

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 inappropriateness, 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																																												
	Guardian's Date of Birth as per PAN (mandatory) <table border="1"><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																																					
	Relationship of Guardian with Minor <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian Date of Birth of Minor <table border="1"><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																																					
	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																																												
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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 <table border="1"><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> For Non individuals only: <table border="1"><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>		D	D	M	M	Y	Y	Y	Y																																				
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Name of Second Applicant: _____ ^Name as per Income Tax																																													
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Name of Third Applicant: _____ ^Name as per Income Tax																																													
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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.																																													

Guardian/ Contact Person if Non-Individual Applicant (Section III)	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.					

Section IV	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)

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

Investment & Payment Details (Section VII)	Scheme Name	Plan	Option/ Sub-option	Frequency *	Amount Invested (Rs.)	Payment Details		
		<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"/> OW <input type="radio"/> Q <input type="radio"/> F <input type="radio"/> H <input type="radio"/> OM <input type="radio"/> A		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<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"/> OW <input type="radio"/> Q <input type="radio"/> F <input type="radio"/> H <input type="radio"/> OM <input type="radio"/> A		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<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"/> OW <input type="radio"/> Q <input type="radio"/> F <input type="radio"/> H <input type="radio"/> OM <input type="radio"/> A		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<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"/> OW <input type="radio"/> Q <input type="radio"/> F <input type="radio"/> H <input type="radio"/> OM <input type="radio"/> A		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<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"/> OW <input type="radio"/> Q <input type="radio"/> F <input type="radio"/> H <input type="radio"/> OM <input type="radio"/> A		<input type="text"/>	<input type="text"/>	<input type="text"/>

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

If you are an NRI Investor, please indicate source of funds for your investment (Please ✓) <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 VIII)	Name of Bank			
	Branch	City		
	Account No.			
	IFSC Code	<input type="text"/>	MICR Code	<input type="text"/> 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)		

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			

Demat Account Details (Section IX)

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).

NSDL

DP Name

DP ID

Beneficiary Account No.

CDSL

DP Name

DP ID

Beneficiary Account No.

Please ensure that your demat account details mentioned above are along with supporting documents evidencing the accuracy of the demat account. Bank details of DP will overwrite the existing details.

Nomination Details (Section X)

To be filled by Individual(s) (Mandatory for units held singly and optional for units held jointly). Signature/s as per mode of holding.

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.

NOMINEE DETAILS	NOMINEE 1	NOMINEE 2	NOMINEE 3
Name of the Nominee			
(%) of Allocation**			
Relationship with Sole/ First Unit-holder			
Postal Address			
Mobile No.			
Email ID			
DOB of Nominee (if Minor)			
Identity Document (Tick any one option)	<div><div><input type="radio"/> PAN Card</div><div><input type="radio"/> Aadhaar (last 4 Digits)</div><div><input type="radio"/> Driving Licence</div><div><input type="radio"/> Passport (only for NRI/ PIO/ OCI)</div></div>	<div><div><input type="radio"/> PAN Card</div><div><input type="radio"/> Aadhaar (last 4 Digits)</div><div><input type="radio"/> Driving Licence</div><div><input type="radio"/> Passport (only for NRI/ PIO/ OCI)</div></div>	<div><div><input type="radio"/> PAN Card</div><div><input type="radio"/> Aadhaar (last 4 Digits)</div><div><input type="radio"/> Driving Licence</div><div><input type="radio"/> Passport (only for NRI/ PIO/ OCI)</div></div>
Identity Document No.***			

** If % is not specified, then the assets shall be distributed equally amongst all the nominees.

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). Copy of the document is not required. For NRI/ OCI/ PIO, Passport number is acceptable.

DETAILS OF GUARDIAN (Optional for you to provide, if the Nominee is a Minor)

Name & Address of Guardian	Date of Birth	PAN	Relationship with Minor	Signature Of Guardian

NOMINEE DETAILS TO BE PRINTED IN STATEMENT OF HOLDING (Mandatory - tick any one below):

I/ We want the details of me/ our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC as follows:

☐ Nomination: Yes/ No

☐ Name of Nominee(s) with Percentage

If no option is selected, the account statement will by default display the nomination status as 'Nomination: Yes / No' without revealing nominee name(s).

NO NOMINATION

☐ 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
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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).

Nomination: I/ We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same.

KYC Declaration:

- 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.

☐ I/ We wish to opt in to receive Statement of Account, Annual Report and any other regulatory communication in physical mode.

SIGNATURE(S) (To be signed by All Applicants)			
	Sole / First Applicant	Second Applicant	Third Applicant

Please tick if the investment is operated as POA / Guardian

☐ POA ☐ Guardian

Note : If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.

Checklist	Please ensure that: ☞ Your Application Form is complete in all respects & signed by all applicants: ■ Name, Address and Contact Details are mentioned in full. ■ Bank Account Details are entered completely and correctly. 11-digit IFSC Code of your bank account is correctly updated in the Application Form. ■ Permanent Account Number (PAN) Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount. ■ Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 2(d) for more information) ■ Please ensure that Relationship is correctly provided, in case of Mobile Number & Email Address. For investment under HUF capacity, if mobile number and e-mail address is provided of the Karta, please select relationship as 'Custodian'. ☞ Your Investment Cheque / DD is drawn in favour of < Scheme Name > dated and signed. ☞ Application Number is mentioned on the face of the cheque. ☞ A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form. ☞ Documents as listed below are submitted along with the Application form (as applicable to your specific case)							
	Document	Companies	Trusts	Societies	Partnership Firms	NRI/PIOs	FIs	Investments through Constituted Attorney
	1. Resolution / Authorisation to invest	✓	✓	✓	✓		✓	
	2. List of Authorised Signatories with Specimen Signature(s)	✓	✓	✓	✓		✓	✓
	3. Memorandum & Articles of Association	✓						
	4. Trust Deed		✓					
	5. Bye-Laws			✓				
	6. Partnership Deed				✓			
	7. Notarised Power of Attorney							✓
	8. Account Debit/ Foreign inward Remittance Certificate from remitting Bank					✓	✓	
All documents in 1 to 8 above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public								

GUIDELINES FOR FILLING UP THE COMMON APPLICATION FORM

1. GENERAL INFORMATION

- Please fill up the Application Form legibly in English in CAPITAL LETTERS.
- Please read this Memorandum and the respective SAI/ SID carefully before investing. Your application for allotment of units in the Scheme(s) is construed to have been made with a full understanding of the terms and conditions applicable to it and the same is binding on you in respect of your investment in the Scheme(s).
- Application Forms incomplete in any respect or not accompanied by a Cheque are liable to be rejected. In case your investment application gets rejected on account of the same being incomplete in any respect, your investment amount would be refunded without interest within 5 days.
- Any correction / over writing in the application form must be signed by the investor.
- If the Name given in the application is not matching PAN card, application may be liable to get rejected or further transactions may be liable get rejected.
- AMC shall not be responsible for direct credit rejects or / payout delays due to incorrect/incomplete information provided by investor.
- In terms of SEBI Circular No. SEBI/IMD/CIR No. 4/168230/09 dated June 30, 2009, no entry load will be charged on purchase / additional purchase / switch-in. The commission as specified in the aforesaid circular, if any, on investment made by the investor shall be paid by the investor directly to the Distributor, based on his assessment of various factors including the service rendered by the Distributor.
- The distributor shall disclose all commissions (in the form of trail commission or any other mode) payable to them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to the investor.
- In case of investments in the name of a minor, purchase has to be from minor account or from joint account with guardian (Parent/ Court Appointed) only. The registered guardian in the bank account of the minor should be the same guardian as mentioned in the folio/application. This will ensure seamless payment of redemption/ IDCW amount to the minor's account. Please furnish valid proof of Date of Birth of minor.
- If the name is not mentioned as per the PAN card, the name will be captured as per the PAN Card if attached.
- If the balance in the scheme/ plan is less than the requested amount/ units of redemption request, then the redemption transaction shall be processed for all available units in the scheme/ plan.
- If you have opted to redeem/ switch-out 'All Units Free from Exit Load', then the same shall be processed only on FIFO basis.

2. APPLICANT'S INFORMATION

- If you are already a Unitholder in any scheme of the Fund and wish to make your present investment in the same Account, please fill in the Name of Sole/ First Holder, PAN & Folio No. in Section I, of the Application Form and then proceed to Section XI. Your personal information and bank account details updated in your existing account would also apply to this investment.
- If you are applying for units in Kotak Mahindra Mutual Fund for the first time, please furnish your complete postal address with Pin Code (P.O. Box No. not enough) and your Contact Nos. This would help us reach you faster.
- Permanent Account Number (PAN) Information (Mandatory) With effect from January 1, 2009, it is mandatory for all existing and new investors (including joint holders, guardians of minors and NRIs) to enclose a copy of PAN card to the application for investing in mutual fund Schemes.
- Know Your Client (KYC)
With reference to SEBI Circular MIRS/D/Cir-26/2011 dated December 23, 2011, investors may kindly note w.e.f. January 1, 2012, it is mandatory for all individual/ non individual investors to be KYC Compliant. Investors can approach any SEBI registered KRA for doing KYC.
In the event of KYC Form being subsequently rejected for lack of information/ deficiency/ insufficiency of mandatory documentation, the investment transaction will be cancelled and the amount may be redeemed at applicable NAV, subject to payment of exit load, wherever applicable.
- If you are KYC Compliant, your Change of Address, Change in Name, etc. should be given at KRA for updation.

3. THIRD PARTY PAYMENT

Reference to AMFI Best Practice Guidelines Circular No. 16/2010 -11 on Risk Mitigation process against Third Party Cheques in Mutual Fund Subscriptions will not be accepted by the Scheme.
Definition of Third Party Cheques

- Where payment is made through instruments issued from an account other than that of the beneficiary investor, the same is referred to as Third-Party payment.
 - In case of a payment from a joint bank account, the first holder of the mutual fund folio has to be one of the joint holders of the bank account from which payment is made. If this criterion is not fulfilled, then this is also construed to be a third party payment.
However, afore-mentioned clause of investment with Third-Party Payment shall not be applicable for the below mentioned exceptional case.
 - Payment for investment by any mode shall be accepted from the bank account of the minor, parent or legal guardian of the minor or from a joint account of the minor with parent or legal guardian.
 - Custodian on behalf of an FI or a client.
- Kotak Mahindra Asset Management Co. Ltd./ Trustee retains the sole and absolute discretion to reject/ not process application and refund subscription money if the subscription does not comply with the specified provisions of Payment Instruments

4. TERMS & CONDITIONS FOR INVESTORS WHO WISH TO HOLD THEIR UNITS IN DEMAT MODE

- The Demat Account Details section on the investment application form needs to be completely filled
- Please ensure that you submit supporting documents evidencing the accuracy of the demat account details. Applications received without supporting documents could be processed under the physical mode.
- The units will be credited to the Demat Account only post realisation of payment.
- The nomination details as registered with the Depository Participant shall be applicable to unitholders who have opted to hold units in Demat mode.
- For units held in demat mode, the bank details mentioned on investment application form shall be replaced with the bank details as registered with the Depository Participant.
- For units held in demat form, the KYC performed by the Depository Participant of the applicants will be considered as KYC verification done by the Trustee / AMC. However, if the transfer of unit to demat account is rejected for any reason whatsoever, the transaction will be liable to be rejected if KYC performed by KRA is not attached with the investment application form.
- In case of Unit Holders holding units in the demat mode, the Fund will not send the account statement to the Unit Holders. The statement provided by the Depository Participant will be equivalent to the account statement.
- If the investor names and their sequence in the investment application form does not match with the Demat Account details provided therein, the units will not be transferred to the Demat Account & units will be held in physical form.
- The option of holding units in demat form is not being currently offered for investment in IDCW option of schemes/ plans having IDCW frequency of less than a month (ie: Investments in all Daily, Weekly and Fortnightly IDCW Schemes cannot be held in Demat mode)
- In case the application is rejected post banking your payment instrument, the refund instrument will be sent with the bank details furnished in the investment application form & not as available in the Demat Account, post reconciliation of accounts.

5. BANK ACCOUNT DETAILS

- Please furnish the Name of your Bank, Branch and City (i.e clearing circle in which the branch participates), Account Type and Account Number. This is mandatorily required as per SEBI. Applications without this information will be deemed to be incomplete & would be rejected. RTGS IFSC code & NEFT IFSC code would help us serve you better.
- Please enclose a cancelled Cheque leaf of your Bank in case your investment cheque is not from the same account.

6. E-MAIL COMMUNICATION

If the investor has provided an email address, the same will be registered in our records and will be treated as your consent to receive, Allotment confirmations, consolidated account statement/account statement, annual report/abridged summary and any statutory / other information as permitted via electronic mode /email. These documents shall be sent physically in case the Unit holder opts/request for the same. The AMC / Trustee reserve the right to send any communication in physical mode.

7. INVESTMENT DETAILS

- Cheques should be crossed "A/c Payee Only" and drawn in favour of the Scheme in which you propose to invest. In case of discrepancy between the scheme name

GUIDELINES, continued

mentioned in the investment application form and cheque, the units will be allotted as per scheme name mentioned on the investment application form.

- b) If you are residing/ located in a city/ town where we do not have an Official Acceptance Point, please draw a Cheque payable at par and submit at your nearest city/ town where we have an Official Acceptance Point.
- c) Payments by Cash, Stockinvests, Outstation Cheques, Non-MICR Cheques will not be accepted. Post dated cheques will not be accepted except for investments made under Systematic Investment Plan.
- d) NRI investors are requested to provide debit certificate from their bank for each investment.
- e) **If you are submitting a single cheque for investment in more than 1 schemes/ plan, then please ensure that your investment cheque is drawn in the name of 'Kotak Mahindra Mutual Fund'.**

8. NOMINATION DETAILS

1. The nomination can be made only by individuals applying for/ holding units on their own behalf, singly or jointly.
2. You can make nomination or change nominee any number of times without any restriction.
3. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu Undivided Family, a Power of Attorney holder and/ or Guardian of Minor unitholder cannot nominate.
4. Nomination is not allowed in a folio of a Minor Unitholder.
5. If the units are held jointly (i.e., in case of multiple unitholders in the folio), the nomination form can be signed by any or all holders, as per the mode of operation of the folio.
6. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
7. The Nominee shall not be a trust (other than a religious or charitable trust), Society, Body Corporate, Partnership Firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
8. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
9. Multiple Nominees: Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the percentage of allocation/share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees. Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.
10. Every new nomination for a folio/ account shall overwrite the existing nomination, if any.
11. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio/ account.
12. Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominees share will be distributed on pro rata basis to surviving nominees.

13. Death of Unitholder(s): In the event of the unitholder's death, the surviving joint holder(s) shall have the right to continue, modify, or revoke the previously made nominations.
14. The Nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
15. In respect of folios/ accounts where the Nomination has been registered, the AMC will not entertain any request for transmission/ claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.

9. **Employee Unique Identification Number (EUIIN):** SEBI has made it compulsory for every employee/ relationship manager/ sales person of the distributor of mutual fund products to quote the EUIIN obtained by him/her from AMFI in the Application Form. EUIIN would assist in addressing any instance of mis-selling even if the employee/relationship manager/sales person later leaves the employment of the distributor. Hence, if your investments are routed through a distributor please ensure that the EUIIN is correctly filled up in the Application Form.

However, if your distributor has not given you any advice pertaining to the investment, the EUIIN box may be left blank. In this case you are required to provide the declaration to this effect as given in the form.

10. **FATCA and CRS related details:** Details under FATCA & CRS The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

11. DECLARATION AND SIGNATURES

- a) Signatures can be in English or in any other Indian language. Thumb impressions must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal.
- b) Applications by minors must be signed on their behalf by their guardians.
- c) If you are investing through your constituted attorney, please ensure that the POA document is signed by you and your Constituted Attorney. The signature in the Application Form, then, needs to clearly indicate that the signature is on your behalf by the Constituted Attorney.

(Application not complying with any of the above instructions/ guidelines would be liable to be rejected.)

ACKNOWLEDGEMENT SLIP



Appl. CA

(TO BE FILLED BY APPLICANT)

Instrument Details

Investment Details

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

Scheme
Plan
PAN

	Option _____

Official Acceptance
Point Stamp & Sign

Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement

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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

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

- ☐ *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 Holder	 Second Holder	 Third Holder
	(To be signed by All Unitholders if mode of operation is 'Joint')		

Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor.

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

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

ONE TIME MANDATE REGISTRATION FORM

UMRN		F o r o f f i c e u s e										Date					
TICK (✓)		Sponsor Bank Code		For Office Use		Utility Code		For Office Use									
CREATE	<input checked="" type="checkbox"/>	I/We hereby authorize		Kotak Mahindra Mutual Fund		to debit (tick ✓)		<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> Other				
MODIFY	<input type="checkbox"/>	Bank a/c number															
CANCEL	<input type="checkbox"/>																
with Bank												IFSC			/ MICR		
an amount of Rupees												₹					
FREQUENCY		<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qyly <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						
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												Signature of Account holder		Signature of Account holder			
Maximum period of validity of this mandate is 40 years only		1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records															

INSTRUCTIONS

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Kotak Mahindra Mutual Fund.
- One Time Debit Mandate Form can be used for Systematic Purchase as well as Lump Sum Purchase.
- OTM Mandate date and OTM Period 'From' and 'To' in the mandate form are mandatory fields.
- Any charges payable by the investor to his/ her bank for registering and honouring this mandate will not be borne by the AMC and for the same to be debited to bank account, the mandate contains necessary authorisation.
- OTM Mandate End date should not be more than 40 years from the OTM Mandate Start date.

Folio Number	
Bank Name	Amount
Bank Account No.	

Please retain this Acknowledgement Slip for future reference

Official Acceptance Point
Stamp & Sign