

COMMON APPLICATION FORM

Appl. CA

Date: DD / MM / YYYY

	ARN-181211	Sub-Broker's ARN	Sub-Broker's Code	E528682						
Kotak	entioning RIA/PMS code, I/ We authorize you to share wi k Mahindra Mutual Fund. Declaration for "Execution-only" hereby confirm that the EUIN box has been intentionally left blank l n of the above distributor/sub broker or notwithstanding the advice of	transactions (only where EUIN book me/us as this transaction is executed w	x is left blank) vithout any interaction or advice by the	emplovee/relationship manager/sales						
SIGNATURE(S)										
SIGNA	Sole / First Applicant	Second Applicant (To be signed by All Applicants)	Th	nird Applicant						
·	nmission shall be paid directly by the investor to the AMFI registered distri									
Existing Unitholder Information (Section I)	If you have, at any time, invested in any Scheme of Kotak Mahindra and PAN details below and proceed to Section Investment Details. Name of Sole / First Applicant:									
	Name of Guardian^ (in case First Applicant is a Minor) Relationship of Guardian with Minor O Father O Name of Sole Proprietor^ (incase Sole/ First applicant is Pro Mobile: Belongs to: O Self O Spouse O Gua	O Mother O Legal Guardian	Date of Birth of Minor	^Name as per Income Tax ^Name as per Income Tax ^Name as per Income Tax D D M M Y Y Y Y ^Name as per Income Tax Sibling O Custodian O POA O PMS						
	Email: Tel (Res./ Off.) Email Address belongs to: O Self O Spouse O Guardian (for Minor investment) O Dependent Child O Dependent Parent O Dependent Sibling O Custodian O POA O PMS									
	PAN/ Date of I Incorpor		Ү скүс:							
	Gross Annual Income Details in INR (please tick): O < 1 la									
New Applicant's Personal Information (Mandatory) (Section II)	Please tick, if applicable, O Politically Exposed Person (PEP) Occupation of Applicant O Private Sector Service O Busin O Public Sector/ O Profes O Government Service O Agrici	ess O Retired sisional O Housewife	O Professional O Fc O Agriculturist O Ostudent	orex Dealer ther						
	We are falling under "Non-Profit Organization" (IPO) which has been cor registered as a trust or a society under the Societies Registration Act, 1860 If yes, please quote the NPO Registration Number provided by DARPAN por (If not registered already, please register immediately and confirm with the Status of Applicant O Resident Individual O NRI on Repatriation Basis (NRE) O NRI on Non-Repatriation Basis (NRO) O HUF O Public Limited Comp.	(21 of 1860) or any similar State legislation or a tal: above information	O PF/ Gratuity/ Pension/ O FC O Superannuation Fund O O	the Companies Act, 2013 (18 of 2013). oreign Institutional Investor In behalf of Minor ther(Please Specify)						
ant's F	LEI Number (Legal Entity Identifier) – For Non individuals only:		Valid till	D D M M Y Y Y						
Applic	Name of Second Applicant: ^Name as per Income Tax									
New	Mobile: Belongs to: O Self O Spouse O Gua Email:	rdian (for Minor investment) O Dependent	Child O Dependent Parent O Dependent Tel (Res./ Off.)	ent Sibling O Custodian O POA O PMS						
	Email Address belongs to: O Self O Spouse O Guardian (for Minor in	nvestment) O Dependent Child O Depende		lian O POA O PMS						
	PAN/ PEKRN: Date of Incorpor Gross Annual Income Details in INR (please tick): O < 1 la	ation D D W W T	Y CKYC:	5 cr O 5 cr - 10 cr O > 10 cr						
	or Net-worth as on (date) DD / MM / YYYY Rs (should not be older than 1 year) Relationship with Sole/ First Applicant: Please tick: O Politically Exposed Person (PEP) O Not Politically Exposed Person									
	Name of Third Applicant: ^Name as per Income Tax									
	Mobile: Belongs to: O Self O Spouse O Gua	rdian (for Minor investment) O Dependent	Child O Dependent Parent O Dependent	Sibling O Custodian O POA O PMS						
	Email:		Tel (Res./ Off.)	F 0.004 0.0146						
	PAN/ Date of I	Birth/ D D M M V V V	rnt Parent O Dependent Sibling O Custoo	JIAN O POA O PMS						
	PEKRN: Incorporation Incorporation </td									
	or Net-worth as on (date) DD / MM / YYYY Rs (should not be older than 1 year) Relationship with Sole/ First Applicant: Please tick: O Politically Exposed Person (PEP) O Not Politically Exposed Person									
	*Ideclare that the information is to the best of my knowledge and belief, accurate and comple	<u> </u>								
	_£									
TT SLIP	kotak® Mutual Fund An application for allotment of units in th	(To be filled by Applicant) e following scheme:		Appl. CA						

ACKNOWLEDGEMENT S

Received from: .

Bank & Branch

No. .

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

Appl. CA

Instument Details Investment Details Scheme Plan . Dated DD / MM / YYYY Rs. _ PAN

Option

Official Acceptance Point Stamp & Sign

(Section III)	Mode of Operation - Where there is more than one applicant [Please (/)] O First Applicant only O Anyone or Survivor O Joint (Default will be any one or survivor, in case of more than one applicant)												
act - :ant	. Nai	me .		PAN	1		Country of Birth		Nationa	lity	Tax Reference Num	ber (for NRI)	
Guardian/ Contact Person if Non- Individual Applicant (Section IV)	Gross Annual Income Details in INR (please tick): O < 1 lac O 1 - 5 lac (should not be older than 1 year) Please tick, if applicable, O 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 case there is any change in the above information.												
<u>.</u>		Name		PAN	1		Country of Birth		Nationa	lity	Tax Reference Num	ber (for NRI)	
Power of Attorney (PoA) Holder (Section V)	Gross Annual Income Det or Net-worth as on (date) D Please tick, if applicable, O *I declare that the informati Co. Ltd. immediately in case	n (PEP) O Not	O 1 - 5 lac O 5 - 10 lac O 10 - 25 lac O 25 lac - 1 cr O 1 cr - 5 cr O 5 cr - 10 cr (should not be older than 1 year) O Not Politically Exposed Person Delief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Man										
ails	Address for Communication (Full Address Mandator						Ove	erseas Addre	ess (Mandato	ry for NRI/ FII	Applicants)		
e Det pplic VI)		House/	Flat No			House/ Flat No							
Correspondence Details of Sole/ First Applicant (Section VI)	Street Address					Street Address							
spon le/ F (Sec	City/ Town	n State				City/ Town				State			
Corre of Sc	Country		Pin Code			C	ountry			Pin Code			
	CA & CRS INFORMATION [Please tick (√)], for Individuals (Mandatory). Non Individual investors & HUF should mandatori							andatorily f	ill separate	FATCA detail fo	rm.		
The below information is required for all applicant(s)/guardian Address Type: Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio) Is the applicant(s) / guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No If Yes, Please provide the following information [Mandatory] Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below.													
Categor	у			First App	plicant	/ Minor	Secon	d Applicar	nt/ Guardia	n	Third Applicant		
Place/ Cit	y of Birth												
Country	of Birth												
Country	of Tax Residency – 1**												
Tax Payer	Ref. ID No. – 1^												
Tax Ident	ification Type – 1 [TIN or Ot	her, please speci	fy]										
Country	of Tax Residency – 2**												
Tax Payer	Ref. ID No. – 2^												
Tax Ident	ification Type – 2 [TIN or Ot	her, please speci	fy]										
Country	of Tax Residency – 3**												
Tax Payer	Ref. ID No. – 3^												
Tax Ident	ification Type – 3 [TIN or Ot	her, please speci	fy]										
	include USA, where the in Tax Residency Proof to be att			n card holder of l	USA. ^	In case Tax I	dentification Nun	nber is not a	available, ki	ndly provide	its functional eq	ıuivalent.	
	If 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. DETAILS OF NOMINEE Please tick any of the following: Proof of Identity: □ PAN □ Aadhaar □ Birth Certificate □ Others =												
Nomination Details (Section VII) (Mandatory) be filled in by Individual(s) applying Singly or Jointly) Signature by all holders is Mandatory	Name & Address of Nominee				Relationship with Sole/ First unit holde (Mandatory)		Date of Birth (mandatory in ca of Minor)	(mandatory in case		% Share	Signature Of N	Nominee	
	DETAILS OF GUARDIA	N (to he furnis	hed in cas	se Nominee is a	minor	·)							
	Name & Address of Guardian			Date of Birth		PAN Rel		Relationship	with Minor	Signature Of G	uardian		
Nomin (to be filled Sign	 I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio. 												
	POA holder cannot nominate. Hence, sole/ all joint holder applicants must sign.	First/ So	st/ Sole Unitholder: Signature			Unitholder 2: Signature				Unitholder 3: Signature			
		Name:				Name:			Name:				

KOTAK MAHINDRA MUTUAL FUND

6th Floor, Kotak Infinity, Building No. 21,Infinity Park, Off. Western Express Highway, Gen.A.K. Vaidya Marg, Malad (E), Mumbai - 400 097.

1800 309 1490 (Toll-free), 044-4022 9101

Computer Age Management Services Ltd.

No 178/10, Kodambakkam High Road, Ground Floor, Opp. Hotel Palmgrove, Nungambakkam, Chennai - 600034.

2 044 6110 4034

enq_k@camsonline.com
www.camsonline.com

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).										
<u>s</u>	NSDL CDSL									
Demat Account Details (Section VIII)										
Demat unt De ction V	DP Name	D	_ DP Name							
Coul	DP ID	_	DP ID Beneficiary Account No.							
¥	Please ensure that your demat account details mentioned	above are a	long with supporting do	cuments evid	encing the ac	curacy of the	e demat account. Ban	ık details o	of DP will ove	erwrite the existing details.
						.		Payme	nt Details	
Investment & Payment Details (Section IX)	Scheme Name	Plan	Option/ Sub-option	Frequency	Amou Invested	(De) C	heque No./ OTM/ TR No. (RTGS/ NEFT)	Bank a	and Branch	Source Account No.
		O Regular	Growth IDCW Payout IDCW Reinvestment	O D O B O F* O H		0	IK NO. (KIGS/ NEFI)			
		O Regular	Growth IDCW Payout	O M O A O D O B O W O C O F* O H						
		O Regular	O IDCW Reinvestment O Growth O IDCW Payout	O M O A O D O B O W O C O F* O H						
		O Regular O Direct	O IDCW Reinvestment O Growth O IDCW Payout	O M O A O D O B O W O G O F* O H						
		O Regular	O IDCW Reinvestment O Growth O IDCW Payout	O M O A O W O G						
		O Direct	O IDCW Payout O IDCW Reinvestment	O F* O H O M O A						
D = Daily, W	/ = Weekly, F = Fortnightly, M = Monthly, B = Bi-monthly, Q	= Quarterly,	H = Half Yearly, A = Ann	ually						
If you are	an NRI Investor, please indicate source of funds for yo	ur investm	ent (Please 🗸)							
○ NRE	ONRO FCNR Ot	hers								
Please e	enclose a cancelled cheque leaf of this Bank in cas	e your in	vestment cheque is r	not from th	is account,	else bank	details of investm	nent che	que shall b	e updated for payout
	Name of Deals		•							
Bank Account Details (Section X)					City					
nt D X)	Branch				_ City					
cou	Account No.									
k Ac (Se	IFSC Code				MICR Co					
Ban	Account Type Current Savings NRO NRE FCNR Others (Please specify)									
										eme(s) of Kotak Mahindra
	IWe 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) in Gection XI above and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that 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 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 Fund's from amongst which the Scheme is being recommended to me / us.									
l Signatures ı XI)	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									
ו and Sigi ction XI)	Form is true, correct, and complete. If We also confirm that If We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer guideline No. 11). KYC Declaration: We have that I am not making this application for the purpose contravention of any Act. Rules. Regulations or any statute of legislation or any notifications directions issued by any									
Declaration and (Section	 governmental or statutory authority from time to time If 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 arm/ are providing the consent to MF/ARTA/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 other kind									
	communication will be sent through email only instead All Applicants) All Applicants) Sole / First Applicant	d of physica	, for investors who provid	de their email	address.				,	
	NATU Applia									
	Sole / First Applicant			Second A	pplicant		ı	Т	hird Applica	ant
	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.									
	Please ensure that:									
	 Your Application Form is complete in all respects & signed by all applicants: Name, Address and Contact Details are mentioned in full. Bank Account Details are entered completely and correctly. 9 digit MICR Code of your Bank is mentioned in the Application Form. Permanent Account Number (PAN) Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount. Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 2(d) for more information) 									
	 Your Investment Cheque / DD is drawn in favour of < Scheme Name > dated and signed. Application Number is mentioned on the face of the cheque. A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form. Documents as listed below are submitted along with the Application form (as applicable to your specific case) 									
Checklist	Document			Companies		Societies	Firms	NRIs/ PIOs	Co	onstituted Attorney
Chec	1. Resolution / Authorisation to invest			✓	✓	✓	√		✓	
	2. List of Authorised Signatories with Specimen S	ignature(s)		✓	✓	✓	✓		✓	✓
	3. Memorandum & Articles of Association			✓						
	4. Trust Deed				✓					
	5. Bye-Laws					✓				
	6. Partnership Deed						√			
	7. Notarised Power of Attorney									✓
	8. Account Debit/ Foreign inward Remittance Cer	tificate fro	mremitting Bank					✓	🗸	

All documents in 1 to 8 above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public