

ARN-257030

Sub-Broker's ARN

Sub-Broker's Code

E 479794

- ☐ 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

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.: _____

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	
	Relationship of Guardian with Minor <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian	Date of Birth of Minor DD MM YYYY
	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 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	
	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: _____	Date of Birth/ Incorporation DD MM YYYY CKYC: _____
	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 Organization" [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) – For Non individuals only: _____ Valid till DD MM YYYY		
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 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		
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		
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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 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		
Email: _____ Tel (Res./ Off.) _____		
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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

Received from: _____	Scheme _____
No. _____ Dated DD / MM / YYYY Rs. _____	Plan _____
Bank & Branch _____	Option _____

Scheme
Plan
Option

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)				

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) 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 *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) 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 *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: ☐ 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.**

Country of Tax Residency Proof to be attached where applicable

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.					
	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: _____		

Distributor's ARN/ RIA Code [*]	Sub-Broker's ARN	Sub-Broker's Code	Folio No.	EUIN
ARN-257030				E 479794

- ☐ *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)* ☐ Registration of Top-Up plan for existing SIP

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

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			
TICK (✓)	I/We hereby authorize Kotak Mahindra Mutual Fund to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other								
CREATE <input checked="" type="checkbox"/>	Bank a/c number								
MODIFY <input type="checkbox"/>									
CANCEL <input type="checkbox"/>									
with Bank	IFSC				/ MICR				
an amount of Rupees									₹
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qytl <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				
<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 & 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>									
PERIOD	Maximum period of validity of this mandate is 40 years only								
From					Signature Primary Account holder		Signature of 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

<input type="checkbox"/> Existing SIP Details for which SIP Top-Up needs to be registered					<input type="checkbox"/> Fresh SIP Registration					
Scheme					Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW: <input type="radio"/> Payout <input type="radio"/> Re-investment				
Plan					IDCW Frequency					
*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					
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SIP Date:	(Please mention any date of the month between 1st to 31st)				SIP Period: From	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		To	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
* <input type="checkbox"/> Use existing One Time Debit Mandate (if already registered in the Folio)										
Bank Name					Bank A/c No.					
<input type="checkbox"/> 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/- 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		<input type="text"/> % (Minimum 10% and in multiples of 5% thereof)			
	SIP TOP UP Cap Amount Rs.				OR Top-Up Cap Month-Year		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		(Mandatory for Variable SIP Top-Up Plan)	

<input type="checkbox"/> Existing SIP Details for which SIP Top-Up needs to be registered		<input type="checkbox"/> Fresh SIP Registration																			
Scheme <input style="width: 400px;" type="text"/>		Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW: <input type="radio"/> Payout <input type="radio"/> Re-investment																			
Plan <input style="width: 200px;" type="text"/>		IDCW Frequency <input style="width: 100px;" type="text"/>																			
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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 <input style="width: 80px;" type="text"/> Rs. <input style="width: 80px;" type="text"/>		First SIP vide Cheque No. <input style="width: 80px;" type="text"/> Dated <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y														
SIP Date: <table border="1" style="display: inline-table; text-align: center; width: 40px;"><tr><td></td><td></td></tr></table> (Please mention any date of the month between 1st to 31st)				SIP Period: From <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y														
D	D	M	M	Y	Y	Y	Y														
* <input type="checkbox"/> Use existing One Time Debit Mandate (if already registered in the Folio)																					
Bank Name <input style="width: 250px;" type="text"/>		Bank A/c No. <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			

<input type="checkbox"/> 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 <input style="width: 80px;" type="text"/> Rs. <input style="width: 80px;" type="text"/> (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 <input style="width: 80px;" type="text"/> % (Minimum 10% and in multiples of 5% thereof)						
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M	M	Y	Y	Y	Y		

<input type="checkbox"/> Existing SIP Details for which SIP Top-Up needs to be registered		<input type="checkbox"/> Fresh SIP Registration																			
Scheme <input style="width: 400px;" type="text"/>		Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW: <input type="radio"/> Payout <input type="radio"/> Re-investment																			
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	Variable TOP UP Amount (%) <input type="checkbox"/> 20% <input type="checkbox"/> 15% <input type="checkbox"/> 10% <input type="checkbox"/> Any other percentage <input style="width: 80px;" type="text"/> % (Minimum 10% and in multiples of 5% thereof)						
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M	M	Y	Y	Y	Y		

<input type="checkbox"/> Existing SIP Details for which SIP Top-Up needs to be registered		<input type="checkbox"/> Fresh SIP Registration																			
Scheme <input style="width: 400px;" type="text"/>		Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW: <input type="radio"/> Payout <input type="radio"/> Re-investment																			
Plan <input style="width: 200px;" type="text"/>		IDCW Frequency <input style="width: 100px;" type="text"/>																			
*Investment Frequency (Please✓) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input style="background-color: #e0e0e0;" type="text" value="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																					
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 <input style="width: 80px;" type="text"/> Rs. <input style="width: 80px;" type="text"/>		First SIP vide Cheque No. <input style="width: 80px;" type="text"/> Dated <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y														
SIP Date: <table border="1" style="display: inline-table; text-align: center; width: 40px;"><tr><td></td><td></td></tr></table> (Please mention any date of the month between 1st to 31st)				SIP Period: From <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y														
D	D	M	M	Y	Y	Y	Y														
* <input type="checkbox"/> Use existing One Time Debit Mandate (if already registered in the Folio)																					
Bank Name <input style="width: 250px;" type="text"/>		Bank A/c No. <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			




<input type="checkbox"/> 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 <input style="width: 80px;" type="text"/> Rs. <input style="width: 80px;" type="text"/> (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 <input style="width: 80px;" type="text"/> % (Minimum 10% and in multiples of 5% thereof)						
	SIP TOP UP Cap Amount <input style="width: 80px;" type="text"/> Rs. <input style="width: 80px;" type="text"/> OR Top-Up Cap Month-Year <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Mandatory for Variable SIP Top-Up Plan)	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y		

DEMAT ACCOUNT DETAILS Please ensure that 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)			
<input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL	DP Name <input style="width: 150px;" type="text"/>	DP ID <input style="width: 80px;" type="text"/> Beneficiary Account No. <input style="width: 150px;" type="text"/>

Declaration and Signature		
<p><small>I/We have read and understood the contents of the SAV/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 thereto. 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.</small></p>		
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)		

ARN-257030	Sub-Broker's ARN	Sub-Broker's Code	Folio Number	E 479794
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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."

 Sole/Frist Applicant	 Second Applicant	 Third Applicant
To be signed by All Applicants 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.

Investor's Information

Application No. <small>(For New Investors, Please attach the application form)</small>		
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 Transfer Plan** ☐ **Systematic Withdrawal Plan**

Systematic Transfer Plan: Kindly strike-off unused rows (which are not being filled-out by you)

1	From Source Scheme: Kotak Transfer Option (Please ✓) <input type="checkbox"/> Fixed Sum OR <input type="checkbox"/> Entire Appreciation* Frequency: <input type="checkbox"/> Daily* <input type="checkbox"/> Weekly <input type="text" value="Specify Day"/> Mention any day, Monday to Friday <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="text" value="DD"/> Mention any date of the month	To Target Scheme: Kotak STP Period: Start Date <input type="text" value="DDMMYY"/> End Date <input type="text" value="DDMMYY"/> No. of Installments: <input type="text"/> Amount (Rs.) <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,000 <input type="checkbox"/> 5,000 <input type="checkbox"/> Other _____
2	From Source Scheme: Kotak Transfer Option (Please ✓) <input type="checkbox"/> Fixed Sum OR <input type="checkbox"/> Entire Appreciation* Frequency: <input type="checkbox"/> Daily* <input type="checkbox"/> Weekly <input type="text" value="Specify Day"/> Mention any day, Monday to Friday <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="text" value="DD"/> Mention any date of the month	To Target Scheme: Kotak STP Period: Start Date <input type="text" value="DDMMYY"/> End Date <input type="text" value="DDMMYY"/> No. of Installments: <input type="text"/> Amount (Rs.) <input type="checkbox"/> 1,000 <input type="checkbox"/> 2,000 <input type="checkbox"/> 5,000 <input type="checkbox"/> Other _____




Systematic Withdrawal Plan

1	From Source Scheme: Kotak Withdrawal Option (Please ✓) <input type="checkbox"/> Fixed Sum OR <input type="checkbox"/> Entire Appreciation Frequency: <input type="checkbox"/> Daily* <input type="checkbox"/> Weekly <input type="text" value="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 <input type="text" value="DD"/> Mention any date of the month	Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment Commencement Date <input type="text" value="DDMMYY"/> To <input type="text" value="DDMMYY"/> No. of Installments <input type="text"/>
2	From Source Scheme: Kotak Withdrawal Option (Please ✓) <input type="checkbox"/> Fixed Sum OR <input type="checkbox"/> Entire Appreciation Frequency: <input type="checkbox"/> Daily* <input type="checkbox"/> Weekly <input type="text" value="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 <input type="text" value="DD"/> Mention any date of the month	Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment Commencement Date <input type="text" value="DDMMYY"/> To <input type="text" value="DDMMYY"/> No. of Installments <input type="text"/>


Declaration and Signatures

I/We have read and understood the contents of the SID/ SAI 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/We 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.

 Sole/Frist Applicant	 Second Applicant	 Third Applicant
To be signed by All Applicants if mode of operation is "Joint"		

Acknowledgement Slip (To be filled by Applicant)

	Please retain this Acknowledgement Slip for future reference	DATE: <input type="text" value="DDMMYY"/>	
Received from (Investor's Name)	<input type="text"/>		
Folio Number	<input type="text"/>		
Request for	<input type="checkbox"/> STP <input type="checkbox"/> SWP		
			Official Acceptance Point Stamp & Sign