

Investment Advisor's Name & Code ARN-82793	Sub-Broker's Code	EUIIN (Mandatory) E068403
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Declaration for "Execution-only" transactions (only where EUIIN box is left blank)

"I/We hereby confirm that the EUIIN 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

TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading 'Checklist' for details)

Request for:

<input type="checkbox"/> Registration of SIP	<input type="checkbox"/> Registration of MICRO SIP	<input type="checkbox"/> Renewal of SIP	<input type="checkbox"/> Change in Bank details
<input type="checkbox"/> Change in SIP Amount	<input type="checkbox"/> Change in SIP Date	<input type="checkbox"/> Cancellation of SIP	

Investor's Information

Folio No. (For Existing Investors)	Application No. (For New Investors, pls. attach the application form)
Name of Sole / First Holder	E-mail:
PAN (First Applicant)	Mobile No.
Enclosed (Please ✓)	<input type="checkbox"/> PAN Proof KYC Compliant Status <input type="checkbox"/> Yes <input type="checkbox"/> No

I would like to opt for Systematic Investment through Auto-Debit Post Dated Cheques (PDC's)

Scheme _____ Option Growth Dividend : Payout Re-investment

Plan _____ (Please ✓) Dividend : Frequency _____

Investment Frequency Monthly Quarterly SIP Period From MM / YYYY To MM / YYYY OR Default Date (December 2099) SIP Instalment Amount (Rs.)

SIP Tenure (Please ✓) 3 yrs 5 yrs 10 yrs 15 yrs 20 yrs First SIP vide Cheque No. _____ Dated DD / MM / YYYY

SIP Date (Please ✓) 1st 7th 10th 14th 15th 21st 25th 28th

Cheque Nos. From to Cheque Dated From DD / MM / YYYY to DD / MM / YYYY

(Excluding initial investment Cheque for Post Dated Cheques)

Cheque on _____ Bank _____ City _____ Branch _____

SIP BOOSTER (Optional) (Please refer instructions overleaf)

Frequency (Please ✓) Half Yearly Yearly Booster Amount (Minimum Rs. 500 and in multiples of Rs. 500 thereof)

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/We 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. By ticking micro sip, I/We hereby declare that our total SIP for rolling 12 months or FY April to March does not exceed Rs. 50,000 through this application or any existing SIP in the schemes. 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)

Debit Mandate Form NACH/ ECS/ Direct Debit

UMRN F o r f 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"/>
MODIFY	<input checked="" type="checkbox"/>
CANCEL	<input checked="" type="checkbox"/>

I/We hereby authorize **Kotak Mutual Fund** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank Name of Customers 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

Signature Primary Account holder _____ Signature of Account holder _____ 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.