# Systematic Investment Plan Form

## (Debit Mandate Form NACH/ ECS/ Direct Debit)

| Investment Advisor's Name & Code | Sub-Broker's Code | EUIN (Mandatory) |
|---|---|---|
| | | |

**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) X

| Sole / First Applicant | Second Applicant | Third Applicant |
|---|---|---|
| | | |

**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**

☐ **Change in SIP Amount** ☐ **Change in SIP Date** ☐ **Cancellation of SIP**

**Investor's Information**

| | | | |
|---|---|---|---|
| Folio No. (For Existing Investors) | | Application No. (For New Investors, pls. attach the application form) | |
| Name of Sole / First Holder | | | E-mail: |
| PAN (First Applicant) | | Mobile No. | |
| Enclosed (Please ✓ ) | ☐ PAN Proof | KYC Compliant Status ☐ Yes ☐ No | |

**I would like to opt for Systematic Investment through** ☐ **Auto-Debit** ☐ **Post Dated Cheques (PDC's)**

Scheme _____ Option ☐ Growth ☐ Dividend : ○ Payout ○ Re-investment

Plan _____ (Please ✓) Dividend : Frequency _____

Investment Frequency (Please ✓) ☐ Monthly ☐ Quarterly SIP Period From MM / YYYY To MM / YYYY OR ☐ Default Date (December 2099) SIP Instalment Amount (Rs.) _____

SIP Tenure (Please ✓) ☐ 3 yrs ☐ 5 yrs ☐ 10 yrs ☐ 15 yrs ☐ 20 yrs First SIP vide Cheque No. _____ Dated DD / MM / YYYY

SIP Date (Please ✓) ☐ 1st ☐ 7th ☐ 10th ☐ 14th ☐ 15th ☐ 21st ☐ 25th ☐ 28th

Cheque Nos. From _____ to _____ Cheque Dated From DD / MM / YYYY to DD / MM / YYYY

(Excluding initial investment Cheque for Post Dated Cheques)

Cheque on Bank City Branch

☐ **SIP BOOSTER** (Optional) (Please refer instructions overleaf)

Frequency (Please ✓ ) ☐ Half Yearly ☐ Yearly Booster Amount _____ (Minimum Rs. 500 and in multiples of Rs. 500 thereof)

**Declaration and Signature**

I/We have read and understood the contents of the SAI/ 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. By ticking micro sip, I/We hereby declare that our total SIP for rolling 12 months or FY April to March does not exceed Rs. 50,000 through this application or any existing SIP in the schemes. 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.

SIGNATURE(S) X

| Sole / First Account Holder | Second Account Holder | Third Account Holder |
|---|---|---|
| | | |

To be signed by All Applicant's if mode of operation is "Joint". (As in Bank Records)

## Debit Mandate Form NACH/ ECS/ Direct Debit

UMRN For office use Date

**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 Name of Customers bank IFSC or MICR

an amount of Rupees ₹

**FREQUENCY** ~~☒ Mthly ☒ Qylt ☒ 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~~

X 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.