

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 All Applicants) | | 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: | |
| | Gross Annual Income Details 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) | Gross Annual Income Deta 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 | | | | | | | | |
| | | Regular Direct | 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 | | Direct | 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 | | | | | | | |
| | | Regular Direct | O IDCW Payout | OW O OF* O | | | | | | | | |
| | | | O IDCW Reinvestment | OM O | | | | | | | | |
| | | Regular Direct | 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 | FCNR 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 Applicable to NRIs seeking repatriation of redemptio approved banking channels or from funds in my/our NRE / F FATCA & CRS Declaration: 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 n proceeds 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 < Scheme 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 [.] | 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 | | |
|---|---|--|---|------------------|------------|------------|------------|------------------|----------------------|-----------------|-------------------|----------------------|--------|--------------------|-------------------|----------------------|------------------|--------------|
| 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 | 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 | xed Am | taua | | V 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 ⁻ | 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 | | — | | | | | , 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 [.] 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. | | OR 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 |
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| | Debit Mandate (if already registered in the Folio) | SIP Period: From | |
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| Bank Name | | Bank A/c No. | |
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| 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) |
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| | ⊳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 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 | | | |
| | Sole/Frist Applicant | Second A | | | Applicant | | | |
| ofro | To be ont commission shall be paid directly by the investo ered by the distributor. | | f mode of operation is "Join ributors based on the investo | | factors including the servi | | | |
| /bb | nvestor's Information | | | | | | | |
| or i | New Investors, Please attach the application form) Sole/ First Applicant | Second A | pplicant | Third <i>i</i> | Applicant | | | |
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| N | ould like to opt for 🛛 Systematic Tra | ansfer Plan | Systematic Withdra | wal Plan | | | | |
| S | ystematic Transfer Plan: Kindly strike-of | f unused rows (which are n | ot being filled-out by you) | | | | | |
| | From Source Scheme: Kotak | | To Target Scheme: Kota | k | | | | |
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| | eclaration and Signatures | | | | | | | |
| 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 All Applicants if | f mode of operation is "Join | t″ | | | | |
| | | | | | | | | |
| | Acknowledgement Slip (To be fil | led by Applicant) | | | | | | |

STP

Request for

SWP