

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN Sub-Broker \ LG Code	Official Acceptance Point	Bank Sr. No.	Appl. CA
Gaddam Surya Narayana		LG	Stamp & Sign	
ARN-9225				Date : DD / MM / YYYY

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.

1. EXISTING UNITHOLDER INFORMATION [Refer Guideline 2(a)]

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.: /

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

SOLE/FIRST APPLICANT		Date of Birth DD / MM / YYYY
<input type="text"/>		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 _____ (Please specify)
GUARDIAN (in case Sole / First Applicant is a minor) <input type="text"/>		
CONTACT PERSON (in case of Non-individual applicants) <input type="text"/> Designation <input type="text"/>		Occupation (Please ✓) (Mandatory) <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agricultural <input type="checkbox"/> Other _____ (Please specify)
SECOND APPLICANT (Joint Holder 1)		
<input type="text"/>		
GUARDIAN (in case Second Applicant is a minor) <input type="text"/>		
THIRD APPLICANT (Joint Holder 2)		
<input type="text"/>		
GUARDIAN (in case Third Applicant is a minor) <input 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 COMPLIANCE STATUS DETAILS (Mandatory)		
PAN Sole / First Applicant KYC Compliance Status* <input type="checkbox"/> PAN Proof # <input type="checkbox"/> Yes <input type="checkbox"/> No	PAN Second Applicant KYC Compliance Status* <input type="checkbox"/> PAN Proof # <input type="checkbox"/> Yes <input type="checkbox"/> No	PAN Third Applicant KYC Compliance Status* <input type="checkbox"/> PAN Proof # <input type="checkbox"/> Yes <input type="checkbox"/> No
(#Please attach PAN Card Copy) / (*KYC allotment letter copy is mandatory for investment => Rs. 50,000/-)		

3. THIRD PARTY PAYMENT DECLARATION (Third Party Payment should not exceed Rs. 50,000/-)

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

Name: Relationship with Applicant:
 PAN: KYC Compliance 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 fil 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

ADDRESS FOR COMMUNICATION (Mandatory)

City Pin/Zip Code State (Cell)
 Country Tel. (Fax)
 E-mail

Investment Details	Instrument Details	Amount
Scheme <input type="text"/>	No. _____ Dated DD / MM / YYYY Rs. _____	
Plan <input type="text"/>	Bank & Branch _____	
Option <input type="text"/>		

Official Acceptance Point Stamp & Sign

Please write the Application Number /Folio Number on the face of the Cheque (eg. Kotak 12345/67)

4. BANK ACCOUNT DETAILS (Mandatory, this account details will be considered as default account for payout) [Refer Guideline 3]

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.

DIRECT CREDIT

We shall directly credit your dividend/redemption payments into your bank account if your Bank is a part of 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.

Account Type : Current Savings NRO NRE FCNR Others

Note: Investor can register multiple bank account by submitting Bank registration form, please read the instruction given in the form.

5. INVESTMENT DETAILS (Attach separate cheque for each Investment) [Refer Guideline 4]

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"/> Weekly <input type="checkbox"/> Monthly	Less: DD Charges			
		<input type="checkbox"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="checkbox"/> Daily				
2		<input type="checkbox"/> Growth	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Less: DD Charges			
		<input type="checkbox"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="checkbox"/> Daily				
3		<input type="checkbox"/> Growth	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Less: DD Charges			
		<input type="checkbox"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="checkbox"/> Daily				

P=Payout R=Reinvestment (Third Party Payment should not exceed Rs. 50,000/-)

If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)

NRE NRO FCNR Others _____ (Please specify)

6. NOMINATION DETAILS (to be filled in by Individual(s) applying Singly or Jointly) [Refer Guideline 5]

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

7. E-MAIL COMMUNICATION [Refer Guideline 6]

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

Your E-mail ID here _____

8. DECLARATION AND SIGNATURES [Refer Guideline 7]

I/We have read and understood the contents of the Statement of Additional Information/ Scheme Information Document 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 5 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)

_____	_____	_____
Sole / First Applicant	Second Applicant	Third Applicant

(To be signed by **All Applicants**)

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

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 ☆ www.kotakmutual.com

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We are at your service on 1800-222-626 from 9.30 a.m. to 6.00 p.m. (Monday to Friday)