

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 Distributor, 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 'Checklist' for details)

REQUEST FOR:

Registration of SIP + OTM Registration Registration of SIP (for existing OTM)* Registration of MICRO SIP Renewal of SIP Change in Bank details

One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit

UMRN F o r o f f i c e u s e Date

Sponsor Bank Code For Office Use Utility Code For Office Use

TICK (✓)

CREATE	<input checked="" type="checkbox"/>	I/We hereby authorize <input type="text"/> Kotak Mahindra Mutual Fund to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other
MODIFY	<input type="checkbox"/>	
CANCEL	<input type="checkbox"/>	

Bank a/c number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qytr H-Yrly Yrly As & when presented **DEBIT TYPE** Fixed Amount Maximum Amount

Reference 1 Folio Number Phone No.

Reference 2 Application Number Email ID

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From

To 3 1 1 2 2 0 9 9

Or Until Cancelled

1. Signature Primary Account holder 2. Signature of Account holder 3. Signature of Account holder

1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

INVESTOR'S INFORMATION		
FOLIO NO. <input type="text"/>	Application No. <input type="text"/>	(For New Investors, pls. attach the application form)
Sole/ First Applicant	Second Applicant	Third Applicant
Name of Applicant <input type="text"/>	Name of Applicant <input type="text"/>	Name of Applicant <input type="text"/>
PAN <input type="text"/>	PAN <input type="text"/>	PAN <input type="text"/>

I would like to opt for Systematic Investment Plan

Scheme Plan Option Growth IDCW: Payout Re-investment

Investment Frequency (Please ✓) Monthly Quarterly IDCW Frequency

SIP Amount (✓) Rs. 20000 10000 5000 1000 Any other amount Rs. First SIP vide Cheque No. Dated DD / MM / YYYY

SIP Date: (Please mention any date of the month between 1st to 31st) SIP Period: From MM / YYYY To MM / YYYY OR Default Date (December 2099)

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

Bank Name Bank A/c No.

SIP TOP UP (Optional) (Please refer instructions overleaf)

Frequency (Please ✓)	Fixed TOP UP Amount (Rs.) <input type="checkbox"/> 3000 <input type="checkbox"/> 1000 <input type="checkbox"/> 500 <input type="checkbox"/> Any other amount <input type="text"/> Rs.	(Minimum Rs. 500 and in multiples of Rs. 500 thereof)
<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Variable TOP UP Amount (%) <input type="checkbox"/> 20% <input type="checkbox"/> 15% <input type="checkbox"/> 10% <input type="checkbox"/> Any other percentage <input type="text"/> %	(Minimum 10% and in multiples of 5% thereof)
	SIP TOP UP Cap Amount <input type="text"/> Rs.	

TOP UP CAP Amount: Investor has an option to freeze the SIP TOP UP amount once it reaches a fixed predefined amount. The fixed pre-defined amount should be same as the maximum amount mentioned by the investor in the NACH Debit Mandate Form. In case of difference between the CAP Amount & the maximum amount mentioned in NACH Debit Mandate Form, then amount which is lower of the two shall be considered as the default amount of SIP CAP Amount.

DEMAT ACCOUNT DETAILS Please ensure 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 and IDCW options having IDCW 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.

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)		