do hereby confirm that I/We do not intend to avail the nomination facility for this investment application <input type="checkbox"/> .						
For units to be held in Demat Mode, the Nomination details updated in the depository system shall prevail over the details mentioned herewith.						

In case you wish to hold units in demat, please fill this section. Please note that you can hold units in demat for all open ended schemes (except ETFs and IDCW options having IDCW frequency of less than a month).

Demat Account Details (Section IX)

NSDL

DP Name

DP ID

Beneficiary Account No.

CDSL

DP Name

DP ID

Beneficiary Account No.

Please ensure that your demat account details mentioned above are along with supporting documents evidencing the accuracy of the demat account. Bank details of DP will overwrite the existing details.

Investment & Payment Details (Section X)	Scheme Name	Plan	Option/ Sub-option	Frequency	Amount Invested (Rs.)	Payment Details		
						Cheque No./ DD No./ OTM/ UTR No.(RTGS/NEFT)	Bank and Branch	Source Account No.
		<input checked="" type="radio"/> Regular <input type="radio"/> Direct	<input type="radio"/> Growth <input type="radio"/> IDCW Payout <input type="radio"/> IDCW Reinvestment	<input type="radio"/> D <input type="radio"/> W <input type="radio"/> F* <input type="radio"/> M <input type="radio"/> B* <input type="radio"/> Q <input type="radio"/> H <input type="radio"/> A				
		<input checked="" type="radio"/> Regular <input type="radio"/> Direct	<input type="radio"/> Growth <input type="radio"/> IDCW Payout <input type="radio"/> IDCW Reinvestment	<input type="radio"/> D <input type="radio"/> W <input type="radio"/> F* <input type="radio"/> M <input type="radio"/> B* <input type="radio"/> Q <input type="radio"/> H <input type="radio"/> A				
		<input checked="" type="radio"/> Regular <input type="radio"/> Direct	<input type="radio"/> Growth <input type="radio"/> IDCW Payout <input type="radio"/> IDCW Reinvestment	<input type="radio"/> D <input type="radio"/> W <input type="radio"/> F* <input type="radio"/> M <input type="radio"/> B* <input type="radio"/> Q <input type="radio"/> H <input type="radio"/> A				

D = Daily, W = Weekly, F = Fortnightly, M = Monthly, B = Bi-monthly, Q = Quarterly, H = Half Yearly, A = Annually *This facility is available in Kotak Equity Arbitrage Fund only

If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)

☐ NRE

☐ NRO

☐ FCNR

☐ Others

(Please specify)

Please enclose a cancelled cheque leaf of this Bank in case your investment cheque is not from this account, else bank details of investment cheque shall be updated for payout

Bank Account Details (Section XI)

Name of Bank

Branch

Account No.

RTGS IFSC Code

MICR Code

City

NEFT IFSC Code

Account Type

☐ Current

☐ Savings

☐ NRO

☐ NRE

☐ FCNR

☐ Others

This is the 9 digit No. next to your Cheque No.

Declaration and Signatures (Section XII)

I/We have read and understood the contents of the Statement of Additional Information/ Scheme Information Document/ Key Information Memorandum of the respective scheme(s) of Kotak Mahindra Mutual Fund. I/We hereby apply for allotment / purchase of Units in the Scheme(s) indicated in Section XI above and agree to abide by the terms and conditions applicable thereto. I /We hereby declare that I/We are authorised to make this investment in the abovementioned Scheme(s) and that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by the Government of India from time to time. I/ We hereby authorise Kotak Mahindra Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my/our Investment Advisor and / or my bank(s) / Kotak Mahindra Mutual Fund's bank(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment.

I / We confirm that the distributor has disclosed all commission (in the form of trail commission or any other mode) payable to the distributor for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me /us.

I have examined the information provided by me in this form and to the best of my knowledge and belief it is true, correct, and complete.

Applicable to NRIs seeking repatriation of redemption proceeds: I/We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE / FCNR Account.

FATCA & CRS Declaration: I/We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/ us on this Form is true, correct, and complete. I/ We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer guideline No. 11).

SIGNATURE(S)
(To be signed by All Applicants)

Sole / First Applicant

Second Applicant

Third Applicant

Please tick if the investment is operated as POA / Guardian

☐ POA

☐ Guardian

Note : If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.

Checklist

Please ensure that:

☞ Your Application Form is complete in all respects & signed by all applicants:

- Name, Address and Contact Details are mentioned in full.
- Bank Account Details are entered completely and correctly. 9 digit MICR Code of your Bank is mentioned in the Application Form.
- **Permanent Account Number (PAN)** Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount.
- **Know Your Client (KYC)** Mandatory for irrespective of the amount of investment (please refer the guideline 2(d) for more information)

☞ Your Investment Cheque / DD is drawn in favour of **< Scheme Name >** dated and signed.

☞ Application Number is mentioned on the face of the cheque.

☞ A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form.

☞ Documents as listed below are submitted along with the Application form (as applicable to your specific case)

Document	Companies	Trusts	Societies	Partnership Firms	NRIs/ PIOs	FIS	Investments through Constituted Attorney
1. Resolution / Authorisation to invest	✓	✓	✓	✓		✓	
2. List of Authorised Signatories with Specimen Signature(s)	✓	✓	✓	✓		✓	✓
3. Memorandum & Articles of Association	✓						
4. Trust Deed		✓					
5. Bye-Laws			✓				
6. Partnership Deed				✓			
7. Notarised Power of Attorney							✓
8. Account Debit / Foreign inward Remittance Certificate from remitting Bank					✓	✓	
All documents in 1 to 8 above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public							

Distributor's ARN/ RIA Code*	Sub-Broker's ARN	Sub-Broker's Code	EUIN
ARN - 92245			E092536

- ☐ *By mentioning RIA code, I/We authorize you to share with the Distributor, the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund.
- Declaration for "Execution-only" transactions (only where EUIN box is left blank)**
- ☐ "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

SIGNATURE(S) (To be signed by All Applicants)		
	Sole / First Applicant	Second Applicant
	Third Applicant	

TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading 'Checklist' for details)

REQUEST FOR:

☐ Registration of SIP + OTM Registration
 ☐ Registration of SIP (for existing OTM)*
 ☐ Registration of MICRO SIP
 ☐ Renewal of SIP
 ☐ Change in Bank details

One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit

UMRN	F o r o f f i c e u s e	Date	
TICK (✓)	Sponsor Bank Code	Utility Code	For Office Use
CREATE <input checked="" type="checkbox"/>			
MODIFY <input checked="" type="checkbox"/>			
CANCEL <input checked="" type="checkbox"/>			
I/We hereby authorize		Kotak Mahindra Mutual Fund	
		to debit (tick ✓)	
		SB CA CC SB-NRE SB-NRO Other	
Bank a/c number			
with Bank		IFSC	or MICR
an amount of Rupees		₹	
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qyly <input checked="" type="checkbox"/> H Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		
DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount		
Reference 1	Folio Number	Phone No.	
Reference 2	Application Number	Email ID	
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.			
PERIOD			
From			
To	3 1 1 2 2 0 9 9		
Or	<input checked="" type="checkbox"/> Until Cancelled		
Signature Primary Account holder		Signature of Account holder	
1. Name as in Bank records		2. Name as in Bank records	
		3. Name as in Bank records	
This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.			

INVESTOR'S INFORMATION		
FOLIO NO.	Application No.	(For New Investors, pls. attach the application form)
Sole/ First Applicant	Second Applicant	Third Applicant
Name of Applicant	Name of Applicant	Name of Applicant
PAN	PAN	PAN

I would like to opt for Systematic Investment Plan

Scheme REGULAR Plan REGULAR Investment Frequency (Please✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly SIP Amount (✓) Rs. <input type="checkbox"/> 20000 <input type="checkbox"/> 10000 <input type="checkbox"/> 5000 <input type="checkbox"/> 1000 <input type="checkbox"/> Any other amount Rs. First SIP vide Cheque No. Dated DD / MM / YYYY SIP Date: (Please mention any date of the month between 1st to 31st) SIP Period: From MM / YYYY To MM / YYYY OR <input type="checkbox"/> Default Date (December 2099) * <input type="checkbox"/> Use existing One Time Debit Mandate (if already registered in the Folio) Bank Name Bank A/c No. 	Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW: <input type="radio"/> Payout <input type="radio"/> Re-investment IDCW Frequency Frequency (Please✓) <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly Fixed TOP UP Amount (Rs.) <input type="checkbox"/> 3000 <input type="checkbox"/> 1000 <input type="checkbox"/> 500 <input type="checkbox"/> Any other amount Rs. (Minimum Rs. 500 and in multiples of Rs. 500 thereof) Variable TOP UP Amount (%) <input type="checkbox"/> 20% <input type="checkbox"/> 15% <input type="checkbox"/> 10% <input type="checkbox"/> Any other percentage % (Minimum 10% and in multiples of 5% thereof) SIP TOP UP Cap Amount Rs.
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TOP UP CAP Amount: Investor has an option to freeze the SIP TOP UP amount once it reaches a fixed predefined amount. The fixed pre-defined amount should be same as the maximum amount mentioned by the investor in the NACH Debit Mandate Form. In case of difference between the CAP Amount & the maximum amount mentioned in NACH Debit Mandate Form, then amount which is lower of the two shall be considered as the default amount of SIP CAP Amount.

DEMAT ACCOUNT DETAILS Please ensure you submit supporting documents evidencing the accuracy of the demat account details mentioned below. Bank details of DP will overwrite the existing details.

In case you wish to hold units in demat, please fill this section. Please note that you can hold units in demat for all open ended schemes (except ETFs and IDCW options having IDCW frequency of less than a month).

☐ NSDL
 ☐ CDSL
 DP Name
 DP ID
 Beneficiary Account No.

Declaration and Signature

I/We have read and understood the contents of the SAI/ SID of the above referred Scheme(s) of Kotak Mahindra Mutual Fund. I/We hereby apply for allotment / purchase of Units in the Scheme(s) indicated as above and agree to abide by the terms and conditions applicable there to. I/We hereby declare that I am/We are authorized to make this investment in the above mentioned Scheme(s) and that the amount invested in the Scheme(s) is through legitimate sources only and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by the Government of India from time to time. I/We hereby authorize Kotak Mahindra Mutual Fund, its investment Manager and its agents to disclose details of my investment to my / our Investment Advisor and / or banks. I/We have neither received nor been induced by any rebate or gifts, directly, in making this investment. I/We also declare that the ARN Holder has disclosed all commission (in the form of trail commission or any other mode) payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

SIGNATURE(S) Sole / First Account Holder	Second Account Holder	Third Account Holder
To be signed by All Applicant's if mode of operation is "Joint". (As in Bank Records)		