


Distributor's ARN/ RIA Code#	Sub-Broker's ARN	Sub-Broker's Code	EUIN
ARN-53118			E054672

***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/Frist Applicant	 Second Applicant	 Third Applicant
	To be signed by All Applicants if mode of operation is "Joint"		



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.

Investor's Information


Folio No. (For Existing Investors)		Application No. (For New Investors, Please 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	

I would like to opt for ☒ **Systematic Transfer Plan** ☐ **Systematic Withdrawal Plan**

Systematic Transfer Plan

From	<input type="checkbox"/> Growth
Scheme _____ Plan _____ Option (Please ✓)	<input type="checkbox"/> Dividend  <input type="radio"/> Payout OR <input type="radio"/> Re-investment
	Dividend Frequency _____
To	<input type="checkbox"/> Growth
Scheme _____ Plan _____ Option (Please ✓)	<input type="checkbox"/> Dividend  <input type="radio"/> Payout OR <input type="radio"/> Re-investment
	Dividend Frequency _____
Transfer Option (Please ✓) <input type="checkbox"/> Fixed Sum OR <input type="checkbox"/> Entire Appreciation	Min. Rs. 1000/-
Frequency (Please ✓) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="text" value="Specify Day"/> (Please mention any day between Monday to Friday)	Transfer Period From <input type="text" value="mm/yyyy"/>
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="text" value="Specify Date"/> (Please mention any date of the month)	Transfer Period To <input type="text" value="mm/yyyy"/> OR <input type="checkbox"/> Till further instruction

Systematic Withdrawal Plan

Scheme _____ Plan _____ Option (Please ✓)	<input type="checkbox"/> Growth
	<input type="checkbox"/> Dividend  <input type="radio"/> Payout OR <input type="radio"/> Re-investment
	Dividend Frequency _____
Withdrawal Option (Please ✓) <input type="checkbox"/> Fixed Sum OR <input type="checkbox"/> Entire Appreciation	Min. Rs. 1000/-
Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Commencement Date <input type="text" value="dd/mm/yy"/>
Date <input type="radio"/> 1 st <input type="radio"/> 7 th <input type="radio"/> 14 th <input type="radio"/> 21 st <input type="radio"/> 25 th	Period From <input type="text" value="mm/yyyy"/> To <input type="text" value="mm/yyyy"/>

Declaration and Signatures




I/We have read and understood the contents of the SID/ SAI 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 thereto. 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.

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.

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/Frist Applicant	 Second Applicant	 Third Applicant
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