

Investment Advisor's Name & Code	Sub-Broker's Code	EUIN (Mandatory)
83671		E100500

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:

Registration of SIP
 Registration of MICRO SIP
 Renewal of SIP
 Change in Bank details
 Change in SIP Amount
 Change in SIP Date
 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 <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	<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 MM / YYYY To MM / YYYY OR <input type="checkbox"/> Default Date (December 2099)	SIP Instalment Amount (Rs.)
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.
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	Dated DD / MM / YYYY
Cheque Nos. From	to	Cheque Dated From
(Excluding initial investment Cheque for Post Dated Cheques)		DD / MM / YYYY to DD / MM / YYYY
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 o f f i c e u s e Date

Sponsor Bank Code For Office Use Utility Code For Office Use

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

Bank a/c number

with Bank Name of Customers bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY
 Mthly
 Qyly
 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.