

Investment Advisor's Name & Code <b>ARN-108058</b>	Sub-Broker's Code	EUIIN (Mandatory) <b>E-147299</b>
---	-------------------	--------------------------------------

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 <input type="checkbox"/> 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  To  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

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

Cheque Nos. From  to  Cheque Dated From  to

(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.

SIGNATURE(S)			
	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  
 MODIFY  
 CANCEL

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.