

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) (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.: _____

New Applicant's Personal Information (Section II)	Sole/ First Applicant	Second Applicant	Third Applicant
	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.			
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			
<i>*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.</i>			

Guardian OR Contact Person name if Non-Individual / Power of Attorney (Section III)	Name	PAN	Date of Birth**	CKYC No.
	**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>*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.</i>				

Status of Applicants (Section IV)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> HUF	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Mutual Fund <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Body Corporate <input type="checkbox"/> Registered Society	<input type="checkbox"/> PF/ Gratuity/ Pension/ <input type="checkbox"/> Superannuation Fund <input type="checkbox"/> Trust AOP/ BOI <input type="checkbox"/> Foreign Institutional Investor	<input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Other _____ (Please specify)
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Occupation of Applicants (Section V)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife	<input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other _____ (Please specify)	Mode of Operation (Section VI)	Where there is more than one applicant [Please (✓)] <input type="checkbox"/> First Applicant only <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint
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ACKNOWLEDGEMENT SLIP	(To be filled by Applicant)		
			Received from _____ Appl. CA an application for allotment of units in the following scheme :
	Investment Details		Instrument Details
	Scheme _____ Plan _____ Option _____	No. _____ Dated DD / MM / YYYY Rs. _____ Bank & Branch _____	
	Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement		Official Acceptance Point Stamp & Sign

☐ 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:		Relationship with Applicant:
	PAN:		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 FII 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)			Signature

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

Bank Account Details (Section X)	Name of Bank		
	Branch		City
	Account No.		
	RTGS IFSC Code		NEFT IFSC Code
	MICR Code		
	This is the 9 digit No. next to your Cheque No.		
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			

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	
					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				
<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					
	Name of Nominee	Relationship	Address	Date Of Birth	% Share	Signature Of Nominee
DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)						
Name of Guardian	Address		Tel. No	Signature Of Guardian		
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)

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]			

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 (iii) 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/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.</p>		
	SIGNATURE(S) (To be signed by All Applicants)		
		Sole / First Applicant	Second Applicant
			Third 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>			

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/ 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.
- 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/Aadhaar 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) 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.
- 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.

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 or Joint
Status of First Applicant (Individual, HUF, Company etc.)	Others#