

### COMMON APPLICATION FORM

Appl. CA Date: DD / MM / YYYY

	ARN-257030	Sub-Broker's ARN	Sub-Broker's Code	E 479794
Kota	nentioning RIA/PMS code, I/ We authorize you to share w k Mahindra Mutual Fund. Declaration for"Execution-only e hereby confirm that the EUIN box has been intentionally left blank on of the above distributor/sub broker or notwithstanding the advice c	" transactions (only where EUIN by me/us as this transaction is execute	box is left blank) d without any interaction or advice by the	e employee/relationship manager/sale
SIGNATURE(S)	Sole / First Applicant	Second Applicant (To be signed by <b>All Applicants)</b>		Third Applicant
	mmission shall be paid directly by the investor to the AMFI registered distr		nt of various factors including the service rend	lered by the distributor.
Existing Unitholder Information (Section I)	If you have, at any time, invested in any Scheme of Kotak Mahindr and PAN details below and proceed to Section Investment Details. Name of Sole / First Applicant:			•
	Name of Sole/ First Applicant^:			^Name as per Income Tax
	Name of Guardian^ (in case First Applicant is a Minor)           Relationship of Guardian with Minor         O Father           Name of Sole Proprietor^ (incase Sole/ First applicant is Pro-	O Mother O Legal Guardian	Date of Birth of Minor	^Name as per Income Tax         D       M       M       Y       Y       Y         ^Name as per Income Tax
	Mobile: Belongs to: O Self O Spouse O Gu Email:	ardian (for Minor investment) O Depend	ent Child O Dependent Parent O Depender Tel (Res./ Off.)	nt Sibling O Custodian O POA O PMS
	Email Address belongs to: O Self O Spouse O Guardian (for Minor	investment) O Dependent Child O Depe	, ,	odian O POA O PMS
	PAN/ Date of PEKRN: Date of Incorpo		Y Y СКҮС:	
	Gross Annual Income Details in INR (please tick): O < 1 I or Net-	ac O 1 - 5 lac O 5 - 10 lac O worth as on (date) DD / MM / `	YYYY Rs	
	Please tick, if applicable, O Politically Exposed Person (PEP) Occupation of Applicant O Private Sector Service O Busir			
	O Public Sector/ O Profe O Government Service O Agric	ssional O Housewife	O Professional O O Agriculturist O O Student	Other
Personal Information (Mandatory) (Section II)	Non-Profit Organization" (NPO) O Yes O No We are falling under "Non-Profit Organization" (NPO) which has been co registered as a trust or a society under the Societies Registration Act, 1860 If yes, please quote the NPO Registration Number provided by DARPAN po (If not registered already, please register immediately and confirm with the	(21 of 1860) or any similar State legislation	es referred to in clause (15) of section 2 of the or a Company registered under the section 8 c	Income-tax Act, 1961 (43 of 1961), and is of the Companies Act, 2013 (18 of 2013).
Personal Informa (Section II)	Status of Applicant         O         Proprietorship           O Resident Individual         O         Proprietorship           O NRI on Repatriation Basis (NRE)         O         Partnership Firm           O NRI on Non-Repatriation Basis (NRO)         O         Private Limited Com           O HUF         O         Public Limited Comp           LEI Number (Legal Entity Identifier) –         Image: Comp (Comp (C		e O Superannuation Fund O O O Trust O O O AOP/ BOI	Foreign Institutional Investor On behalf of Minor Other (Please Specify)
icant's	For Non individuals only:		Valid till	D D M M Y Y Y Y
New Applicant	Name of Second Applicant:			^Name as per Income Tax
New	Mobile: Belongs to: O Self O Spouse O Gu Email:	ardian (for Minor investment). O Depend	ent Child O Dependent Parent O Depender Tel (Res./ Off.)	nt Sibling O Custodian O POA O PMS
	Email Address belongs to: O Self O Spouse O Guardian (for Minor	investment) O Dependent Child O Depe	endent Parent O Dependent Sibling O Custo	odian O POA O PMS
	PAN/ PEKRN: Date of Incorpo		Ү Ү СКҮС:	
	<b>Gross Annual Income Details</b> in INR (please tick): O < 1 I		10 - 25 lac O 25 lac - 1 cr O 1 cr -	
	Relationship with Sole/ First Applicant:		k: O Politically Exposed Person (PEP)	-
	Name of Third Applicant:			^Name as per Income Tax
	Mobile: Belongs to: O Self O Spouse O Gu	ardian (for Minor investment) O Depend	ent Child O Dependent Parent O Depender	nt Sibling O Custodian O POA O PMS
	Email: Email Address belongs to: O Self O Spouse O Guardian (for Minor	investment) O Dependent Child, O Depe	Tel (Res./ Off.)	odian O POA O PMS
	PAN/ PEKRN: Date of Incorpo	Birth/		
	Gross Annual Income Details in INR (please tick): O < 1 I	ac O 1 - 5 lac O 5 - 10 lac O		
	or Net-		K: O Politically Exposed Person (PEP)	
	*I declare that the information is to the best of my knowledge and belief, accurate and comp			
	<i></i>			
CKNOWLEDGEMENT SLIP	An application for allotment of units in the	(To be filled by Applican the following scheme:	-	Appl. CA
DGEM	Instument Details Received from:	Scheme	Investment Details	
OWLE	No Dated DD / MM / YYYY Rs			
ACKN	Bank & Branch ease retain this silp, duly acknowledged by the Official Collection Center till you receive you	Option r Account Statement		Official Acceptance Point Stamp & Sign

(Section III)	Mode of Operation - Where O First Applicant only O Ar		-		ne or survivor,	, in case of I	more than one	applicant)				
act - cant	. Nan	ne .		PAN		Country	of Birth		Nationality	/	Tax Reference Numbe	er (for NRI)
Guardian/ Contact Person if Non- Individual Applicant (Section IV)	Gross Annual Income Deta or Net-worth as on (date) D Please tick, if applicable, O *I declare that the informatic Co. Ltd. immediately in case	Politically Exposed Perso on is to the best of my know	on (PEP) (	D Not Polit elief, accur	O 5 - 10 k (should not b tically Expose ate and comp	be older tha	n 1 year)	D 25 lac - 1 c ak Mahindra		cr - 5 cr und/ Kotak N		O > 10 cr agement
		Name		PAN		Country	of Birth		Nationality	/	Tax Reference Numbe	er (for NRI)
Power of Attorney (PoA) Holder (Section V)	<b>Gross Annual Income Deta</b> or Net-worth as on (date) DD Please tick, if applicable, O *I declare that the informatic Co. Ltd. immediately in case	Politically Exposed Perso on is to the best of my know	on (PEP) (	D Not Polit	O 5 - 10 l (should not b tically Expos ate and comp	ac O 10 be older tha	0 - 25 lac ( n 1 year)	D 25 lac - 1 c ak Mahindra		cr - 5 cr und/ Kotak N	O 5 cr - 10 cr (	O > 10 cr
u ils	Address fo	r Communication (Full Add	ress Mandato	ory)			Oversea	s Address (N	landatory	for NRI/ FII	Applicants)	
Deta plica I)		House/ Flat No		-				ł	- House/ Flat	No		
Correspondence Details of Sole/ First Applicant (Section VI)						-	Street Addr	ress				
pond e/ Fir (Sect	City/ Town	State				City/ Town				State		
orres of Sol	Country	Pin Code				Country				Pin Code	2	
	CRS INFORMATION [Plea	es tick ( ()] for Individu	uala (Manda	atomy) No	ا			براما سمم بمرام	4		FATCA datail form	
Address Is the ap If Yes, Ple	w information is required Type:  Residential pplicant(s) / guardian's Cor asse provide the following in dicate all countries in which	Business untry of Birth / Citizens formation [Mandatory]	□ Regist hip / Natio	nality / Ta	ax Residenc	y other th		n/existing a	address a	appearing	in Folio)	
Categor	у		First	t Applicar	nt/ Minor		Second A	pplicant/ G	uardian		Third Applicar	nt
Place/ Cit	ty of Birth											
Country	of Birth											
Country	of Tax Residency – 1**											
Tax Payer	Ref. ID No. – 1^											
Tax Ident	ification Type – 1 [TIN or Oth	ner, please specify]										
Country	of Tax Residency – 2**											
Tax Payer	Ref. ID No. – 2^											
Tax Ident	ification Type – 2 [TIN or Oth	ner, please specify]										
Country	of Tax Residency – 3**											
Tax Payer	Ref. ID No. – 3^											
Tax Ident	ification Type – 3 [TIN or Oth	ner, please specify]										
	include USA, where the ind Tax Residency Proof to be atta		n card holde	er of USA.	^ In case Tax	dentifica	ntion Number	is not avail	able, kind	dly provide	its functional equ	ivalent.
ly)	// We		ne Nominee ad	cknowledgi of Identity:	olication No ing receipt the	ereof, shall b Aadhaar [	e a valid dischar	the event of r ge by the AM	my/our dea IC/ Mutual	ath. I/we also	o understand that all p	iominate bayments
ory) Joint	Name &	Address of Nominee		Sole/ Firs	ndatory)	(manda	atory in case Minor)	Proof of Id	lentity	% Share	Signature Of No	minee
Nomination Details (Section VII) (Mandatory) be filled in by Individual(s) applying Singly or Jointly) Signature by all holders is Mandatory												
s (Sec Jal(s) hold		N (to be furnished in ca	se Nominee	is a mine	or)							
ion Details by Individu ure by all		Address of Guardian			e of Birth		PAN	Relat	ionship w	ith Minor	Signature Of Gua	ırdian
Nominati (to be filled in Signat	I /We hereby confirm that of nominee(s) and furthe	erstood the instructions on n at I We do not wish to appoi er are aware that in case of c sed on the value of assets he	nt any nomine leath of all the	e(s) for my i account ho	mutual fund u older(s), my / c	units held in i	my/our mutua					
	POA holder cannot nominate. Hence, sole/ all joint holder applicants must sign.	First/ Sole Unitho	lder: Signatu	ıre		Unitholder	· 2: Signature			Unithold	er 3: Signature	
		Name:			Name:				Name:			

#### KOTAK MAHINDRA MUTUAL FUND

### Computer Age Management Services Ltd.

No 178/10, Kodambakkam High Road, Ground Floor, Opp. Hotel Palmgrove, Nungambakkam, Chennai - 600034. 2044 6110 4034 2044 enq\_k@camsonline.com

In case you	wish to hold units in demat, please fill this section. Please no	ote that you	can hold units in demat fo	or all open er	ded schemes	(except ETFs an	d IDCW options hav	ving IDCW fr	equency of	less than a month).		
ils	NSDL			0	DSL							
Demat Account Details (Section VIII)					- N							
Demat unt De ction V	DP Name         DP Name											
Ccot (Sec	DP ID	Ber	eficiary Account No.	_		DP ID		E	Beneficiary	Account No.		
٩ ٩	Please ensure that your demat account details mentioned	above are a	long with supporting do	cuments evi	lencing the ad	curacy of the o	demat account. Ban	k details of I	DP will over	write the existing details.		
					Amou	unt		Payment	Details			
	Scheme Name	Plan	Option/ Sub-option	Frequend	y Invested	(Pc) Che	eque No./ OTM/ No. (RTGS/ NEFT)	Bank an	d Branch	Source Account No.		
			O Growth	O D O								
		<ul> <li>Regular</li> <li>Direct</li> </ul>	O IDCW Payout	OW O OF* O	4							
) and			O IDCW Reinvestment	OM O	-							
yme XI n		O Regular	Growth     IDCW Payout	Ōw Ō	2							
& Pa		<ul> <li>Direct</li> </ul>	O IDCW Reinvestment	O F* O O M O								
ent a		Regular	O Growth	OD O OW O								
stme		O Direct	IDCW Payout     IDCW Reinvestment	OF* O	4							
Investment & Payment Details (Section IX)			O Growth	O D O	3							
		<ul> <li>Regular</li> <li>Direct</li> </ul>	O IDCW Payout	OW O OF* O								
			O IDCW Reinvestment	OM O								
		<ul> <li>Regular</li> <li>Direct</li> </ul>	Growth	Ōw Ō	2							
		Obliect	O IDCW Reinvestment	O F* O O M O								
D = Daily, W	/ = Weekly, F = Fortnightly, M = Monthly, B = Bi-monthly, Q =	= Quarterly,	H = Half Yearly, A = Ann	ually								
	an NRI Investor, please indicate source of funds for yo		ent (Please 🗸)									
○ NRE		ners				(	Please specify)					
Please e	nclose a cancelled cheque leaf of this Bank in cas	e your in	vestment cheque is r	ot from t	nis account,	else bank d	etails of investm	ient chequ	e shall be	e updated for payout		
ils	Name of Bank											
Deta ()	Branch				City							
unt on )	Account No.											
Account (Section			7			do 🗌						
Bank Account Details (Section X)	IFSC Code       MICR Code       This is the 9 digit No. next to your Cheque No.         Account Type       Current       Savings       NRC       FCNR       Others (Please specify)       This is the 9 digit No. next to your Cheque No.											
Bã	Account Type O Current O Savings O NRO	() NRE	<b>FCNR</b> Others	Please specify	)							
Declaration and Signatures (Section XI)	We have read and understood the contents of the Stater Mutual Fund. I /We hereby apply for allotment / purchase of We are authorised to make this investment in the abovem the purpose of any contravention or evasion of any Act, R applicable laws enacted by the Government of India from my/our Investment Advisor and / or my bank(s) / Kotak Mah I /We confirm that the distributor has disclosed all commiss amongst which the Scheme is being recommended to me / I have examined the information provided by me in this form <b>Applicable to NRIs seeking repatriation of redemptio</b> approved banking channels or from funds in my/our NRE / F <b>FATCA &amp; CRS Declaration:</b> I/We have understood the infc Form is true, correct, and complete. I/ We also confirm that I I / We hereby declare that I am not making this appl governmental or statutory authority from time to time V / We hereby consent to receiving information from C KYC data with CKYCR, download the information from ce I / We hereby declare that I am not making this appl governmental or statutory authority from time to time to the hereby declare that I am not making this appl governmental or statutory authority from time to time () / We hereby declare that I am not making this appl governmental or statutory authority from time to time () / We hereby declare that I am not making this appl governmental or statutory authority from time to time () / We hereby declare that I am not making this appl governmental or statutory authority from time to time () / We hereby declare that I am not making this appl governmental or statutory authority from time to time () / We hereby declare that I am not making this appl governmental or statutory authority from time to time () / We and <i>i</i> providing the consent to MF/RTA/SEBI mandate by PMLA Act/ Rules/SEBI guidelines. () / We apply declare that the details for any communication with b () / We apply declare that the details for any communication with b () / We apply declare that the details for any communication with b () / We apply declare tha	on (in the fo us. n and to the <b>n proceeds</b> CNR Accou romation rec /We have r ication for ' entral KYC m CKYCR a ntral KYC R m CKYCR a registered in registered in refrue & co (MAMC. PI d of physica	orm of trail commission or best of my knowledge ar s: I/We confirm that I am/ nt. quirements of this Form (r aed and understood the F the purpose contraventii Registry through SMS/ E- nd other participating int ad other participating int attermediary to share this rect to the best of my kn ease note all kinds of in t, for investors who provid	any other rr d belief it is t we are Non- ead along w ATCA & CRS on of any Ar- mail on the ar- rrmediaries. and of the ar- kYC data/ a wyledge and vestor comm le their ermail	ode) payable : rue, correct, a Resident(s) of ith FATCA & C Terms and Co t, Rules, Regu above registered splicable Aadl undertake to nunication, Tr address.	to the distribute nd complete. Indian Nationa RS Instructions nditions and he ulations or any red number/email number/email nar XML data inform KMAM ansaction Info	or for the different c ality / Origin and tha ) and hereby confirm reeby accept the sam statute of legislatic nail address. I also p Jles/SEBI guidelines ddress and to dow with KRA and share C of any changes th rmation, Statemen	ompeting Sc It I/We have in In that the in In that the in In (Refer gu In or any no providing cor providing cor provid	hemes of va remitted fun formation p iddeline No. > thifications/ nsent to MF. formation fr other partic liately, and I t, Annual R	arious Mutual Funds from nds from abroad through provided by me/ us on this 11). directions issued by any / AMC/ KRA to share this rom CKYCR. ipating intermediaries as /we approve the usage of leport and other kind of		
Checklist	Please ensure that:         P Your Application Form is complete in all respects &         Name, Address and Contact Details are mention         Bank Account Details are entered completely an         Permanent Account Number (PAN) Mandate         Know Your Client (KYC) Mandatory for irresp         Provide the entered completely and the entered on the face of the other entered entered on the face of the other entered entered on the face of the other entered en	ned in full. ad correctly pry for all Ir ective of th <b>&lt; Scheme</b> e cheque. case your th the Appl	4.9 digit MICR Code of y ivestors (Indian & NRI) Ir e amount of investmer Name > dated and sig investment cheque is no ication form (as applica	respective of t (please re- ned. ot from the	of the Investment for the guidel pank accoun specific case)	nent amount. ine 2(d) for mo t that you have	ore information)	NRIs/ I PIOs	Fils Inv	vestments through nstituted Attorney ✓		
	7. Notarised Power of Attorney									✓		
	8. Account Debit/ Foreign inward Remittance Cer		5					~	~			
	All documents in 1 to 8 above should be origin	als / true c	opies certified by the D	Director / Tr	ustee / Comp	bany Secretary	/ Authorised Sigi	natory / No <sup>.</sup>	tary Public			



# Multiple SIP Form (Debit Mandate Form OTM/ NACH/ ECS/ Direct Debit)

Distributor's ARN/ RIA			Sub-Brok	er's ARN	9	Sub-Bro	ker's C	ode			Foli	o No.			E	EUIN 1797		
<ul> <li>By mentioning RIA code, I/ We a Declaration for "Execution-only" to Declaration for "Execution-only" to "I/ We hereby confirm that the EU relationship manager/ sales person relationship manager/ sales person</li> </ul>	ansactions ( N box has bon of the ab	only where een intentio ove distribu	EUIN box is lo nally left bla utor/ sub bro	eft blank)		-						-	-					
SIGNATURE(S) To be signed by All Applicants) Sole / Liust	- 1º - i																	
Sole / First /	Applicant	_	_	Seco	nd App	licant							Thir	d App	licant			
REQUEST FOR:	ration		Registra	tion of SIP (f	or exist	ing OTN	1)*				Re	gistrat	ion o	f Top-I	Jp plar	for exi	sting	SIP
INVESTOR'S INFORMATION																		]
Application No. (For New Investors, pls. attach the application form																		
Sole/ First Applicant				Second Ap	plicant								Third	Appli	cant			
Name of Applicant PAN		Name PAN	e of Applicar	nt					Nar PAN		f Appli	cant						
One Time M	andate	Registra	tion For	m/ Deb	it Ma	andat	te Fo	orm	NA	CH	/ EC	S/ C	Dire	ct D	ebit			
UI	/IRN	FO	r o	f f i	C (	e	u s	e				Da	ite 🗌					
Sponse	or Bank Code		For Office L			Utility	Code						Office					$\dashv$
						ounty		_										
CREATE V I/We hereby authoriz	ze	K	otak Mahind	ra Mutual Fu	ind				to d	ebit (1	tick √)	SB	CA	ccs	B-NRE	SB-NRO	Oth	er
CANCEL Bank a/c numbe	er																	
with Bank				IFSC							/ M	ICR						
an amount of Rupees										-			][;	₹				
FREQUENCY - Mthly Q Qyli	H-Yrly	Yrly	As & wh	en presented			DEBI	T TVI	DE _	Мга	<del>xed Am</del>	taua		<b>V</b> Ma	vimum	Amount		
		Folio Nu							Г		keu Am	ount			XIIIIUIII	Amount		
Reference 1								hone	Ľ									
		Application						Ema	L	1	6.1	1 1	0 TI '		C			
1. I agree for the debit of mandate process has been carefully read, understood & m. am authorised to cancel/amend this man PERIOD     From     Fr	ade by me/us. I		ng the user enti unicating the control of vali					d on 1 e user	the ins <sup>-</sup>	tructic corp	orate oi	greed a r the ba	nd sig	ned by ere I ha	me. 3. we auth	underst orised th	ood th e debi	nat I it.
Maximum period of validity of this n	andate is	Signa	ture Primary A	ccount holder		Sigr	nature o	f Acc	ount h	nolder		_	Si	gnatur	e of Aco	ount ho	lder	
40 years only	Idituate is	1	Name as in Bar	k records	2	N	lame as	in Ba	ink rec	ords		3		Name	as in Ba	ink recoi	'ds	
								_		<u> </u>								1
Existing SIP Details for which	SIP Top-Up	needs to be	e registered						ion		egistr			$\cap$	Pavout	○ Re-ii	worth	nont
Scheme								ορι		10101		DCW F		- -	ayout	O ne n	IVESTI	
Plan Investment Frequency (Please√) □	Daily 🔲 \	Arablu Sn	ecify Day	](), 4 +			. Enistand		<b>—</b>					, L			1	
	,			(Mention an	y day, iv	Firs	t SIP vic	de 🗌	☐ Mo	ntniy		Quarte	Ĺ		alf–year		] Anni	
SIP Amount (     Rs. 20000 100       SIP Date:     (Please mention and the second					SIP Peric	d: From	D D	о М	M	ΥY	Y	Da <sup>.</sup> Y	To	D D		1 Y	YY	Y
* Use existing One Time Debit Manda Bank Name	te (if already	registered in t	the Folio)	Bank A/	'c No.													
SIP TOP UP (Optional - Available f	or Daily, Mon	thly and Qua	rterly SIP frequ	uency) (Please	e refer ir	nstruction	ns overl	eaf)										_
riequency (rieasev)	P Amount (R	s.) 🗌 3000	1000	100	Any o	other am	ountR	5.			(	Minimu	um Rs.	100/-	and an	amoun	t there	eafter)
Half Yearly	PUP Amount	(%) 🗌 20%	15%	]10% 🗌 Any	other p	ercentag	je			% (	(Minim	um 109	% and	in mu	ltiples o	f 5% the	ereof)	
SIP TOP UP	Cap Amount	Rs.		<b>OR</b> Top-Up	Сар М	onth-Yea	ar M	M	YY	Y	Υ	(M	andato	ory for	Variab	le SIP To	op-Up	Plan)



# Multiple SIP Form (Debit Mandate Form OTM/ NACH/ ECS/ Direct Debit)

Existing SIP Details	for which SIP Top-Up needs to be registered		resh SIP Registration
Scheme		Optio	on Growth DDCW: OPayout ORe-investment
Plan			IDCW Frequency
"Investment Frequency (Pl	ease√) □ Daily □ Weekly Specify Day	(Mention any day, Monday to Friday)	Monthly Quarterly Half–yearly Annually
SIP Amount (√) Rs. □	20000 🗌 10000 🔲 5000 🔲 1000 🗌 Any other amour	nt Rs. First SIP vide Cheque No.	Dated D D M M Y Y Y Y
	ise mention any date of the month between 1st to 31st)	SIP Period: From	
* Use existing One Time	Debit Mandate (if already registered in the Folio)		
Bank Name		Bank A/c No.	
SIP TOP UP (Optiona	I - Available for Daily, Monthly and Quarterly SIP frequ	uency) (Please refer instructions overleaf)	
Frequency (Please√)	Fixed TOP UP Amount (Rs.) 3000 1000	□ 100 □ Any other amount Rs.	(Minimum Rs. 100/- and any amount thereafter)
Half Yearly	Variable TOP UP Amount (%) 🗌 20% 🗌 15% 🗌	] 10% 🗌 Any other percentage	% (Minimum 10% and in multiples of 5% thereof)
	SIP TOP UP Cap Amount Rs.	OR Top-Up Cap Month-Year MM	(Mandatory for Variable SIP Top-Up Plan)
Existing SIP Details	for which SIP Top-Up needs to be registered		esh SIP Registration
Scheme			on Growth DIDCW: O Payout O Re-investment
			IDCW Frequency
Plan		1	
"Investment Frequency (PI	ease√) □ Daily □ Weekly Specify Day		Monthly Quarterly Half–yearly Annually
SIP Amount (🗸 ) Rs. 🗌	20000 🗌 10000 🔲 5000 🔲 1000 🗌 Any other amour	nt Rs. First SIP vide Cheque No.	Dated D D M M Y Y Y Y
SIP Date: (Ple	ise mention any date of the month between 1st to 31st)		
	Debit Mandate (if already registered in the Folio)	SIP Period: From	
Bank Name		Bank A/c No.	
SIP TOP UP (Optiona	I - Available for Daily, Monthly and Quarterly SIP frequ		
Frequency (Please√)	Fixed TOP UP Amount (Rs.) 3000 1000	100 Any other amount Rs.	(Minimum Rs. 100/- and any amount thereafter)
Half Yearly	Variable TOP UP Amount (%) 🗌 20% 🗌 15% 🗌	] 10% 🗌 Any other percentage	% (Minimum 10% and in multiples of 5% thereof)
	SIP TOP UP Cap Amount Rs.	OR Top-Up Cap Month-Year MM	(Mandatory for Variable SIP Top-Up Plan)
	SIP TOP UP Cap Amount Rs.	OR Top-Up Cap Month-Year M M	(Mandatory for Variable SIP Top-Up Plan)
	SIP TOP UP Cap Amount Rs.	OR Top-Up Cap Month-Year M	(Mandatory for Variable SIP Top-Up Plan)
Existing SIP Details	SIP TOP UP Cap Amount Rs.		(Mandatory for Variable SIP Top-Up Plan) resh SIP Registration
Existing SIP Details     Scheme			
			resh SIP Registration
Scheme Plan	for which SIP Top-Up needs to be registered	Fi	resh SIP Registration on □Growth □IDCW: ○Payout ○Re-investment IDCW Frequency □
Scheme Plan "Investment Frequency (Pl	a for which SIP Top-Up needs to be registered	(Mention any day, Monday to Friday)	resh SIP Registration         on       Growth       IDCW:       Payout       Re-investment         IDCW       Frequency
Scheme Plan "Investment Frequency (Pl	for which SIP Top-Up needs to be registered	(Mention any day, Monday to Friday)	resh SIP Registration on □Growth □IDCW: ○Payout ○Re-investment IDCW Frequency □
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	By mentioning RIA/PMS code, I/ We authorize you a Kotak Mahindra Mutual Fund. Declaration for "Exec "//We hereby confirm that the EUIN box has been intentional person of the above distributor/sub broker or notwithstanding	ution-only" transactions (only ly left blank by me/us as this trans	y where EUIN box is left blan action is executed without any inte	k) eraction or advice by the emple	oyee/relationship manager/sale			
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We s al nve f In unc We	have read and understood the contents of the SID/SAI of the at bove and agree to abide by the terms and conditions applicable sted in the Scheme(s) is through legitimate sources only and is n come Tax Act, Anti Money Laundering Act, Anti Corruption Ac d, its investment Manager and its agents to disclose details of my have neither received nor been induced by any rebate or gifts, d	pove referred Scheme(s) of Kotak M. there to. I/We hereby declare that ot designed for the purpose of any u ; or any other applicable laws enac investment to my / our Investment / lirectly, in making this investment.	ahindra Mutual Fund. I/We hereby a I/We authorized to make this invest contravention or evasion of any Act ted by the Government of India fro Advisor and / or banks.	apply for allotment / purchase o stment in the above mentioner , Rules, Regulations, Notificatic m time to time. I/We hereby a	f Units in the Scheme(s) indicate I Scheme(s) and that the amour ons or Directions of the provision uthorize Kotak Mahindra Mutua			
	Sole/Frist Applicant	Second A	pplicant	Third	Applicant			
L	To be	signed by <b>All Applicants</b> if	f mode of operation is <b>"Join</b>	t″				
	Acknowledgement Slip (To be fil	led by Applicant)						

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Request for

SWP