

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

Correspondence Details of Sole/ First Applicant (Section VI)	Address for Communication (Full Address Mandatory)		Overseas Address (Mandatory for NRI/ FI/ Applicants)	
	House/ Flat No		House/ Flat No	
	Street Address		Street Address	
	City/ Town	State	City/ Town	State
	Country	Pin Code	Country	Pin Code
	Mobile: Mobile belongs to: ☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Custodian ☐ POA ☐ PMS			
	Email:			Tel (Res./ Off.)
	Email Address belongs to: ☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Custodian ☐ POA ☐ PMS			
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.				

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.

Nomination Details (Section VII) (Mandatory) (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 Please tick any of the following: Proof of Identity: ☐ PAN ☐ Aadhaar ☐ Date of Birth ☐ Others _____				
	Name & Address of Nominee	Relationship	Proof of Identity	% Share	Signature Of Nominee
				(N)	
	DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)				
	Name & Address of Guardian	PAN	Relationship with Minor	Signature Of Guardian	
	☐ I/ We have read and understood the instructions on nomination and I/ We hereby undertake to abide by the same. The instructions contained herein supercede all previous nominations made by me/ us in respect to the folio(s) mentioned above. ☐ 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.	X	First/ Sole Unitholder: Signature	Unitholder 2: Signature	Unitholder 3: Signature
Name: _____ Name: _____ Name: _____					

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).

Demat Account Details (Section VIII)

NSDL

DP Name

DP ID

Beneficiary Account No.

CDSL

DP Name

DP ID

Beneficiary Account No.

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

Investment & Payment Details (Section IX)	Scheme Name	Plan	Option/ Sub-option	Frequency	Amount Invested (Rs.)	Payment Details			
		☐ Regular ☐ Direct	☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment	☐ D ☐ W ☐ F* ☐ M	☐ B* ☐ Q ☐ H ☐ A		Cheque No./ DD No./ OTM/ UTR No.(RTGS/NEFT)	Bank and Branch	Source Account No.
		☐ Regular ☐ Direct	☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment	☐ D ☐ W ☐ F* ☐ M	☐ B* ☐ Q ☐ H ☐ A				
		☐ Regular ☐ Direct	☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment	☐ D ☐ W ☐ F* ☐ M	☐ B* ☐ Q ☐ H ☐ A				

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)

Please enclose a cancelled cheque leaf of this Bank in case your investment cheque is not from this account, else bank details of investment cheque shall be updated for payout

Bank Account Details (Section X)

Name of Bank

Branch

Account No.

RTGS IFSC Code

MICR Code

City

NEFT IFSC Code

Account Type

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

☐ Current☐ Savings☐ NRO☐ NRE☐ FCNR☐ Others

Declaration and Signatures (Section XI)

I/We have read and understood the contents of the Statement of Additional Information/ Scheme Information Document/ Key Information Memorandum of the respective scheme(s) of Kotak Mahindra Mutual Fund. I/We hereby apply for allotment / purchase of Units in the Scheme(s) indicated in Section XI above and agree to abide by the terms and conditions applicable thereto. I /We hereby declare that I/We are authorised to make this investment in the abovementioned Scheme(s) and that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by the Government of India from time to time. I/ We hereby authorise Kotak Mahindra Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my/our Investment Advisor and / or my bank(s) / Kotak Mahindra Mutual Fund's bank(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment.

I / We confirm that the distributor has disclosed all commission (in the form of trail commission or any other mode) payable to the distributor for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.

I have examined the information provided by me in this form and to the best of my knowledge and belief it is true, correct, and complete.

Applicable to NRIs seeking repatriation of redemption proceeds: I/We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE / FCNR Account.

FATCA & CRS Declaration: I/We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/ us on this Form is true, correct, and complete. I/ We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer guideline No. 11).

SIGNATURE(S)
(To be signed by All Applicants)

X

Sole / First Applicant

Second Applicant

Third Applicant

Please tick if the investment is operated as POA / Guardian

☐ POA☐ Guardian

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

Checklist

Please ensure that:

☞ Your Application Form is complete in all respects & signed by all applicants:

- Name, Address and Contact Details are mentioned in full.
- Bank Account Details are entered completely and correctly. 9 digit MICR Code of your Bank is mentioned 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)

☞ Your Investment Cheque / DD is drawn in favour of **< Scheme Name >** dated and signed.

☞ Application Number is mentioned on the face of the cheque.

☞ A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form.

☞ Documents as listed below are submitted along with the Application form (as applicable to your specific case)

Document	Companies	Trusts	Societies	Partnership Firms	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							

Distributor's ARN/ RIA Code⁸ ARN-118214	Sub-Broker's ARN	Sub-Broker's Code	EUIN E-179996
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- ☐ "By mentioning RIA code, I/We authorize you to share with the Distributor, 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) 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 + OTM Registration
 ☐ Registration of SIP (for existing OTM)*
 ☐ Registration of MICRO SIP
 ☐ Renewal of SIP
 ☐ Change in Bank details

One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit

UMRN	F o r o f f i c e u s e	Date	
Sponsor Bank Code	For Office Use	Utility Code	For Office Use
TICK (✓) CREATE ☒ MODIFY ☒ CANCEL ☒		I/We hereby authorize Kotak Mahindra 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
	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.

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

I would like to opt for Systematic Investment Plan		
Scheme Plan	Option ☐ Growth ☐ IDCW: ☐ Payout ☐ Re-investment IDCW Frequency	
Investment Frequency (Please✓)	☐ Monthly ☐ Quarterly	
SIP Amount (✓) Rs.	☐ 20000 ☐ 10000 ☐ 5000 ☐ 1000 ☐ Any other amount ☐ Rs.	
SIP Date:	(Please mention any date of the month between 1st to 31st) SIP Period: From To OR ☐ Default Date (December 2099)	
* ☐ Use existing One Time Debit Mandate (if already registered in the Folio)		
Bank Name	Bank A/c No.	
☐ SIP TOP UP (Optional) (Please refer instructions overleaf)		
Frequency (Please✓)	Fixed TOP UP Amount (Rs.)	(Minimum Rs. 500 and in multiples of Rs. 500 thereof)
☐ Half Yearly ☐ Yearly	Variable TOP UP Amount (%)	(Minimum 10% and in multiples of 5% thereof)
	SIP TOP UP Cap Amount	

TOP UP CAP Amount: Investor has an option to freeze the SIP TOP UP amount once it reaches a fixed predefined amount. The fixed pre-defined amount should be same as the maximum amount mentioned by the investor in the NACH Debit Mandate Form. In case of difference between the CAP Amount & the maximum amount mentioned in NACH Debit Mandate Form, then amount which is lower of the two shall be considered as the default amount of SIP CAP Amount.

DEMAT ACCOUNT DETAILS Please ensure you submit supporting documents evidencing the accuracy of the demat account details mentioned below. Bank details of DP will overwrite the existing 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	Beneficiary Account No.

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 am/We are 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.		
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)		