



(Section III)	<b>Mode of Operation - Where there is more than one applicant [Please (✓)]</b>				
	<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)				

Guardian/ Contact Person if Non-Individual Applicant (Section IV)	Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)
	<b>Gross Annual Income Details in INR (please tick):</b> <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)				
	Please tick, if applicable, <input type="radio"/> <b>Politically Exposed Person (PEP)</b> <input type="radio"/> <b>Not Politically Exposed Person</b> *1 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.				

Power of Attorney (PoA) Holder (Section V)	Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)
	<b>Gross Annual Income Details in INR (please tick):</b> <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)				
	Please tick, if applicable, <input type="radio"/> <b>Politically Exposed Person (PEP)</b> <input type="radio"/> <b>Not Politically Exposed Person</b> *1 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.				

Correspondence Details of Sole/ First Applicant (Section VI)	<b>Address for Communication (Full Address Mandatory)</b>			<b>Overseas Address (Mandatory for NRI/ FI Applicants)</b>		
	House/ Flat No			House/ Flat No		
	Street Address			Street Address		
	City/ Town	State	Country	City/ Town	State	Country
	Country	Pin Code	Country	Country	Pin Code	Pin Code

**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 VII) (Mandatory) (to be filled in by individual(s) applying Singly or Jointly) Signature by all holders is Mandatory	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.					
	<b>DETAILS OF NOMINEE</b> Please tick any of the following: Proof of Identity: <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Others _____					
	Name & Address of Nominee	Relationship with Sole/ First unit holder (Mandatory)	Date of Birth (mandatory in case of Minor)	Proof of Identity	% Share	Signature Of Nominee
<b>DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)</b>						
Name & Address of Guardian	PAN	Relationship with Minor	Signature Of Guardian			
<input type="checkbox"/> I/ We have read and understood the instructions on nomination and I/ We hereby undertake to abide by the same. <input type="checkbox"/> I/ We hereby confirm that I/ We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.						
POA holder cannot nominate. Hence, sole/ all joint holder applicants must sign.	First/ Sole Unitholder: Signature	Unitholder 2: Signature	Unitholder 3: Signature			
Name: _____ Name: _____ Name: _____						

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 VIII)	<b>NSDL</b>	<b>CDSL</b>
	DP Name _____ DP ID _____ Beneficiary Account No. _____	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 IX)	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 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"/> B <input type="radio"/> W <input type="radio"/> Q <input type="radio"/> F* <input type="radio"/> H <input type="radio"/> M <input type="radio"/> A				
		<input 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"/> B <input type="radio"/> W <input type="radio"/> Q <input type="radio"/> F* <input type="radio"/> H <input type="radio"/> M <input type="radio"/> A				
		<input 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"/> B <input type="radio"/> W <input type="radio"/> Q <input type="radio"/> F* <input type="radio"/> H <input type="radio"/> M <input type="radio"/> A				
		<input 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"/> B <input type="radio"/> W <input type="radio"/> Q <input type="radio"/> F* <input type="radio"/> H <input type="radio"/> M <input type="radio"/> A				
		<input 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"/> B <input type="radio"/> W <input type="radio"/> Q <input type="radio"/> F* <input type="radio"/> H <input type="radio"/> M <input type="radio"/> A				

D = Daily, W = Weekly, F = Fortnightly, M = Monthly, B = Bi-monthly, Q = Quarterly, H = Half Yearly, A = Annually

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 X)	Name of Bank _____
	Branch _____ City _____
	Account No. _____
	IFSC Code _____ MICR Code _____ <small>This is the 9 digit No. next to your Cheque No.</small>
	Account Type <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR <input type="radio"/> Others (Please specify) _____

Declaration and Signatures (Section XI)	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.
	<b>Applicable to NRIs seeking repatriation of redemption proceeds:</b> 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.
	<b>FATCA &amp; CRS Declaration:</b> 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).
	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.
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 <input type="checkbox"/> POA <input type="checkbox"/> Guardian <b>Note :</b> If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.

Checklist	<b>Please ensure that:</b>																																																																								
	☞ Your Application Form is complete in all respects & signed by all applicants: <ul style="list-style-type: none"> <li>■ Name, Address and Contact Details are mentioned in full.</li> <li>■ Bank Account Details are entered completely and correctly. 9 digit MICR Code of your Bank is mentioned in the Application Form.</li> <li>■ <b>Permanent Account Number (PAN)</b> Mandatory for all Investors (Indian &amp; NRI) Irrespective of the Investment amount.</li> <li>■ <b>Know Your Client (KYC)</b> Mandatory for irrespective of the amount of investment (please refer the guideline 2(d) for more information)</li> </ul>																																																																								
	☞ 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)																																																																								
	<table border="1"> <thead> <tr> <th>Document</th> <th>Companies</th> <th>Trusts</th> <th>Societies</th> <th>Partnership Firms</th> <th>NRIs/ PIOs</th> <th>FIs</th> <th>Investments through Constituted Attorney</th> </tr> </thead> <tbody> <tr> <td>1. Resolution / Authorisation to invest</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td></td> <td>✓</td> <td></td> </tr> <tr> <td>2. List of Authorised Signatories with Specimen Signature(s)</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td></td> <td>✓</td> <td>✓</td> </tr> <tr> <td>3. Memorandum &amp; Articles of Association</td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. Trust Deed</td> <td></td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. Bye-Laws</td> <td></td> <td></td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. Partnership Deed</td> <td></td> <td></td> <td></td> <td>✓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7. Notarised Power of Attorney</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td>8. Account Debit/ Foreign inward Remittance Certificate from remitting Bank</td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> <td>✓</td> <td></td> </tr> </tbody> </table>	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					✓	✓	
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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 <sup>#</sup>	Sub-Broker's ARN	Sub-Broker's Code	Folio No.	EUIIN

- "By mentioning RIA code, I/ We authorise 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 EUIIN box is left blank)
- "I/ We hereby confirm that the EUIIN 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

**REQUEST FOR:**

Registration of SIP + OTM Registration       Registration of SIP (for existing OTM)\*

## 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	
	Sponsor Bank Code	For Office Use	Utility Code	For Office Use
<b>TICK (✓)</b>	I/We hereby authorize <b>Kotak Mahindra Mutual Fund</b> to debit (tick ✓) <b>SB CA CC SB-NRE SB-NRO Other</b>			
<input checked="" type="checkbox"/> CREATE				
<input checked="" type="checkbox"/> MODIFY				
<input checked="" type="checkbox"/> CANCEL				
	Bank a/c number			
	with Bank	IFSC	/ MICR	
	an amount of Rupees	₹		
<b>FREQUENCY</b>	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qytr <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		<b>DEBIT TYPE</b>	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
Reference 1	Folio Number	Phone No.		
Reference 2	Application Number	Email ID		
<p>1. I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood &amp; made by me/us. I am authorising the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. 3. I understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to the user entity/ corporate or the bank where I have authorised the debit.</p>				
<b>PERIOD</b>	Maximum period of validity of this mandate is 40 years only			
From				
To				
Maximum period of validity of this mandate is 40 years only				
	Signature Primary Account holder	Signature of Account holder	Signature of Account holder	
	1. Name as in Bank records	2. Name as in Bank records	3. Name as in Bank records	

INVESTOR'S INFORMATION		
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	Plan	Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW: <input type="radio"/> Payout <input type="radio"/> Re-investment
*Investment Frequency (Please ✓) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Specify Day (Mention any day, Monday to Friday) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually		IDCW Frequency
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	To
* <input type="checkbox"/> Use existing One Time Debit Mandate (if already registered in the Folio)		
Bank Name	Bank A/c No.	
<input type="checkbox"/> <b>SIP TOP UP</b> (Optional - Available for Monthly and Quarterly SIP frequency) (Please refer instructions overleaf)		
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"/> 100 <input type="checkbox"/> Any other amount	Rs. (Minimum Rs. 100/- and any amount thereafter)
	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. <b>OR</b> Top-Up Cap Month-Year

**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, IDCW and for SIP 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)		

Distributor's ARN/ RIA Code <sup>#</sup>	Sub-Broker's Name & Code	EUIN	FOLIO NO.	DATE
				DD / MM / YYYY

"By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund.  
 "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."

<b>SIGNATURE(S)</b>	 Sole/First Holder	 Second Holder	 Third Holder
	(To be signed by <b>All Unitholders</b> if mode of operation is 'Joint')		

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.

NAME OF SOLE/ FIRST HOLDER : \_\_\_\_\_  
 NAME OF SECOND HOLDER : \_\_\_\_\_  
 NAME OF THIRD HOLDER : \_\_\_\_\_

PAN	Sole / First Holder	Second Holder	Third Holder
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Note: Name shall be as per PAN card only

### ONE TIME MANDATE REGISTRATION FORM

UMRN  F o r o f f i c e u s e Date

Sponsor Bank Code  For Office Use Utility Code  For Office Use

TICK (✓)  
 CREATE  
 MODIFY  
 CANCEL

I/We hereby authorize  **Kotak Mutual Fund** to debit (tick ✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank a/c number

with Bank  IFSC  / MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qlyt  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1  Folio Number Phone No.

Reference 2  Application Number Email ID

1. I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. 3. I understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to the user entity/ corporate or the bank where I have authorised the debit.

PERIOD  Maximum period of validity of this mandate is 40 years only

From

To


Maximum period of validity of this mandate is 40 years only

Signature Primary Account holder \_\_\_\_\_ Signature of Account holder \_\_\_\_\_ Signature of Account holder \_\_\_\_\_

1. \_\_\_\_\_ Name as in Bank records 2. \_\_\_\_\_ Name as in Bank records 3. \_\_\_\_\_ Name as in Bank records

### INSTRUCTIONS

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Kotak Mahindra Mutual Fund.
- One Time Debit Mandate Form can be used for Systematic Purchase as well as Lump Sum Purchase.
- OTM Mandate date and OTM Period 'From' and 'To' in the mandate form are mandatory fields.
- Any charges payable by the investor to his/ her bank for registering and honouring this mandate will not be borne by the AMC and for the same to be debited to bank account, the mandate contains necessary authorisation.

	<b>OTM REGISTRATION FORM ACKNOWLEDGEMENT SLIP</b>	DATE <input type="text"/>
	(To be filled by Applicant)	DD MM YYYY
Folio Number <input type="text"/> Bank Name <input type="text"/> Amount <input type="text"/> Bank Account No. <input type="text"/>	Official Acceptance Point Stamp & Sign	
Please retain this Acknowledgement Slip for future reference		