kotak Mutual Fund

COMMON APPLICATION FORM

Appl. CA
Date: DD / MM / YYYY

361161			E689889
DISTRIBUTOR'S ARN/ RIA CODE#	**SUB-BROKER'S ARN**	**SUB-BROKER'S CODE**	**EUIN**

☐ #By mentioning ARN/RIA/PMS code, I/ We authorize you to share with the Distributor/ Investment Adviser/ Portfolio Manager 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 OF SOLE/ FIRST APPLICANT	**SIGNATURE OF SECOND APPLICANT**	**SIGNATURE OF THIRD APPLICANT**

Existing Folio Number: _____ **PAN:** _____ **LEI Number:** _____
(Legal Entity Identifier) For Non-individuals only

SECTION I - NEW APPLICANT'S PERSONAL INFORMATION (MANDATORY)

Investor Details	**1st Applicant/ Minor**	**2nd Applicant**	**3rd Applicant**
Investor Name (As per Income Tax)			
PAN/ PEKRN (As per Income Tax)			
Tax Status (Individuals)	☐ Resident Individual ☐ NRI on Repatriation Basis (NRE) ☐ NRI on Non-Repatriation Basis (NRO) ☐ Proprietorship ☐ On behalf of Minor	☐ Resident Individual ☐ NRI on Repatriation Basis (NRE) ☐ NRI on Non-Repatriation Basis (NRO) ☐ Proprietorship ☐ On behalf of Minor	☐ Resident Individual ☐ NRI on Repatriation Basis (NRE) ☐ NRI on Non-Repatriation Basis (NRO) ☐ Proprietorship ☐ On behalf of Minor
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Guardian Details (In case of Minor) **(Please fill details as per Income Tax)**	Guardian Name Guardian PAN	**Relationship with Minor** ☐ Father ☐ Mother ☐ Legal Guardian Guardian Date of Birth: DD/MM/YYYY	**Relationship Proof attached** ☐ Birth Certificate ☐ Passport ☐ Aadhaar Card (masked) ☐ Court Order
Mode of Holding	☐ Single ☐ Joint	☐ Anyone or Survivor(s)	***(Joint applicants not allowed in case of Minor investment)***
CKYC Number (KIN)			

Contact Details	**1st Applicant/ Minor**			**2nd Applicant**			**3rd Applicant**		
Mobile Number									
Given Mobile Number Belongs to	☐ Self	☐ Dependent Child		☐ Self	☐ Dependent Child		☐ Self	☐ Dependent Child	
	☐ Spouse	☐ Dependent Parent		☐ Spouse	☐ Dependent Parent		☐ Spouse	☐ Dependent Parent	
	☐ Guardian (for minor)	☐ Dependent Sibling		☐ Guardian (for minor)	☐ Dependent Sibling		☐ Guardian (for minor)	☐ Dependent Sibling	
	☐ Custodian	☐ POA	☐ PMS	☐ Custodian	☐ POA	☐ PMS	☐ Custodian	☐ POA	☐ PMS
Email ID									
Given Email ID Number Belongs to	☐ Self	☐ Dependent Child		☐ Self	☐ Dependent Child		☐ Self	☐ Dependent Child	
	☐ Spouse	☐ Dependent Parent		☐ Spouse	☐ Dependent Parent		☐ Spouse	☐ Dependent Parent	
	☐ Guardian (for minor)	☐ Dependent Sibling		☐ Guardian (for minor)	☐ Dependent Sibling		☐ Guardian (for minor)	☐ Dependent Sibling	
	☐ Custodian	☐ POA	☐ PMS	☐ Custodian	☐ POA	☐ PMS	☐ Custodian	☐ POA	☐ PMS

Tax Status (Non-Individuals) [Please Tick (✓)]

☐ HUF ☐ Partnership Firm ☐ Private Limited Company ☐ Public Limited Company ☐ Mutual Fund ☐ Mutual Fund FOF Scheme ☐ Body Corporate ☐ Registered Society ☐ PF/ Gratuity/ Pension/ ☐ Superannuation Fund ☐ Trust ☐ AOP/ BOI ☐ Foreign Institutional Investor ☐ Other _____ (Please Specify)

SECTION II - POWER OF ATTORNEY (POA) HOLDER

Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)

Gross Annual Income Details in INR (please tick): ☐ < 1 lac ☐ 1 - 5 lac ☐ 5 - 10 lac ☐ 10 - 25 lac ☐ 25 lac - 1 cr ☐ 1 cr - 5 cr ☐ 5 cr - 10 cr ☐ > 10 cr
or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)

Please tick, if applicable, ☐ **Politically Exposed Person (PEP)** ☐ **Not Politically Exposed Person**

*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.

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ACKNOWLEDGEMENT SLIP
(TO BE FILLED BY APPLICANT)

Application No.

Instument Details

Received from: _____
No. _____ Dated DD / MM / YYYY Rs. _____
Bank & Branch

Investment Details

Scheme _____
Plan _____ Option _____
PAN

Official Acceptance Point Stamp & Sign

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

SECTION III - CORRESPONDENCE DETAILS OF SOLE/ FIRST APPLICANT

	Correspondence Address (Address as per KRA records)		Overseas Address (Mandatory for NRI/ PIO/ FII applicant)	
Address for Communication	House/ Flat No		House/ Flat No	
	Street Address		Street Address	
	City/ Town	State	City/ Town	State
	Country	Pin Code	Country	Pin Code

SECTION IV - BANK DETAILS (PLEASE ATTACH BANK ACCOUNT PROOF)

Bank Name	Bank Account. No.	
Branch Name	IFSC	MICR (9 Digit)
Branch Address	City	Pin Code

A/C Type ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others _____

SECTION V - INVESTMENT & PAYMENT DETAILS

Purpose of Investment Goal: ☐ Child's Education ☐ Child's Marriage ☐ Car Purchase ☐ House Purchase ☐ Retirement Benefit ☐ Other _____

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

*Frequency: D = Daily, W = Weekly, F = Fortnightly, M = Monthly, B = Bi-monthly, Q = Quarterly, H = Half Yearly, A = Annually
Please refer SID of respective scheme before selecting IDCW frequency

If you are an NRI Investor, please indicate source of funds for your investment (Please ✓) ☐ **NRE** ☐ **NRO** ☐ **FCNR** ☐ **Others** (Please specify)

SECTION VI - FATCA & CRS INFORMATION MANDATORY FOR INDIVIDUAL/ SOLE PROPRIETOR NON-INDIVIDUAL INVESTORS SHOULD MANDATORILY FILL SEPARATE FATCA/ CRS & UBO FORM ALONG WITH THIS FORM

FATCA & CRS	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Country of Birth				
Place/City of Birth				
Nationality				
Is the applicant(s) Country of Birth/ Nationality/ Tax Residency other than india	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, Please provide following information:				
Country of Tax Residency 1				
Identification Type				
Tax Payer Ref ID No				
Country of Residency 2				
Identification Type				
Tax Payer Ref ID No.				
Country of Residency 3				
Identification Type				
Tax Payer Ref ID No.				

Note: TIN and supporting proof are mandatory for FATCA updation in case of NRI investors. In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is available or has not yet been issued, please provide an Explanation and attach this to the form. (Please attach additional sheet if necessary and mention all countries in which applicant is a tax resident and provide relevant details.

Investment Manager:

Kotak Mahindra Mutual Fund
Country of Tax Residency 26th Floor, Kotak Infinity,
Building No. 21,Infinity Park, O . Western Express, Highway,
Gen.A.K. Vaidya Marg, Malad (E), Mumbai - 400 097.

Registrar:

COMPUTER AGE MANAGEMENT SERVICES
Computer Age Management Services Ltd.No 178/10, Kodambakkam High Road,
Ground Floor, Opp. Hotel Palmgrove, Nungambakkam, Chennai - 600034.
Tel.: 044 6110 4034 | Email: enq_k@camsonline.com | Website: www.camsonline.com

Toll Free	Email ID	Website
1800 309 1490 (Toll-Free) **044-4022 9101** (For Overseas Investors) **+91 70390 55555** (Balance Enquiry)	https://www.kotakmf.com/feedback/customer	www.kotakmf.com

SECTION VII - DEMAT ACCOUNT 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 _____		DP Name _____	
DP ID	Beneficiary Account No.	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 & Nomination of DP will overwrite the existing details.

SECTION VIII - NOMINATION DETAILS
TO BE FILLED BY INDIVIDUAL(S) (MANDATORY FOR UNITS HELD SINGLY AND OPTIONAL FOR UNITS HELD JOINTLY) SIGNATURE/S AS PER MODE OF HOLDING

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.

NOMINEE DETAILS	**NOMINEE 1**	**NOMINEE 2**	**NOMINEE 3**
Name of Nominee (mandatory)			
(%) of Allocation (equal share if % is not specified)*			
Relationship with Sole/ First Unit-holder (mandatory)			
Postal Address Same as Primary holder/ Joint holder			
Mobile No.**			
Email ID**			
DOB of Nominee (to be provided in case Nominee is Minor)			
Guardian Name (applicable if the Nominee is Minor***)			
Specify Personal Identifier Document Aadhaar (last four digits)/ PAN/ Driving Licence/ Passport			

* Any odd lot after division shall be transferred to the first nominee mentioned in the form.
** Please note that the MF/ RTA will be able to reach out to your Nominee if you provide the contact details.
*** The aforesaid details shall be optionally provided for the Guardian, in case of nominee is a minor

NOMINEE DETAILS TO BE PRINTED IN STATEMENT OF HOLDING *(Mandatory - tick any one below):*

I/We want the details of me/ our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC as follows:

☐ Nomination: Yes/ No ☐ Name of Nominee(s) with Percentage

If no option is selected, the account statement will by default display the nomination status as 'Nomination: Yes/ No' without revealing nominee name(s).

☐ **NO NOMINATION**

I hereby confirm that I do not wish to appoint any nominee(s) to my Kotak Mutual Fund folio at this point of time.
I understand that:

(i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.
(ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).
(iii) if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets, and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

POA holder cannot nominate. Hence, sole/ all joint holder applicants must sign as per mode of holding.	First/ Sole Unitholder: Signature	Unitholder 2: Signature	Unitholder 3: Signature

SECTION IX - NON-PROFIT ORGANISATION [NPO] DECLARATION

We are falling under "Non-Profit Organisation" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	☐ **Yes** ☐ **No**

If yes, please quote the NPO Registration Number provided by DARPAN portal: _____

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF/ AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/ are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/ us or collect such fines/charges in any other manner as might be applicable.

SECTION X - OTHER PERSONAL INFORMATION

Other Information	1st Applicant/ Minor	2nd Applicant	3rd Applicant	Guardian/ Contact Person (If Non-Individual Applicant)
Gender	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other
Father's Name				
Spouse Name				
Occupation	☐ Private Sector ☐ Public Sector	☐ Private Sector ☐ Public Sector	☐ Private Sector ☐ Public Sector	☐ Private Sector ☐ Public Sector
	☐ Government Service ☐ Doctor	☐ Government Service ☐ Doctor	☐ Government Service ☐ Doctor	☐ Government Service ☐ Doctor
	☐ Business ☐ Professional	☐ Business ☐ Professional	☐ Business ☐ Professional	☐ Business ☐ Professional
	☐ Agriculturist ☐ Retired	☐ Agriculturist ☐ Retired	☐ Agriculturist ☐ Retired	☐ Agriculturist ☐ Retired
	☐ Student ☐ House Wife	☐ Student ☐ House Wife	☐ Student ☐ House Wife	☐ Student ☐ House Wife
	☐ Forex Dealer	☐ Forex Dealer	☐ Forex Dealer	☐ Forex Dealer
	☐ Others (Please Specify) _____	☐ Others (Please Specify) _____	☐ Others (Please Specify) _____	☐ Others (Please Specify) _____
Gross Income Range (in Rs.)	☐ Below 1 Lac ☐ 1-5 Lacs	☐ Below 1 Lac ☐ 1-5 Lacs	☐ Below 1 Lac ☐ 1-5 Lacs	☐ Below 1 Lac ☐ 1-5 Lacs
	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ 5-10 Lacs ☐ 10-25 Lacs
OR	☐ 25 lacs-1 Cr ☐ 1-5 Cr	☐ 25 lacs-1 Cr ☐ 1-5 Cr	☐ 25 lacs-1 Cr ☐ 1-5 Cr	☐ 25 lacs-1 Cr ☐ 1-5 Cr
	☐ 5-10 Cr ☐ > 10cr	☐ 5-10 Cr ☐ > 10cr	☐ 5-10 Cr ☐ > 10cr	☐ 5-10 Cr ☐ > 10cr
Networth in Rs. (Not older than 1 year)	Rs.	Rs.	Rs.	Rs.
	As on: DD/MM/YYYY	As on: DD/MM/YYYY	As on: DD/MM/YYYY	As on: DD/MM/YYYY
Politically Exposed Person (PEP)	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP
Type of Address given at KRA	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office

SECTION XI - DECLARATION AND SIGNATURES

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 V 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. 10).

Nomination: I/ We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same.

KYC Declaration:

- I/ We hereby consent to receiving information from Central KYC Registry through SMS/ E-mail on the above registered number/ email address. I also providing consent to MF/ AMC/ KRA to share this KYC data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/ Rules/ SEBI guidelines.
- I/ We hereby consent to receiving information from central KYC Registry through SMS/ E-mail on the above registered number/email address and to download the information from CKYCR.
- I/ We am/ are providing the consent to MF/ RTA/ SEBI registered intermediary to share this KYC data/ applicable Aadhaar XML data with KRA and share the data to other participating intermediaries as mandate by PMLA Act/ Rules/ SEBI guidelines.
- 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.

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

kotak Mutual Fund

Multiple SIP Form

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

Distributor's ARN/ RIA Code#	Sub-Broker's ARN	Sub-Broker's Code	Folio No.	EUIN
361161				E689889

☐ #By mentioning RIA/PMS code, I/ We authorize you to share with the Investment Adviser/ Portfolio Manager 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

REQUEST FOR:

☐ Registration of SIP + OTM Registration ☐ Registration of SIP (for existing OTM)* ☐ Registration of Top-Up plan for existing SIP

INVESTOR'S INFORMATION

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

ONE TIME MANDATE REGISTRATION FORM

UMRN For office use **Date**

Utility Code For Office Use ☑ Create ☒ Modify ☒ Cancel

Sponsor Bank Code For Office Use **I/We hereby authorise** Kotak Mahindra Mutual Fund

To Debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other **Bank A/c No.**

with Bank **IFSC/ MICR**

an amount of Rupees ₹

DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

FREQUENCY ☒ Daily ☒ Weekly ☒ Bi-monthly ☒ Monthly ☒ Quarterly ☒ Half-yearly ☒ Annually ☑ As and when presented

Reference 1 **Reference 2**

1. I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank. 2.This is to confirm that the declaration has been carefully read, understood & made by me/ us. I am authorising the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. 3. I understood that I am authorised to cancel/ amend this mandate by appropriately communicating the cancellation/ amendement request to the user entity/ corporate or the bank where I have authorised the debit. 4. I/ We understand and accept that in case transaction/s initiated against this mandate (within valid period of mandate) is/ are rejected due to insufficient funds or such other reason as permitted under applicble law, action may be taken against me/ us under applicable law (including Negotiable Instruments Act).

Maximum period of validity of this mandate is 40 years only

From **To**

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

Purpose of Investment Goal: ☐ Child's Education ☐ Child's Marriage ☐ Car Purchase ☐ House Purchase ☐ Retirement Benefit ☐ Other _____

☐ **Existing SIP Details for which SIP Top-Up needs to be registered** ☐ **Fresh SIP Registration**

Scheme Option ☐ Growth ☐ IDCW: ○ Payout ○ Re-investment

Plan IDCW Frequency

#Investment Frequency (Please✓) ☐ Daily ☐ Weekly Specify Day (Mention any day, Monday to Friday) ☐ Monthly ☐ Quarterly ☐ Half–yearly ☐ Annually

SIP Amount (✓) Rs. ☐ 20000 ☐ 10000 ☐ 5000 ☐ 1000 ☐ Any other amount Rs. First SIP vide Cheque No. Dated D D M M Y Y Y Y

SIP Date: (Please mention any date of the month between 1st to 31st) SIP Period: From D D M M Y Y Y Y To D D M M Y Y Y Y

*☐ Use existing One Time Debit Mandate (if already registered in the Folio)

Bank Name Bank A/c No.

☐ **SIP TOP UP** (Optional - Available for Daily, Monthly and Quarterly SIP frequency) (Please refer instructions overleaf)

Frequency (Please✓) ☐ Half Yearly ☐ Yearly

Fixed TOP UP Amount (Rs.) ☐ 3000 ☐ 1000 ☐ 100 ☐ Any other amount Rs. (Minimum Rs. 100/- and any amount thereafter)

Variable TOP UP Amount (%) ☐ 20% ☐ 15% ☐ 10% ☐ Any other percentage % (Minimum 10% and in multiples of 5% thereof)

SIP TOP UP Cap Amount Rs. **OR** Top-Up Cap Month-Year M M Y Y Y Y (Mandatory for Variable SIP Top-Up Plan)

kotak Mutual Fund

Multiple SIP Form

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

Purpose of Investment Goal: ☐ Child's Education ☐ Child's Marriage ☐ Car Purchase ☐ House Purchase ☐ Retirement Benefit ☐ Other _____

☐ **Existing SIP Details for which SIP Top-Up needs to be registered** ☐ **Fresh SIP Registration**

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

Plan _____ IDCW Frequency _____

*Investment Frequency (Please ✓) ☐ Daily ☐ Weekly Specify Day (Mention any day, Monday to Friday) ☐ Monthly ☐ Quarterly ☐ Half–yearly ☐ Annually

SIP Amount (✓) Rs. ☐ 20000 ☐ 10000 ☐ 5000 ☐ 1000 ☐ Any other amount Rs. _____ First SIP vide Cheque No. _____ Dated D D M M Y Y Y Y

SIP Date: ☐☐ (Please mention any date of the month between 1st to 31st) SIP Period: From D D M M Y Y Y Y To D D M M Y Y Y Y

*☐ Use existing One Time Debit Mandate (if already registered in the Folio)

Bank Name _____ Bank A/c No. _____

☐ **SIP TOP UP** (Optional - Available for Daily, Monthly and Quarterly SIP frequency) (Please refer instructions overleaf)

Frequency (Please ✓) ☐ Half Yearly ☐ Yearly

Fixed TOP UP Amount (Rs.) ☐ 3000 ☐ 1000 ☐ 100 ☐ Any other amount Rs. _____ (Minimum Rs. 100/- and any amount thereafter)

Variable TOP UP Amount (%) ☐ 20% ☐ 15% ☐ 10% ☐ Any other percentage _____ % (Minimum 10% and in multiples of 5% thereof)

SIP TOP UP Cap Amount Rs. _____ **OR** Top-Up Cap Month-Year M M Y Y Y Y (Mandatory for Variable SIP Top-Up Plan)

Purpose of Investment Goal: ☐ Child's Education ☐ Child's Marriage ☐ Car Purchase ☐ House Purchase ☐ Retirement Benefit ☐ Other _____

☐ **Existing SIP Details for which SIP Top-Up needs to be registered** ☐ **Fresh SIP Registration**

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

Plan _____ IDCW Frequency _____

*Investment Frequency (Please ✓) ☐ Daily ☐ Weekly Specify Day (Mention any day, Monday to Friday) ☐ Monthly ☐ Quarterly ☐ Half–yearly ☐ Annually

SIP Amount (✓) Rs. ☐ 20000 ☐ 10000 ☐ 5000 ☐ 1000 ☐ Any other amount Rs. _____ First SIP vide Cheque No. _____ Dated D D M M Y Y Y Y

SIP Date: ☐☐ (Please mention any date of the month between 1st to 31st) SIP Period: From D D M M Y Y Y Y To D D M M Y Y Y Y

*☐ Use existing One Time Debit Mandate (if already registered in the Folio)

Bank Name _____ Bank A/c No. _____

☐ **SIP TOP UP** (Optional - Available for Daily, Monthly and Quarterly SIP frequency) (Please refer instructions overleaf)

Frequency (Please ✓) ☐ Half Yearly ☐ Yearly

Fixed TOP UP Amount (Rs.) ☐ 3000 ☐ 1000 ☐ 100 ☐ Any other amount Rs. _____ (Minimum Rs. 100/- and any amount thereafter)

Variable TOP UP Amount (%) ☐ 20% ☐ 15% ☐ 10% ☐ Any other percentage _____ % (Minimum 10% and in multiples of 5% thereof)

SIP TOP UP Cap Amount Rs. _____ **OR** Top-Up Cap Month-Year M M Y Y Y Y (Mandatory for Variable SIP Top-Up Plan)

Purpose of Investment Goal: ☐ Child's Education ☐ Child's Marriage ☐ Car Purchase ☐ House Purchase ☐ Retirement Benefit ☐ Other _____

☐ **Existing SIP Details for which SIP Top-Up needs to be registered** ☐ **Fresh SIP Registration**

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

Plan _____ IDCW Frequency _____

*Investment Frequency (Please ✓) ☐ Daily ☐ Weekly Specify Day (Mention any day, Monday to Friday) ☐ Monthly ☐ Quarterly ☐ Half–yearly ☐ Annually

SIP Amount (✓) Rs. ☐ 20000 ☐ 10000 ☐ 5000 ☐ 1000 ☐ Any other amount Rs. _____ First SIP vide Cheque No. _____ Dated D D M M Y Y Y Y

SIP Date: ☐☐ (Please mention any date of the month between 1st to 31st) SIP Period: From D D M M Y Y Y Y To D D M M Y Y Y Y

*☐ Use existing One Time Debit Mandate (if already registered in the Folio)

Bank Name _____ Bank A/c No. _____

☐ **SIP TOP UP** (Optional - Available for Daily, Monthly and Quarterly SIP frequency) (Please refer instructions overleaf)

Frequency (Please ✓) ☐ Half Yearly ☐ Yearly

Fixed TOP UP Amount (Rs.) ☐ 3000 ☐ 1000 ☐ 100 ☐ Any other amount Rs. _____ (Minimum Rs. 100/- and any amount thereafter)

Variable TOP UP Amount (%) ☐ 20% ☐ 15% ☐ 10% ☐ Any other percentage _____ % (Minimum 10% and in multiples of 5% thereof)

SIP TOP UP Cap Amount Rs. _____ **OR** Top-Up Cap Month-Year M M Y Y Y Y (Mandatory for Variable SIP Top-Up Plan)

DEMAT ACCOUNT DETAILS Please ensure that 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, IDCW and for SIP frequency of less than a month)

☐ **NSDL** ☐ **CDSL** DP Name _____ DP ID _____ 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)	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)		

kotak Mutual Fund

Smart Systematic Transfer Plan Form

Distributor's ARN/ RIA Code#	Sub-Broker's ARN	Sub-Broker's Code	Folio Number	EUIN
361161				E689889

☐ #By mentioning RIA/PMS code, I/ We authorize you to share with the Investment Adviser/ Portfolio Manager 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

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

Smart Systematic Transfer Plan

From Scheme _____ **Plan** _____ **Option** ☐IDCW ☐Growth

Base Smart STP Amount - Rs. _____

Minimum Smart STP ☐ **Default Smart STP** (0.5 times Base Smart STP Amount) OR ☐ **Investor defined Minimum Smart STP Amount** Amount

Maximum Smart STP ☐ **Default Smart STP** (2 times Base Smart STP Amount) OR ☐ **Investor defined Maximum Smart STP Amount** Amount

To Scheme _____ **Plan** _____ **Option** ☑ Growth

Frequency *(Please ✓)* ☐Monthly ☐Quarterly Specify Date (Please mention any Date of the month)

No. of Installments _____

Transfer Period From mm/yyyy

Transfer Period To mm/yyyy **OR** ☐Till further instruction

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 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.

SIGNATURE(S)	Sole/Frist Applicant	Second Applicant	Third Applicant

To be signed by **All Applicants** if mode of operation is **"Joint"**

Acknowledgement Slip (To be filled by Applicant)

kotak Mutual Fund

Please retain this Acknowledgement Silp for future reference

DATE: D D M M Y Y Y Y

Received from (Investor's Name) _____

Folio Number _____

Request for ☐ **Smart STP** **Smart STP Amount** _____ **Smart STP Date** _____

Official Acceptance Point Stamp & Sign

Checklist for Smart STP

Smart Systematic Transfer Plan (Smart STP)	
Transferor Schemes	All open-ended Debts Schemes, Index Funds (Debt Funds), Kotak Overnight Fund, Kotak Liquid Fund, Kotak Savings Fund, Kotak Money Market Fund, Kotak Low Duration Fund, Kotak Corporate Bond Fund, Kotak Bond Short Term Fund, Kotak Credit Risk Fund, Kotak Dyanmic Bond Fund, Kotak Floating Rate Fund, Kotak Medium Term Fund, Kotak Banking and PSU Debt Fund, Kotak Gilt Fund, Kotak Bond Fund, Kotak Nifty SDL Plus AAA PSU Bond JUL 2028 60:40 Index Fund, Kotak Nifty SDL July 2026 Index Fund, Kotak Nifty SDL Jul 2033 Index Fund, Kotak Nifity SDL Jul 2028 Index Fund, Kotak Nifty G-sec Jul 2033 Index Fund, Kotak Debt Hybrid Fund, Kotak Equity Arbitrage Fund, Kotak Equity Savings Fund, Kotak Nifty SDL Apr 2027 Top 12 Equal Weight Index Fund, and Kotak Nifty SDL Apr 2032 Top 12 Equal Weight Index Fund (Registration received in schemes other than eligible schemes shall be registered under Normal STP).
Transferee Scheme	All Open-ended Equity Schemes of Kotak Mahindra Mutual Fund ("KMMF"), All Open-ended Equity Index Schemes of KMMF, Kotak Equity Hybrid Fund, Kotak Business Cycle Fund and Kotak Multi Asset Allocation Fund (Registration received in schemes other than eligible schemes shall be registered under Normal STP).
Frequency	Monthly / Quarterly
Choice of Day/ Date	Any Business Date (1-31). Any Business Day (Monday - Friday)
Minimum Transfers	6 instalments
Minimum Amount	Applicable as per the SID limits for STP of the transferor scheme

Instructions & Information

1. Smart Systematic Transfer Plan is a market-linked product.
2. For those who wish to avail the said facility in case of existing investors, Smart STP investment forms need to be submitted for each Smart STP registration. An existing investor must mandatorily mention Folio Number details. A new investor is required to fill and submit an investment application form along with Smart STP investment form.
3. The Smart STP Amount shall be derived based on the Net Equity allocation of Kotak Balanced Advanatge Fund ("KBAF") on the Trigger date and not as on the STP date. Hence, the Smart STP Amount will be of T-1 day (i.e. Trigger Date) assuming the instalment is triggered 1 day before the STP date.
4. Individual enrollment form should be filled for each Smart STP transaction.
5. Please refer the Key Information Memorandum and Scheme Information Document of the respective Scheme(s) and Statement of Additional Information for Applicable NAV, Risk Factors, Load Structure and other information on the Scheme(s).
6. KYC is mandatory irrespective of Smart STP amount. In case of minor applicants, the Guardian needs to be KYC Compliant.
7. In the case of the first Smart STP installment, it shall be processed for the base Smart STP amount as specified by the investor at the time of enrolment, and will not be based on the net equity allocation percentage for Kotak Balanced Advantage Fund.
8. Smart STP registration request needs to be submitted to the Registrar/ AMC 7 days prior to the date of commencement of Smart STP. In case the Smart STP commencement date is less than 7days from the date of submission of registration form and the date opted for, then the same would be registered for the next cycle. The AMC reserves the right to process the Smart STP registration request received for a period lesser than 7 days in the interest of unit holders.
9. Individual Enrolment Form should be filled for each Smart STP transaction.
10. Smart STP can be opted for "Any Date" ie., (1st to 30th/ 31st of a given month) for Monthly and Quarterly option.
11. If Smart STP end date is not mentioned/ incase of ambiguity the Smart STP shall continue till availability of funds in the source scheme.
12. Calculation of Smart STP Amount

(A) Net Equity Allocation of Kotak Balanced Advantage Fund	(B) Default Option	(C) Investor Defined Amount
> 60%	2 times Base Smart STP Amount	Investor defined Maximum Smart STP Amount
40%-60% (inclusive of 40 and 60)	Base Smart STP amount	Base Smart STP amount
< 40%	0.5 times Base Smart STP Amount	Investor defined Minimum Smart STP Amount

   - » If Net Equity Allocation of KBAF percentage for the trigger date is greater than 60%, then Smart STP amount would be twice the Base Smart STP amount or Investor defined Maximum Smart STP Amount, if specified by the investor.
   - » If Net Equity Allocation of KBAF percentage for the trigger date is between 40% and 60% (including 40% and 60%), then Base Smart STP amount would be triggered.
   - » If Net Equity Allocation of KBAF percentage for the trigger date is less than 40%, then Smart STP amount would be half the Base Smart STP amount or Investor defined Minimum Smart STP Amount, if specified by the investor.

13. Base amount for Smart STP:
    - The investor must mandatorily and clearly specify the base amount of the Smart STP.
    - The minimum base Smart STP amount would be the minimum Systematic Transfer Plan (STP limit for transferor scheme) amount as applicable as per the scheme information documents of STP Schemes.
14. In the case of Smart STP, the investor has an option to mention the Maximum Amount/ Minimum Amount. In case no amount's are mentioned by the investor, the amount to be invested/ transfered shall be as per the default option - as per the details mentioned under column (B) above.
15. Investor will have to clearly mention the Base Smart STP Amount, since *2 times the Base Smart STP amount and *0.5 times the Base Smart STP amount shall be derived basis the Base Smart STP amount mentioned by the investor.
16. If 0.5 times Amount is below the minimum Smart STP amount, then the minimum Smart STP amount shall be considered.
17. For Smart STP, in case the minimum amount is below the Smart STP amount of the eligble (transferor) scheme, then the amount considered would be the minimum the Smart STP amount of the eligble (transferor) scheme.
18. Available for both options Growth & IDCW for transferor scheme and available in Growth option for transferee scheme.
19. All other Terms and Conditions of STP of the eligible schemes would also be applicable to Smart STP, unless and otherwise as specifically mentioned above.
20. In respect of Smart STP enrolments made in any of the eligible schemes, the load structure prevalent at the time of enrolment shall be applicable to the investors during the tenure of the Smart STP.
21. Once the Smart STP has been stopped, the unit holder needs to provide a new request to start a fresh new Smart STP. An investor cannot pause his existing Smart STP.
22. Smart STP will be automatically terminated if all units are liquidated or withdrawn from the transferor scheme or lien/pledged.
23. Smart STP Facility will not be available if the folio/ Certificate is under Lien or marked Frozen on the Advice of I.T. Authorities / Regulatory Authorities / Court or for any other reason.
24. Smart STP shall be applicable for investments routed through Kotak Mutual Fund website, www.kotakmf.com and physical applications submitted at specified CAMS Investors Service Centres.
25. All request for registering or deactivating the Smart STP shall be subject to an advance notice of 7(Seven) business days. Investors can deactivate the facility by sending a written request to the investor Service Centres.
26. If Investor has specified Minimum/ Maximum amount as well as ticked the option for Default Smart STP, then trigger will be as per the Default Smart STP Amount.
27. Employee Unique Identification Number (EUIN): SEBI has made it compulsory for every employee/relationship manager/ sales person of the distributor of mutual fund products to quote the EUIN obtained by him/her from AMFI in the Application Form. EUIN would assist in addressing any instance of mis-selling even if the employee/relationship manager/sales person later leaves the employment of the distributor. Hence, if your investments are routed through a distributor please ensure that the EUIN is correctly filled up in the Application Form. However, if your distributor has not given you any advice pertaining to the investment, the EUIN box may be left blank. In this case you are required to provide the declaration to this effect as given in the form.
38. The Base Smart STP amount, Maximum Smart STP Amount and Minimum Smart STP Amount specified by the unit holder must be in multiples of Re. 1 (whole numbers only, no decimals eg: Rs. 20001, Rs.30015).
29. In case of Smart STP, if the Smart STP date turns out to be a non-business day for the Eligible scheme, the Smart STP shall be processed on the immediately following business day.
30. Incorrect, incomplete and/ or ambiguous Smart STP forms will not be accepted and rejection for the same shall be communicated to the investor.

Systematic Transfer / Withdrawal Form

Strike off sections that are not applicable

Distributor's ARN/ RIA Code#	Sub-Broker's ARN	Sub-Broker's Code	Folio Number	EUIN
361161			E689889	

☐ **By mentioning RIA/PMS code, I/ We authorize you to share with the Investment Adviser/ Portfolio Manager 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

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

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

Systematic Transfer Plan: Kindly strike-off unused rows (which are not being filled-out by you)

1

From Source Scheme: Kotak — **To Target Scheme**: Kotak

Transfer Option *(Please ✓)* ☐ **Fixed Sum OR** ☐ **Entire Appreciation*** *Not applicable for 'Daily' frequency

Frequency: ☐ Daily* ☐ Weekly Specify Day (Mention any day, Monday to Friday) ☐ Monthly ☐ Quarterly D D (Mention any date of the month)

STP Period: Start Date D D M M Y Y End Date D D M M Y Y

No. of Installments: *Not applicable for 'Daily' frequency

Amount (Rs.) ☐1,000 ☐2,000 ☐5,000 ☐Other_____

2

From Source Scheme: Kotak — **To Target Scheme**: Kotak

Transfer Option *(Please ✓)* ☐ **Fixed Sum OR** ☐ **Entire Appreciation*** *Not applicable for 'Daily' frequency

Frequency: ☐ Daily* ☐ Weekly Specify Day (Mention any day, Monday to Friday) ☐ Monthly ☐ Quarterly D D (Mention any date of the month)

STP Period: Start Date D D M M Y Y End Date D D M M Y Y

No. of Installments: *Not applicable for 'Daily' frequency

Amount (Rs.) ☐1,000 ☐2,000 ☐5,000 ☐Other_____

Systematic Withdrawal Plan

1

From Source Scheme: Kotak — **Plan** ☐Regular ☐Direct **Option** ☐Growth ☐IDCW Payout ☐IDCW Reinvestment

Withdrawal Option *(Please ✓)* ☐ **Fixed Sum OR** ☐ **Entire Appreciation** *Not applicable for 'Daily' frequency

Frequency: ☐Daily* ☐Weekly Specify Day (Mention any day, Monday to Friday) ☐Monthly ☐Quarterly ☐Half-yearly ☐Annually D D (Mention any date of the month)

Commencement Date D D M M Y Y To D D M M Y Y — No. of Installments

2

From Source Scheme: Kotak — **Plan** ☐Regular ☐Direct **Option** ☐Growth ☐IDCW Payout ☐IDCW Reinvestment

Withdrawal Option *(Please ✓)* ☐ **Fixed Sum OR** ☐ **Entire Appreciation** *Not applicable for 'Daily' frequency

Frequency: ☐Daily* ☐Weekly Specify Day (Mention any day, Monday to Friday) ☐Monthly ☐Quarterly ☐Half-yearly ☐Annually D D (Mention any date of the month)

Commencement Date D D M M Y Y To D D M M Y Y — No. of Installments

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 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.

SIGNATURE(S)	Sole/Frist Applicant	Second Applicant	Third Applicant

To be signed by **All Applicants** if mode of operation is **"Joint"**

Acknowledgement Slip (To be filled by Applicant)

Please retain this Acknowledgement Silp for future reference

DATE: D D M M Y Y Y Y

Received from (Investor's Name) _____

Folio Number _____

Request for ☐ **STP** ☐ **SWP**

Official Acceptance Point Stamp & Sign