

Investment Advisor's Name & Code 85723	Sub-Broker's Code	EUIN (Mandatory) E098968
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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)			
	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)	E-mail:
Name of Sole / First Holder		
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	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend : <input type="radio"/> Payout <input type="radio"/> Re-investment
Plan	(Please ✓)	Dividend : Frequency
Investment Frequency (Please ✓)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Period From <input type="text"/> MM / YYYY To <input type="text"/> MM / YYYY OR <input type="checkbox"/> Default Date (December 2099)
SIP Tenure (Please ✓)	<input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs	First SIP vide Cheque No. <input type="text"/> Dated <input type="text"/> DD / MM / YYYY
SIP Date (Please ✓)	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th	
Cheque Nos. From <input type="text"/> to <input type="text"/>	Cheque Dated From <input type="text"/> to <input type="text"/>	
(Excluding initial investment Cheque for Post Dated Cheques)		
Cheque on <input type="text"/> Bank	<input type="text"/> City	<input type="text"/> Branch
<input type="checkbox"/> SIP BOOSTER (Optional) (Please refer instructions overleaf)		
Frequency (Please ✓)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Booster Amount <input type="text"/> (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	<input type="text"/>	F o r o f f i c e u s e	Date	<input type="text"/>
TICK (✓)	Sponsor Bank Code	For Office Use	Utility Code	For Office Use
<input checked="" type="checkbox"/> CREATE	I/We hereby authorize Kotak 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	
<input checked="" type="checkbox"/> MODIFY	Bank a/c number <input type="text"/>			
<input checked="" type="checkbox"/> CANCEL	with Bank <input type="text"/> Name of Customers bank <input type="text"/> IFSC <input type="text"/> or MICR <input type="text"/>			
an amount of Rupees <input type="text"/>				₹
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qyly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
Reference 1	Folio Number <input type="text"/>		Phone No.	<input type="text"/>
Reference 2	Application Number <input type="text"/>		Email ID	<input type="text"/>
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 <input type="text"/>			
To	<input type="text"/>			
Or	<input checked="" type="checkbox"/> Until Cancelled-			
	Signature Primary Account holder		Signature of Account holder	
	1. <input type="text"/>		3. <input type="text"/>	
	2. <input type="text"/>			

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.