

Distributor's ARN/ RIA Code#	Sub-Broker's ARN	Sub-Broker's Code	EUIN
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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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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.

Existing Unitholder Information (Section I)	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. Name of Sole / First Applicant: _____ PAN No.: _____ Folio No.: _____
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New Applicant's Personal Information (Mandatory) (Section II)	Name of Sole/ First Applicant^: _____ ^Name as per Income Tax	
	Name of Guardian^ (in case First Applicant is a Minor) _____ ^Name as per Income Tax	
	Guardian's Date of Birth as per PAN (mandatory)	<div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
	Relationship of Guardian with Minor <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian	Date of Birth of Minor <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
	Name of Sole Proprietor^ (incase Sole/ First applicant is Proprietorship Firm) _____ ^Name as per Income Tax	
	Mobile: _____ Belongs to: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor) <input type="radio"/> Dependent Child <input type="radio"/> Dependent Parent <input type="radio"/> Dependent Sibling <input type="radio"/> Custodian <input type="radio"/> POA <input type="radio"/> PMS	
	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 Child <input type="radio"/> Dependent Parent <input type="radio"/> Dependent Sibling <input type="radio"/> Custodian <input type="radio"/> POA <input type="radio"/> PMS	
	PAN/ PEKRN: <div style="border: 1px solid black; padding: 2px;"> </div>	Date of Birth/ Incorporation <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div> CKYC: <div style="border: 1px solid black; padding: 2px;"> </div>
	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)	
Please tick, if applicable, <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Not Politically Exposed Person		
Occupation of Applicant <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/ <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Agriculturist <input type="radio"/> Other _____ <input type="radio"/> Government Service <input type="radio"/> Agriculturist <input type="radio"/> Business <input type="radio"/> Student		
Non-Profit Organization" [NPO] <input type="radio"/> Yes <input type="radio"/> No We are falling under "Non-Profit Organisation" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). If yes, please quote the NPO Registration Number provided by DARPAN portal: _____ (If not registered already, please register immediately and confirm with the above information)		
Status of Applicant <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 (Please Specify) _____ <input type="radio"/> HUF <input type="radio"/> Public Limited Company <input type="radio"/> Registered Society <input type="radio"/> AOP/ BOI		
LEI Number (Legal Entity Identifier): _____ Valid till <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div> For Non individuals only:		

Name of Second Applicant: _____ ^Name as per Income Tax	
Mobile: _____ Belongs to: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor) <input type="radio"/> Dependent Child <input type="radio"/> Dependent Parent <input type="radio"/> Dependent Sibling <input type="radio"/> Custodian <input type="radio"/> POA <input type="radio"/> PMS	
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 Child <input type="radio"/> Dependent Parent <input type="radio"/> Dependent Sibling <input type="radio"/> Custodian <input type="radio"/> POA <input type="radio"/> PMS	
PAN/ PEKRN: <div style="border: 1px solid black; padding: 2px;"> </div>	Date of Birth/ Incorporation <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div> CKYC: <div style="border: 1px solid black; padding: 2px;"> </div>
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)	
Relationship with Sole/ First Applicant: _____ Please tick: <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Not Politically Exposed Person	
Name of Third Applicant: _____ ^Name as per Income Tax	
Mobile: _____ Belongs to: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor) <input type="radio"/> Dependent Child <input type="radio"/> Dependent Parent <input type="radio"/> Dependent Sibling <input type="radio"/> Custodian <input type="radio"/> POA <input type="radio"/> PMS	
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 Child <input type="radio"/> Dependent Parent <input type="radio"/> Dependent Sibling <input type="radio"/> Custodian <input type="radio"/> POA <input type="radio"/> PMS	
PAN/ PEKRN: <div style="border: 1px solid black; padding: 2px;"> </div>	Date of Birth/ Incorporation <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div> CKYC: <div style="border: 1px solid black; padding: 2px;"> </div>
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)	
Relationship with Sole/ First Applicant: _____ Please tick: <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Not Politically Exposed Person	
*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.	

ACKNOWLEDGEMENT SLIP	 (TO BE FILLED BY APPLICANT)		Appl. CA
	An application for allotment of units in the following scheme:		
	Instrument Details	Investment Details	
	Received from: _____ No. _____ Dated DD/MM/YYYY Rs. _____ Bank & Branch _____	Scheme _____ Plan _____ PAN _____	Option _____
	Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement		Official Acceptance Point Stamp & Sign

(Section III)	Mode of Operation - Where there is more than one applicant [Please (✓)] <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)				
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Guardian/ Contact Person if Non-Individual Applicant (Section IV)	Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)
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) <u>DD / MM / YYYY</u> Rs. _____ (should not be older than 1 year)					
Please tick, if applicable, <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Not Politically Exposed Person *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.					

Power of Attorney (PoA) Holder (Section V)	Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)
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) <u>DD / MM / YYYY</u> Rs. _____ (should not be older than 1 year)					
Please tick, if applicable, <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Not Politically Exposed Person *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.					

Correspondence Details of Sole/ First Applicant (Section VI)	Address for Communication (Full Address Mandatory)		Overseas Address (Mandatory for NRI/ FII Applicants)	
	House/ Flat No		House/ Flat No	
	Street Address		Street Address	
	City/ Town	State	City/ Town	State
	Country	Pin Code	Country	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: <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office (for address mentioned in form/existing address appearing in Folio)			
Mandatory Information	First Applicant/ Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Is the applicant(s) / guardian's Country of Birth/ Citizenship/ Nationality/ Tax Residency other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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/ Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
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. Country of Tax Residency Proof to be attached where applicable			

Investment & Payment Details (Section VII)	Scheme Name	Plan	Option/ Sub-option	Frequency	Amount Invested (Rs.)	Payment Details		
						Cheque No./ OTM/ UTR No. (RTGS/ NEFT)	Bank & 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				

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

KOTAK MAHINDRA MUTUAL FUND

6th Floor, Kotak Infinity, Building No. 21, Infinity Park,
Off. Western Express Highway, Gen.A.K. Vaidya Marg,
Malad (E), Mumbai - 400 097.

☎ 1800 309 1490 (Toll-free), 044-4022 9101

🌐 www.kotakmf.com

Computer Age Management Services Ltd.

No 178/10, Kodambakkam High Road,
Ground Floor, Opp. Hotel Palmgrove,
Nungambakkam, Chennai - 600034.

☎ 044 6110 4034

✉ enq_k@camsonline.com 🌐 www.camsonline.com

Nomination Details (Section VIII) (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.					
	DETAILS OF NOMINEE 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
DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)						
Name & Address of Guardian		Date of Birth	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 IX)	NSDL		CDSL	
	DP Name _____		DP Name _____	
	DP ID _____	Beneficiary Account No. _____	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.			

If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)	
<input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others _____	(Please specify) _____

Please enclose a cancelled cheque 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 This is the 9 digit No. next to your Cheque No.
	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.		
	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).		
KYC Declaration: <ul style="list-style-type: none"> I/ We hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/ directions issued by any governmental or statutory authority from time to time I/ We hereby consent to receiving information from Central KYC Registry through SMS/ E-mail on the above registered number/ email address. I also providing consent to MF/ AMC/ KRA to share this KYC data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/ Rules/ SEBI guidelines. I/ We hereby consent to receiving information from central KYC Registry through SMS/ E-mail on the above registered number/email address and to download the information from CKYCR. I/ We am/ are providing the consent to MF/ RTA/ SEBI registered intermediary to share this KYC data/ applicable Aadhaar XML data with KRA and share the data to other participating intermediaries as mandate by PMLA Act/ Rules/ SEBI guidelines. 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)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
	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 Note : If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.			

Systematic Investment Plan Form

(Debit Mandate Form NACH/ ECS/ Direct Debit)

Distributor's ARN/ RIA Code*	Sub-Broker's ARN	Sub-Broker's Code	Folio No.	EUIN

- ☐ *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 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	

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	DDMMYYYY
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TICK (✓) CREATE <input checked="" type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL <input type="checkbox"/>	Sponsor Bank Code For Office Use	Utility Code For Office Use	
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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 / MICR

an amount of Rupees ₹

FREQUENCY ☒ Mthly ☒ Qytr ☒ 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 	Signature Primary Account holder	Signature of Account holder	
To 	1. Name as in Bank records	2. Name as in Bank records	3. Name as in Bank records

Maximum period of validity of this mandate is 40 years only

INVESTOR'S INFORMATION

Application No. (For New Investors, pls. attach the application form)		
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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 IDCW Frequency
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*Investment Frequency (Please ✓) ☐ Daily ☐ Weekly Specify Day (Mention any day, Monday to Friday) ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually

SIP Amount (✓) Rs. ☐ 20000 ☐ 10000 ☐ 5000 ☐ 1000 ☐ Any other amount Rs. First SIP vide Cheque No. Dated DDMMYYYY

SIP Date: (Please mention any date of the month between 1st to 31st) SIP Period: From DDMMYYYY To DDMMYYYY

*☐ Use existing One Time Debit Mandate (if already registered in the Folio)

Bank Name Bank A/c No.

☐ **SIP TOP UP** (Optional - Available for Daily, 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 & 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% & in multiples of 5% thereof) SIP TOP UP Cap Amount Rs. OR Top-Up Cap Month-Year MMYYYY (Mandatory for Variable SIP Top-Up Plan)
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Sole/ First Applicant's PAN	
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Folio No.	
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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 existing details.			
If you wish to hold units in demat, please fill this section. You can hold units in demat for all open-ended schemes (except ETFs, IDCW and for SIP frequency of less than a month)			
<input type="checkbox"/> NSDL	<input type="checkbox"/> 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)			