

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

GUARDIAN (in case Sole / First Applicant is a minor) _____ Relationship _____

CONTACT PERSON (in case of Non-individual applicants) _____ Designation _____

SECOND APPLICANT (Joint Holder 1)

GUARDIAN (in case Second Applicant is a minor) _____

THIRD APPLICANT (Joint Holder 2)

GUARDIAN (in case Third Applicant is a minor) _____

MODE OF OPERATION (where there is more than one applicant)

First Holder only Anyone or Survivor 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
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(#Please attach PAN Card Copy) / (*KYC allotment letter copy is mandatory)

Status (Please ✓)

Resident Individual
 NRI on Repatriation Basis
 NRI on Non-Repatriation Basis
 HUF
 Proprietorship
 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
 On behalf of Minor
 Other _____ (Please specify)

Occupation (Please ✓) (Mandatory)

Business
 Service
 Professional
 Retired
 Housewife
 Student
 Agriculture
 Other _____ (Please specify)

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 FII.

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 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* (*Fields are Mandatory)

City* _____ Pin/Zip Code* _____

State* _____ Country* _____

(Cell)* _____ Tel.* _____

(Fax) _____

E-mail* _____


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 _____	DP Name _____
_____	_____
DP ID _____	DP ID _____
Beneficiary Account No. _____	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 of DP will overwrite the existing details.

(To be filled by Applicant)

 <p>Received from _____ Appl. CA</p> <p>an application for allotment of units in the following scheme :</p>	Investment Details	Instrument Details	Amount
	Scheme _____	No. _____ Dated DD / MM / YYYY Rs. _____	
	Plan _____	Bank & Branch _____	
Option _____			

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

Official Acceptance Point Stamp & Sign

ACKNOWLEDGEMENT SLIP

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

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 _____
 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. 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)

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