

Distributor's ARN/ RIA Code*

Sub-Broker's ARN

Sub-Broker's Code

EUIN

ARN-154960
ARN -
E

- *By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund. Declaration for "Execution-only" transactions (only where EUIN box is left blank)
- "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

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

TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading "Guidelines to filling up the form" for details)
 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.


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 Folio Number and CKYC Number below and proceed to Section 'Investment Details'. Folio No.: _____ CKYC No.: _____
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	Sole/ First Applicant	Second Applicant	Third Applicant			
New Applicant's Personal Information (Section II)	Name of Applicant [^]	Name of Applicant [^]	Name of Applicant [^]			
	PAN	PAN	PAN			
	Date of Birth	Date of Birth	Date of Birth			
	Aadhar No.	Aadhar No.	Aadhar No.			
	CKYC No.	CKYC No.	CKYC No.			
	Status [#]	Status [#]	Status [#]			
	Occupation ^{**}	Occupation ^{**}	Occupation ^{**}			
[^] Name shall be as per PAN/Aadhaar card. [#] Please refer to Section IV below for Status of All Applicants. ^{**} Please refer to Section V below for Occupation of All Applicants.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"> Gross Annual Income Details in INR (please tick): <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"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable </td> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"> Gross Annual Income Details in INR (please tick): <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"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable </td> <td style="width: 33%; padding: 5px;"> Gross Annual Income Details in INR (please tick): <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"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable </td> </tr> </table>				Gross Annual Income Details in INR (please tick): <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"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable	Gross Annual Income Details in INR (please tick): <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"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable	Gross Annual Income Details in INR (please tick): <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"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable
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*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 OR Contact Person name, if Non-Individual / Power of Attorney (Section III)	Name _____ PAN _____ Aadhaar Number _____ CKYC No. _____ Date of Birth** _____	**applicable for guardian. Gross Annual Income Details in INR (please tick): <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"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable
*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.		

Status of Applicants (Section IV)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Resident Individual</td> <td style="width: 25%;"><input type="checkbox"/> Proprietorship</td> <td style="width: 25%;"><input type="checkbox"/> Mutual Fund</td> <td style="width: 25%;"><input type="checkbox"/> PF/ Gratuity/ Pension/ Superannuation Fund</td> </tr> <tr> <td><input type="checkbox"/> NRI on Repatriation Basis</td> <td><input type="checkbox"/> Partnership Firm</td> <td><input type="checkbox"/> Mutual Fund FOF Scheme</td> <td><input type="checkbox"/> On behalf of Minor</td> </tr> <tr> <td><input type="checkbox"/> NRI on Non-Repatriation Basis</td> <td><input type="checkbox"/> Private Limited Company</td> <td><input type="checkbox"/> Body Corporate</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> HUF</td> <td><input type="checkbox"/> Public Limited Company</td> <td><input type="checkbox"/> Registered Society</td> <td><input type="checkbox"/> Foreign Institutional Investor (Please specify) _____</td> </tr> </table>	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> PF/ Gratuity/ Pension/ Superannuation Fund	<input type="checkbox"/> NRI on Repatriation Basis	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Mutual Fund FOF Scheme	<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> NRI on Non-Repatriation Basis	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Other _____	<input type="checkbox"/> HUF	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Registered Society	<input type="checkbox"/> Foreign Institutional Investor (Please specify) _____
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<input type="checkbox"/> HUF	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Registered Society	<input type="checkbox"/> Foreign Institutional Investor (Please specify) _____														

Occupation of Applicants (Section V)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Private Sector</td> <td style="width: 33%;"><input type="checkbox"/> Professional</td> <td style="width: 33%;"><input type="checkbox"/> Student</td> </tr> <tr> <td><input type="checkbox"/> Public Sector</td> <td><input type="checkbox"/> Agriculturist</td> <td><input type="checkbox"/> Forex Dealer</td> </tr> <tr> <td><input type="checkbox"/> Government Service</td> <td><input type="checkbox"/> Retired</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Business</td> <td><input type="checkbox"/> Housewife</td> <td>(Please specify)</td> </tr> </table>	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Professional	<input type="checkbox"/> Student	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Government Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Other _____	<input type="checkbox"/> Business	<input type="checkbox"/> Housewife	(Please specify)	Mode of Operation (Section VI) Where there is more than one applicant [Please (✓)] <input type="checkbox"/> First Applicant only <input type="checkbox"/> Any one or Survivor <input type="checkbox"/> Joint
<input type="checkbox"/> Private Sector	<input type="checkbox"/> Professional	<input type="checkbox"/> Student												
<input type="checkbox"/> Public Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Forex Dealer												
<input type="checkbox"/> Government Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Other _____												
<input type="checkbox"/> Business	<input type="checkbox"/> Housewife	(Please specify)												

ACKNOWLEDGEMENT SLIP	<div style="text-align: center;">  Received from _____ Appl. CA an application for allotment of units in the following scheme : </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 45%; text-align: center; font-size: small;">Investment Details</th> <th style="width: 55%; text-align: center; font-size: small;">Instrument Details</th> </tr> <tr> <td style="padding: 5px;"> Scheme _____ Plan _____ Option _____ </td> <td style="padding: 5px;"> No. _____ Dated DD / MM / YYYY Rs. _____ Bank & Branch _____ </td> </tr> </table> <p style="font-size: small;">Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement</p>	Investment Details	Instrument Details	Scheme _____ Plan _____ Option _____	No. _____ Dated DD / MM / YYYY Rs. _____ Bank & Branch _____	Official Acceptance Point Stamp & Sign
Investment Details	Instrument Details					
Scheme _____ Plan _____ Option _____	No. _____ Dated DD / MM / YYYY Rs. _____ Bank & Branch _____					

Residential Business Registered Office

Correspondence Details of Sole/First Applicant (Section VII)	Address for Communication (Full Address Mandatory)		Overseas Address	
	Address 1		Address 1	
	Address 2		Address 2	
	Address 3		Address 3	
	City/ Town	State	City/ Town	State
	Country	Pin Code	Country	Pin Code
	Mobile	Tel (Res./ Off.)	Mobile	Tel (Res./ Off.)
	Email**			

**All communications including Account Statement & Transaction confirmation shall be communicated to aforesaid E-mail ID.

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 dividend options having dividend frequency of less than a month).

Demat Account Details (Section VIII)	NSDL: DP Name: _____ DP ID: _____ Beneficiary Account No.: _____
	CDSL: DP Name: _____ 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.

Third Party Payment Declaration (Section IX)	Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of FII.
	Name: <input type="text"/> Relationship with Applicant: <input type="text"/> PAN: <input type="text"/> KYC Compliant Status: <input type="radio"/> Yes <input type="radio"/> No
	Declaration: I hereby declare and confirm that the Applicant stated above is the beneficial owner of the investment details mentioned above. I am providing the funds for these investments on account of my natural love and affection or incentive to employee or for & on behalf of fil or as gift from my bank account only. Declaration (Guardian of minor, as registered in the folio): I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the minor. (Note: Aforeside signature should match with the investment cheque signature) <div style="border: 1px solid black; width: 100%; height: 50px; display: flex; align-items: center; justify-content: center;">Signature</div>

(Mandatory, this account details will be considered as default account for payout)

Bank Account Details (Section X)	Name of Bank	<input type="text"/>
	Branch	<input type="text"/> City <input type="text"/>
	Account No.	<input type="text"/>
	RTGS IFSC Code	<input type="text"/> NEFT IFSC Code <input type="text"/>
	MICR Code	<input type="text"/>
		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

This is the 9 digit No. next to your Cheque No.

Plan your Life Goal. You can assign this investment for your life's important milestones Your Dream Home Child's Education Child's Wedding Retirement

Investment & Payment Details (Section XI)	Scheme Name	Plan / Option / Sub-option	Frequency	Amount Invested (Rs.)	Payment Details		
		<input type="radio"/> Growth <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvestment	<input type="radio"/> D <input type="radio"/> B+ <input type="radio"/> W <input type="radio"/> Q <input type="radio"/> F* <input type="radio"/> H <input type="radio"/> M <input type="radio"/> A			Cheque/ DD/ UTR No.	Bank and Branch
		<input type="radio"/> Growth <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvestment	<input type="radio"/> D <input type="radio"/> B+ <input type="radio"/> W <input type="radio"/> Q <input type="radio"/> F* <input type="radio"/> H <input type="radio"/> M <input type="radio"/> A				

Note - Attach separate cheque for each Investment **D = Daily, W = Weekly, F = Fortnightly, M = Monthly, B = Bi-monthly, Q = Quarterly, H = Half Yearly, A = Annually** *This facility is available in Kotak Equity Arbitrage Fund only

If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)

NRE NRO FCNR Others (Please specify)

Nomination Details (Section XII) (to be filled in by individual(s) applying Singly or Jointly)	I/We _____ and _____ do hereby nominate the undermentioned Nominee to receive the Units to my/our credit in Folio No./Application No. _____ in the event of my/our death. I/we also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustee.																		
	DETAILS OF NOMINEE																		
	<table border="1"> <thead> <tr> <th>Name of Nominee</th> <th>Relationship</th> <th>Address</th> <th>Date Of Birth</th> <th>% Share</th> <th>Signature Of Nominee</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Name of Nominee	Relationship	Address	Date Of Birth	% Share	Signature Of Nominee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)																			
<table border="1"> <thead> <tr> <th>Name of Guardian</th> <th>Address</th> <th>Tel. No</th> <th>Signature Of Guardian</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Name of Guardian	Address	Tel. No	Signature Of Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
Name of Guardian	Address	Tel. No	Signature Of Guardian																
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
I/We _____ do hereby confirm that I/We do not intend to avail the nomination facility for this investment application. <input type="checkbox"/>																			
For units to be held in Demat Mode, the Nomination details updated in the depository system shall prevail over the details mentioned hereunder.																			

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.
 ☎ 022-6115 2100
 ✉ mutual@kotak.com
 ⚙ assetmanagement.kotak.com

COMPUTER AGE MANAGEMENT SERVICES PVT. LTD.
 178/ 10, M G R Salai,
 Nungambakkam,
 Chennai - 600034.
 ☎ 044 3047 7000
 ✉ enq_k@camsonline.com
 ⚙ www.camsonline.com

We are at your service on 1800-222-626 from 9.30 a.m. to 6.00 p.m. (Monday to Friday)

FATCA & CRS INFORMATION [Please tick (✓)], for Individuals (Mandatory). Non Individual investors & HUF should mandatorily fill separate FATCA detail form.

The below information is required for all applicant(s)/guardian

Address Type: Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s) / guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No

If Yes, Please provide the following information [Mandatory]

Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below.

Category	First Applicant/ Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency – 1**			
Tax Payer Ref. ID No. – 1^			
Tax Identification Type – 1 [TIN or Other, please specify]			
Country of Tax Residency – 2**			
Tax Payer Ref. ID No. – 2^			
Tax Identification Type – 2 [TIN or Other, please specify]			
Country of Tax Residency – 3**			
Tax Payer Ref. ID No. – 3^			
Tax Identification Type – 3 [TIN or Other, please specify]			

** To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

Declaration and Signatures (Section XIII)	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>Consent by unit holders for collection, storage, using/sharing of Aadhaar data I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.</p> <p>I/ We hereby provide my/our consent for sharing/discard of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.</p>		
	<p>SIGNATURE(S) (To be signed by All Applicants)</p>	Sole / First Applicant	Second Applicant
<p>Please tick if the investment is operated as POA / Guardian <input type="checkbox"/> POA <input type="checkbox"/> Guardian Note : If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.</p>			

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 SA/ 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/ Demand Draft 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 30 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/Aadhaar 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.
- Investor shall pay the upfront commission to the AMFI registered distributor directly, based on his assessment of various factors including the services rendered by 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.

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 XII. Your personal information and bank account details indicated for your 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.
- Default option (Common to all Schemes)

Indication not made	Default
Scheme Name	As indicated on the Cheque
Dividend/ Growth Option	Growth Option: except in case of Kotak Equity Arbitrage Fund, it will be Dividend option
Sub Options: Dividend Payout / Dividend Reinvestment	Sub Options: Dividend Reinvestment except in case of Kotak Tax Saver it will be Dividend Payout
Mode of holding (based on the number of applicants/ number of signatures on the form)	Single/ Any one or Survivor
Status of First Applicant (Individual, HUF, Company etc.)	Others#

#Tax rates (including the tax on dividend distribution) wherever applied on 'others' by Kotak Mutual Fund shall be the same as applicable to a Resident Indian Company

- d) 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.
- e) 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.
- f) 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 cases.

- a. Payment by Parents/Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs. 50,000/- (each regular purchase or per SIP installment) However this restriction will not be applicable for payment made by a guardian whose name is registered in the records of Mutual Fund in that folio.
- b. Payment by Employer on behalf of employee under Systematic Investment Plans or lump sum / one-time subscription, through Payroll deductions. Asset management companies should exercise extra due diligence in terms of ensuring the authenticity of such arrangements from a fraud prevention and KYC perspectives.
- c. Custodian on behalf of an FI or a client.

For pre funded instruments such as DD/Pay order it is the onus of the investor to provide adequate supporting documents to prove that such instruments are issued by debiting the first holders account.

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 dividend option of schemes/ plans having dividend frequency of less than a month (ie: Investments in all Daily, Weekly and Fortnightly Dividend 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

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.

6. INVESTMENT DETAILS

- a) Please issue a separate Cheque / Demand Draft for each separate Scheme / Plan.
- b) Cheques should be crossed "A/c Payee Only" and drawn in favour of the Scheme in which you propose to invest.
- c) If you are residing / located in a city / town where we do not have an Official Acceptance Point, please draw a Demand Draft payable at your nearest city / town where we have an Official Acceptance Point.
- d) 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.
- e) NRI investors are requested to provide debit certificate from their bank for each investment.

7. NOMINATION DETAILS

- a. With effect from April 1, 2011 nomination shall be mandatory for new folios /

accounts opened by individual especially with sole holding and no new folios / accounts for individuals in single holding should be opened without nomination.

- b. The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. Nomination cannot be updated in a folio held on behalf of minor.
- c. Minor(s) can be nominated and in that event, the name, address and signature of the guardian of the minor nominee(s) shall be provided by the unitholder.
- d. 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.
- e. The Nominee shall not be a trust other than religious and charitable trust, society, body corporate, partnership firm, karta of Hindu Undivided Family, a power of attorney holder. A non-resident Indian can be nominee subject to the exchange control regulations in force, from time to time.
- f. Transfer of unit in favour of Nominee(s) shall be valid discharge by the Asset Management Company against the legal heir.
- g. The cancellation of nomination can be made only by those individuals who hold unit on their behalf singly or jointly.
- h. On cancellation of nomination, the nomination shall stand rescinded and the Asset Management Company shall not be under any obligation to transfer the units in favour of the Nominee(s).
- i. If there is multiple nomination and the percentage is less than 100% than the balance will be re-balanced to the first unitholder. If percentage is greater than 100% then nomination would be rejected.
- j. Nomination in respect of the units stands rescinded upon the transfer of units.
- k. PAN/KYC of POA/Guardian is mandatory, applications without this information will be deemed to be incomplete & would be rejected.

8. KOTAK FACILITIES

- a) If you have an E-Mail address, you can choose to receive E-mail communication from us in lieu of printed communication. Please furnish your E-Mail ID and indicate the nature of communication you wish to receive over E-Mail.
- b) If you wish to view your investments or transact over the Internet / Telephone, please fill in the Internet/ Phone Transactions Form. You can download the same from www.assetmanagement.kotak.com.

9. TRANSACTION CHARGES

Pursuant to SEBI Circular No. Cir/ IMD/ DF/13/ 2011 dated August 22, 2011, transaction charge per subscription of Rs. 10,000/- and above be allowed to be paid to the distributors of the Kotak Mahindra Mutual Fund products. The transaction charge shall be subject to the following:

1. For existing investors (across mutual funds), the distributor shall be paid Rs. 100/- as transaction charge per subscription of Rs.10,000/- & above.
2. For first time investors, (across Mutual Funds), the distributor shall be paid Rs. 150/- as transaction charge for subscription of Rs.10,000/- & above.
3. The transaction charge shall be deducted by Kotak AMC from the subscription amount & paid to the distributor (will be subject to statutory levies, as applicable) & the balance amount shall be invested.
4. In case of Systematic Investment Plan(s), the transaction charge shall be applicable only if the total commitment through SIPs amounts to Rs.10,000/- & above. In such cases the transaction charge shall be recovered in first 3/4 successful installments.

Transaction charges shall not be deducted/applicable for:

- (a) Transaction other than purchases/subscriptions such as Switch/Systematic Transfer Plan (STP)/ Dividend Transfer Plan (DTP), etc.
- (b) Purchases/Subscriptions made directly with the Fund without any ARN code.
- (c) Transactions carried out through the stock exchange platforms.
- (d) Distributors who have chosen to either 'Opt in' or 'Opt Out' of charging the transaction charge based on type of the product.

With reference to SEBI circular no. Cir/IMD/DF/13/2011 dated August 22, 2011 and KMMF notice dated November 1, 2011; distributors shall now have the option to either opt in or opt out of charging transaction charge based on type of the product.

10. 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.

11. 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.

12. 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.

Distributor Code ARN-154960	Sub-Broker's ARN ARN -	Sub-Broker's Code	EUIN E
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* By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/ our transactions in the scheme(s) of Kotak Mahindra Mutual Fund.

Declaration for "Execution-only" transactions (only where EUIN box is left blank)

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

SIGNATURE(S) Sole / First Applicant	Second Applicant	Third Applicant
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TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading 'Checklist' for details)

REQUEST FOR:

Registration of SIP Registration of MICRO SIP Renewal of SIP
 Change in Bank details Any other request

Rupee Cost Averaging - Take the guesswork out of timing the market

Month	Monthly investment in Rs.	Cost per unit Rs.	No. of units bought	Lumpsum investment in Rs.	No. of units bought
1	5,000	12	417	20,000	1,667
2	5,000	10	500		Average cost per unit Rs.12
3	5,000	11	455		
4	5,000	13	385		
Total Units	20,000		1,757		Average cost per unit Rs.11.4

Just by investing a little everymonth, you average out the market highs & lows
The above illustration is hypothetical & only to explain the concept of Rupee Cost Averaging & should not be constructed as expected return or an investment advice

INVESTOR'S INFORMATION

Folio No.	Application No. (For New Investors, pls. attach the application form)	
Sole/ First Applicant	Second Applicant	Third Applicant
Name of Applicant	Name of Applicant	Name of Applicant
PAN	PAN	PAN
Aadhaar No.	Aadhaar No.	Aadhaar No.
Date of Birth	Date of Birth	Date of Birth
CKYC No.	CKYC No.	CKYC No.
E-mail	E-mail	E-mail

SIP Details

Scheme Name/ Plan/Options Sub-option	SIP Installment Amount(Rs.)	SIP Date	SIP Frequency	SIP Start Month & Year and SIP End month & Year	SIP BOOSTER (OPTIONAL) Fixed Booster Amount (Rs) OR Variable Booster Percentage(%)	SIP Booster Frequency
	Rs.	DD	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	MMYY to MMYY	Rs. _____ OR _____% Booster Cap Amt Rs. _____ OR Booster End Period: MMYY	<input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly
	Rs.	DD	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	MMYY to MMYY	Rs. _____ OR _____% Booster Cap Amt Rs. _____ OR Booster End Period: MMYY	<input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly
	Rs.	DD	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	MMYY to MMYY	Rs. _____ OR _____% Booster Cap Amt Rs. _____ OR Booster End Period: MMYY	<input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly

Declaration and Signature

I/We have read and understood the contents of the SAV/SID of the above referred Scheme(s) of Kotak Mahindra Mutual Fund. I/We hereby apply for allotment/purchase of Units in the Scheme(s) indicated as above and agree to abide by the terms and conditions applicable there to. I/We hereby declare that I/We authorized to make this investment in the above mentioned Scheme(s) and that the amount invested in the Scheme(s) is through legitimate sources only and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by the Government of India from time to time. I/We hereby authorize Kotak Mahindra Mutual Fund, its investment Manager and its agents to disclose details of my investment to my/ our Investment Advisor and /or banks. I/We have neither received nor been induced by any rebate or gifts, directly, in making this investment. I/We also declare that the ARN Holder has disclosed all commission (in the form of trail commission or any other mode) payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/ our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

SIGNATURE(S)

Sole / First Account Holder	Second Account Holder	Third Account Holder
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To be signed by All Applicant's if mode of operation is "Joint". (As in Bank Records)

OTM DEBIT Mandate – ONE TIME Mandate / NACH/Direct Debit

UMRN: _____ For Office Use _____ Date: MMYY

Sponsor Bank Code: _____ For Office Use _____ Utility Code: _____ For Office Use _____

TICK **CREATE** **MODIFY** **CANCEL**

I/We hereby authorize **Kotak Mutual Fund** to debit (tick) SB CA CC SB-NRE SB-NRO Other

Bank a/c number: _____

with Bank: _____ IFSC: _____ or MICR: _____

an amount of Rupees: _____ ₹

FREQUENCY: Mthly Qytr H-Yrly Yrly As & when presented

DEBIT TYPE: Fixed Amount Maximum Amount

Reference 1: _____ Folio Number _____ Phone No. _____

Reference 2: _____ Application Number _____ Email ID _____

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD: From _____ To **3 1 1 2 2 0 9 9**

Or Until Cancelled

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

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.