

Distributor's ARN/ RIA Code*	Sub-Broker's ARN	Sub-Broker's Code	EUIN

☐ "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) <small>(To be signed by All Applicants)</small>			
	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

INVESTOR'S INFORMATION

Folio No.	Application No. <small>(For New Investors, pls. attach the application form)</small>	
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

I would like to opt for Systematic Investment Plan

Scheme Plan 	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend : <input type="radio"/> Payout <input type="radio"/> Re-investment Dividend : Frequency
Investment Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Please ✓)	SIP Period From To OR <input type="checkbox"/> Default Date (December 2099)
SIP Amount (✓) Rs. <input type="checkbox"/> 20000 <input type="checkbox"/> 10000 <input type="checkbox"/> 5000 <input type="checkbox"/> 1000 <input type="checkbox"/> Any other amount Rs.	First SIP vide Cheque No. Dated DD / MM / YYYY
SIP Date (✓) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> 30th	

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

Frequency (Please ✓) <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Fixed Booster Amount (Rs.) <input type="checkbox"/> 3000 <input type="checkbox"/> 1000 <input type="checkbox"/> 500 <input type="checkbox"/> Any other amount Rs.	(Minimum Rs. 500 and in multiples of Rs. 500 thereof)
	Variable Booster Amount (%) <input type="checkbox"/> 20% <input type="checkbox"/> 15% <input type="checkbox"/> 10% <input type="checkbox"/> Any other percentage %	(Minimum 10% and in multiples of 5% thereof)
	SIP Booster Cap Amount Rs.	

Booster CAP Amount: Investor has an option to freeze the SIP Booster 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.

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

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 (✓) <input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We hereby authorize Kotak 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	
Bank a/c number		
with Bank	IFSC	or 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

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 <input checked="" type="checkbox"/> 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
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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.