

<b>DISTRIBUTOR'S ARN/ RIA CODE#</b>	<b>SUB-BROKER'S ARN</b>	<b>SUB-BROKER'S CODE</b>	<b>EUIN</b>
<input type="checkbox"/> #By mentioning ARN/RIA/PMS code, I/ We authorize you to share with the Distributor/ Investment Adviser/ Portfolio Manager the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund.			
<input type="checkbox"/> 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."			
<b>SIGNATURE OF SOLE/ FIRST APPLICANT</b>		<b>SIGNATURE OF SECOND APPLICANT</b>	
<b>SIGNATURE OF THIRD APPLICANT</b>			

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.

<b>Existing Folio Number:</b> _____	<b>PAN:</b> _____	<b>LEI Number:</b> _____ (Legal Entity Identifier) For Non-individuals only
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**SECTION I - NEW APPLICANT'S PERSONAL INFORMATION (MANDATORY)**

<b>Investor Details</b>	<b>1<sup>st</sup> Applicant/ Minor</b>		<b>2<sup>nd</sup> Applicant</b>		<b>3<sup>rd</sup> Applicant</b>	
<b>Investor Name</b> (As per Income Tax)						
<b>PAN</b> (As per Income Tax)						
<b>Date of Birth</b>	DD/MM/YYYY		DD/MM/YYYY		DD/MM/YYYY	
<b>Guardian Details</b> (In case of Minor) (Please fill details as per Income Tax)	Guardian Name		<b>Relationship with Minor</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian		<b>Relationship Proof attached</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Aadhaar Card (masked) <input type="checkbox"/> Court Order	
	Guardian PAN		Guardian Date of Birth: DD/MM/YYYY			
<b>Mode of Holding</b>	<input type="checkbox"/> Single <input type="checkbox"/> Joint		<input type="checkbox"/> Anyone or Survivor(s)		<i>(Joint applicants not allowed in case of Minor investment)</i>	
<b>CKYC Number (KIN)</b>						
<b>Contact Details</b>	<b>1<sup>st</sup> Applicant/ Minor</b>		<b>2<sup>nd</sup> Applicant</b>		<b>3<sup>rd</sup> Applicant</b>	
<b>Mobile Number</b>						
<b>Given Mobile Number Belongs to</b>	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Child
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parent
	<input type="checkbox"/> Guardian (for minor)	<input type="checkbox"/> Dependent Sibling	<input type="checkbox"/> Guardian (for minor)	<input type="checkbox"/> Dependent Sibling	<input type="checkbox"/> Guardian (for minor)	<input type="checkbox"/> Dependent Sibling
	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS
<b>Email ID</b>						
<b>Given Email ID Number Belongs to</b>	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Child
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parent
	<input type="checkbox"/> Guardian (for minor)	<input type="checkbox"/> Dependent Sibling	<input type="checkbox"/> Guardian (for minor)	<input type="checkbox"/> Dependent Sibling	<input type="checkbox"/> Guardian (for minor)	<input type="checkbox"/> Dependent Sibling
	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS
<b>Tax Status [Please Tick (✓)]</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Resident Individual  <input type="checkbox"/> NRI on Repatriation Basis (NRE)  <input type="checkbox"/> NRI on Non-Repatriation Basis (NRO)  <input type="checkbox"/> HUF </div> <div style="width: 33%;"> <input type="checkbox"/> Proprietorship  <input type="checkbox"/> Partnership Firm  <input type="checkbox"/> Private Limited Company  <input type="checkbox"/> Public Limited Company </div> <div style="width: 33%;"> <input type="checkbox"/> Mutual Fund  <input type="checkbox"/> Mutual Fund FOF Scheme  <input type="checkbox"/> Body Corporate  <input type="checkbox"/> Registered Society </div> <div style="width: 33%;"> <input type="checkbox"/> PF/ Gratuity/ Pension/  <input type="checkbox"/> Superannuation Fund  <input type="checkbox"/> Trust  <input type="checkbox"/> AOP/ BOI </div> <div style="width: 33%;"> <input type="checkbox"/> Foreign Institutional Investor  <input type="checkbox"/> On behalf of Minor  <input type="checkbox"/> Other _____ (Please Specify) </div> </div>						

**SECTION II - POWER OF ATTORNEY (POA) HOLDER**

<b>Name</b>	<b>PAN</b>	<b>Country of Birth</b>	<b>Nationality</b>	<b>Tax Reference Number (for NRI)</b>
<b>Gross Annual Income Details in INR (please tick):</b> <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 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="checkbox"/> <b>Politically Exposed Person (PEP)</b> <input type="checkbox"/> <b>Not Politically Exposed Person</b> *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.				

<b>Instrument Details</b>		<b>Investment Details</b>		<b>Official Acceptance Point Stamp &amp; Sign</b>
Received from: _____		Scheme _____		
No. _____ Dated DD / MM / YYYY Rs. _____		Plan _____ Option _____		
Bank & Branch _____		PAN _____		
Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement				

SECTION III - CORRESPONDENCE DETAILS OF SOLE/ FIRST APPLICANT					
Address for Communication	Correspondence Address (Address as per KRA records)			Overseas Address (Mandatory for NRI/ PIO/ FII applicant)	
	House/ Flat No			House/ Flat No	
	Street Address			Street Address	
	City/ Town	State		City/ Town	State
	Country	Pin Code		Country	Pin Code

SECTION IV - BANK DETAILS (PLEASE ATTACH BANK ACCOUNT PROOF)						
Bank Name			Bank Account. No.			
Branch Name			IFSC	MICR (9 Digit)		
Branch Address			City	Pin Code		
A/C Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others _____

SECTION V - INVESTMENT & PAYMENT DETAILS							
Purpose of Investment Goal: <input type="checkbox"/> Child's Education <input type="checkbox"/> Child's Marriage <input type="checkbox"/> Car Purchase <input type="checkbox"/> House Purchase <input type="checkbox"/> Retirement Benefit <input type="checkbox"/> Other _____							
Scheme Name	Plan	Option/ Sub-option	Frequency*	Amount Invested (Rs.)	Payment Details		
					Cheque No./ OTM/ RTGS/ NEFT/ Fund Transfer	Bank & Branch	Source Account No.
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Q <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> A				
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Q <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> A				
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Q <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> A				
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Q <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> A				

\*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="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others	(Please specify)
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SECTION VI - FATCA & CRS INFORMATION MANDATORY FOR INDIVIDUAL/ SOLE PROPRIETOR NON-INDIVIDUAL INVESTORS SHOULD MANDATORILY FILL SEPARATE FATCA/ CRS & UBO FORM ALONG WITH THIS FORM								
FATCA & CRS	1st Applicant		2nd Applicant		3rd Applicant		Guardian	
Country of Birth								
Place/City of Birth								
Nationality								
Is the applicant(s) Country of Birth/ Nationality/ Tax Residency other than india	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Please provide following information:								
Country of Tax Residency 1								
Identification Type								
Tax Payer Ref ID No								
Country of Residency 2								
Identification Type								
Tax Payer Ref ID No.								
Country of Residency 3								
Identification Type								
Tax Payer Ref ID No.								
<b>Note:</b> In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is available or has not yet been issued, please provide an Explanation and attach this to the form. (Please attach additional sheet if necessary and mention all countries in which applicant is a tax resident and provide relevant details)								

**Investment Manager:**  
**Kotak Mahindra Mutual Fund**  
Country of Tax Residency 26th Floor, Kotak Infinity,  
Building No. 21, Infinity Park, O . Western Express, Highway,  
Gen.A.K. Vaidya Marg, Malad (E), Mumbai - 400 097.

**Registrar:**  
**COMPUTER AGE MANAGEMENT SERVICES**  
Computer Age Management Services Ltd.No 178/10, Kodambakkam High Road,  
Ground Floor, Opp. Hotel Palmgrove, Nungambakkam, Chennai - 600034.  
Tel.: 044 6110 4034 | Email: enq\_k@camsonline.com | Website: www.camsonline.com

Toll Free	Email ID	Website
<b>1800 309 1490</b> (Toll-Free) <b>044-4022 9101</b> (For Overseas Investors) <b>+91 70390 55555</b> (Balance Enquiry)	<a href="https://www.kotakmf.com/feedback/customer">https://www.kotakmf.com/feedback/customer</a>	<a href="http://www.kotakmf.com">www.kotakmf.com</a>

## SECTION VII - DEMAT ACCOUNT DETAILS

In case you wish to hold units in demat, please fill this section. Please note that you can hold units in demat for all open ended schemes (except ETFs and IDCW options having IDCW frequency of less than a month).

NSDL		CDSL	
DP Name _____	DP Name _____	DP Name _____	DP Name _____
DP ID _____	Beneficiary Account No. _____	DP ID _____	Beneficiary Account No. _____

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

## SECTION VIII - NOMINATION DETAILS 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 Same as Primary holder/ Joint holder			
Mobile No. (Mandatory)			
Email ID (Mandatory)			
DOB of Nominee (if Minor)			
Identity Document (Tick any one option)	<input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhaar (last 4 Digits) <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport (only for NRI/ PIO/ OCI)	<input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhaar (last 4 Digits) <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport (only for NRI/ PIO/ OCI)	<input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhaar (last 4 Digits) <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport (only for NRI/ PIO/ OCI)
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 as per mode of holding.	First/ Sole Unitholder: Signature	Unitholder 2: Signature	Unitholder 3: Signature
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## SECTION IX - NON-PROFIT ORGANISATION [NPO] DECLARATION

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).

☐ Yes  
☐ No

If yes, please quote the NPO Registration Number provided by DARPAN portal: \_\_\_\_\_

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF/ AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/ are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/ us or collect such fines/charges in any other manner as might be applicable.

## SECTION X - OTHER PERSONAL INFORMATION

Other Information	1st Applicant/ Minor	2nd Applicant	3rd Applicant	Guardian/ Contact Person (If Non-Individual Applicant)
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>Father's Name</b>				
<b>Spouse Name</b>				
<b>Occupation</b>	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector
	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor
	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional
	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired
	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife
	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Forex Dealer
	<input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Others (Please Specify) _____
<b>Gross Income Range (in Rs.)</b>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs
	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs
	<input type="checkbox"/> 25 lacs-1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs-1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs-1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs-1 Cr <input type="checkbox"/> 1-5 Cr
	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr
<b>OR</b>				
<b>Networth in Rs. (Not older than 1 year)</b>	Rs.	Rs.	Rs.	Rs.
	As on: DD/MM/YYYY	As on: DD/MM/YYYY	As on: DD/MM/YYYY	As on: DD/MM/YYYY
<b>Politically Exposed Person (PEP)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP
<b>Type of Address given at KRA</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Business
	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office

## SECTION XI - DECLARATION AND SIGNATURES

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 V 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. 10).

**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 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.

## SECTION XII - 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 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	NRIs/ 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

- a) Please fill up the Application Form legibly in English in CAPITAL LETTERS.
- b) 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).
- c) 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.
- d) Any correction / over writing in the application form must be signed by the investor.
- e) 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.
- f) AMC shall not be responsible for direct credit rejects or / payout delays due to incorrect/ incomplete information provided by investor.
- g) 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.
- h) 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.
- i) 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.
- j) If the name is not mentioned as per the PAN card, the name will be captured as per the PAN Card if attached.
- k) 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.
- l) 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

- a) 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.
- b) 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.
- c) 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.
- d) Know Your Client (KYC)  
With reference to SEBI Circular MIRSD/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.
- e) If you are KYC Complaint, 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

- a. The Demat Account Details section on the investment application form needs to be completely filled
- b. 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.
- c. The units will be credited to the Demat Account only post realisation of payment.
- d. The nomination details as registered with the Depository Participant shall be applicable to unitholders who have opted to hold units in Demat mode.
- e. 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.
- f. 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.
- g. 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.
- h. 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.
- i. 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)
- j. 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

- a) 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.

## GUIDELINES, CONTINUED

- b) 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

- a) 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 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.)**



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	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Maximum period of validity of this mandate is 40 years only										Maximum period of validity of this mandate is 40 years only																						
Signature Primary Account holder										Signature of Account holder										Signature of Account holder													
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