

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN Sub-Broker \ LG Code	EUIN (Mandatory)	Appl. CA
ARN-3092		E075439	Date : DD / MM / YYYY

"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 / First Applicant	Second Applicant	Third Applicant
(To be signed by All Applicants)		

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.

A. UNITHOLDER INFORMATION [Refer Guideline 2(a)]

A) Have you ever invested in any, Mutual Fund before Yes No (For more details, please refer guidelines on page 13, point 9) **NEW**
B) 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 Name, Folio Number and PAN details below and proceed to Section 4.

Name of Sole / First Holder: **Folio No.:** /

B. NEW APPLICANT'S PERSONAL INFORMATION [Refer Guideline 2]

SOLE/FIRST APPLICANT		Date of Birth**
<input style="width: 95%;" type="text"/>		DD / MM / YYYY
<small>**Mandatory in case sole/first applicant is minor.</small>		
GUARDIAN (in case Sole / First Applicant is a minor)	Relationship	Status (Please ✓) <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 / 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 _____ <small>(Please specify)</small>
CONTACT PERSON (in case of Non-individual applicants)	Designation	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
SECOND APPLICANT (Joint Holder 1)		Occupation (Please ✓) (Mandatory) <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"/> Others _____ <small>(Please specify)</small>
GUARDIAN (in case Second Applicant is a minor)		
<input style="width: 95%;" type="text"/>		
<input style="width: 95%;" type="text"/>		
THIRD APPLICANT (Joint Holder 2)		
<input style="width: 95%;" type="text"/>		
GUARDIAN (in case Third Applicant is a minor)		
<input style="width: 95%;" type="text"/>		
MODE OF OPERATION (where there is more than one applicant)		
<input type="radio"/> First Holder only <input type="radio"/> Anyone or Survivor <input type="radio"/> Joint		
PAN AND KYC COMPLIANT STATUS DETAILS (Mandatory)		
PAN Sole / First Applicant KYC Compliant Status* <input type="checkbox"/> PAN Proof # <input type="checkbox"/> Yes <input type="checkbox"/> No	PAN Second Applicant KYC Compliant Status* <input type="checkbox"/> PAN Proof # <input type="checkbox"/> Yes <input type="checkbox"/> No	PAN Third Applicant KYC Compliant Status* <input type="checkbox"/> PAN Proof # <input type="checkbox"/> Yes <input type="checkbox"/> No
<small>(#Please attach PAN Card Copy) / (*KYC allotment letter copy is mandatory)</small>		

C. THIRD PARTY PAYMENT DECLARATION

Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of FI.

Name: **Relationship with Applicant:**

PAN: **KYC Compliant Status:** Yes 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 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


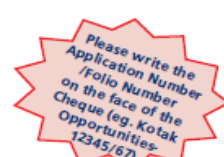
D. DEMAT ACCOUNT DETAILS [Refer Guideline 3]

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 dividend options having dividend frequency of less than a month).

NSDL	CDSL
DP Name <input style="width: 95%;" type="text"/>	DP Name <input style="width: 95%;" type="text"/>
DP ID <input style="width: 95%;" type="text"/>	DP ID <input style="width: 95%;" type="text"/>
Beneficiary Account No. <input style="width: 95%;" type="text"/>	Beneficiary Account No. <input style="width: 95%;" type="text"/>

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.

ACKNOWLEDGEMENT SLIP

	(To be filled by Applicant) ARN-3092	ACKNOWLEDGEMENT SLIP												
	Received from _____ an application for allotment of units in the following scheme :	Appl. CA												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Investment Details</th> <th style="width:30%;">Instrument Details</th> <th style="width:40%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Scheme <input style="width: 95%;" type="text"/></td> <td>No. _____ Dated DD / MM / YYYY</td> <td>Rs. _____</td> </tr> <tr> <td>Plan <input style="width: 95%;" type="text"/></td> <td>Bank & Branch _____</td> <td></td> </tr> <tr> <td>Option <input style="width: 95%;" type="text"/></td> <td></td> <td></td> </tr> </tbody> </table>	Investment Details	Instrument Details	Amount	Scheme <input style="width: 95%;" type="text"/>	No. _____ Dated DD / MM / YYYY	Rs. _____	Plan <input style="width: 95%;" type="text"/>	Bank & Branch _____		Option <input style="width: 95%;" type="text"/>			<input style="width: 80px; height: 80px;" type="text"/> Official Acceptance Point Stamp & Sign	 <p style="font-size: small;">Please write the Application Number /Folio Number on the face of the Cheque (eg. Kotak Opportunities-12345/67)</p>
Investment Details	Instrument Details	Amount												
Scheme <input style="width: 95%;" type="text"/>	No. _____ Dated DD / MM / YYYY	Rs. _____												
Plan <input style="width: 95%;" type="text"/>	Bank & Branch _____													
Option <input style="width: 95%;" type="text"/>														
Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement														

E. BANK ACCOUNT DETAILS (Mandatory, this account details will be considered as default account for payout) [Refer Guideline 5]

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 : Current Savings NRO NRE FCNR Others

DIRECT CREDIT
 We shall directly credit your dividend/redemption payments into your bank account if your Bank is included in Bank list with which we have a tie-up for direct credit facility.
If, however, you wish to receive a cheque payout, please tick the box alongside.
Note: Investor can register multiple bank account by submitting Bank registration form, please read the instruction given in the form.

F. INVESTMENT DETAILS - MODE OF INVESTMENT (Please ✓) - Cheque/ DD Fund Transfer [Refer Guideline 6]

Sl. No.	Scheme Name / Frequency	Plan / Option / Sub-option	Frequency	Amount Invested (Rs.)	Net Amount Paid (Rs.)	Payment Details	
						Cheque / DD No.	Bank and Branch
1		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Daily	Less DD Charges			
2		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Daily	Less DD Charges			
3		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Daily	Less DD Charges			

Note - Attach separate cheque for each Investment P=Payout R=Reinvestment
 If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)
 NRE NRO FCNR Others (Please specify)

G. NOMINATION DETAILS (to be filled in by Individual(s) applying Singly or Jointly) [Refer Guideline 7]

I/We _____ and _____ do hereby nominate the undermentioned Nominee to receive the Units to my/our credit in Account 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	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.

H. E-MAIL COMMUNICATION [Refer Guideline 8]

I / We would like to receive all communication by E-mail including Account statement & transaction confirmation [Please ✓]
 Your E-mail ID here _____

I. ADDITIONAL KYC INFORMATION (MANDATORY)

Gross Annual Income Details (please tick) Income range per annum:

Below Rs. 1lac 1-5 lac 5-10 lac 10-25 lac 25-1cr 1 cr- 5 cr 5cr- 10cr > 10 cr or
 Net-worth as on (date) DD / MIM / YYYY Rs. _____ (should not be older than 1 year)

Please tick, if applicable, Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

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 the event the information in the self-certification changes.

J. DECLARATION AND SIGNATURES [Refer Guideline 9]

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 F 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.

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.

SIGNATURE(S)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Sole / First Applicant	Second Applicant (To be signed by All Applicants)	Third Applicant

Please tick if the investment is operated as POA / Guardian POA Guardian PAN of POA Holder / Guardian

KOTAK MAHINDRA MUTUAL FUND
 6th Floor, Kotak Infinity, Building No. 21,
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 Gen.A.K. Vaidya Marg, Malad (E),
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 ☎ 022-6638 4400
 ✉ mutual@kotak.com
 🌐 www.assetmanagement.kotak.com

COMPUTER AGE MANAGEMENT SERVICES PVT. LTD.
 178/ 10, M G R Salai,
 Nungambakkam,
 Chennai - 600034.
 ☎ 044 3040 7270
 ✉ 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)