

# COMMON APPLICATION FORM



Investment Advisor's Name & ARN <b>DIRECT ARN-90531</b>	Sub-Broker's Name & ARN Sub-Broker \ LG Code	EUIIN (Mandatory) <b>E086029</b>	Appl. CA Date : DD / MM / YYYY
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"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
(To be signed by <b>All Applicants</b> )		

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.

Unitholder Information (Section I)	<b>A) Have you ever invested in any, Mutual Fund before</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (For more details, please refer guidelines on page 13, point 9) <b>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 Investment Details.</b> Name of Sole / First Applicant: _____ PAN No.: _____ Folio No.: _____				
New Applicant's Personal Information (Section II)	Sole/ First Applicant	Second Applicant	Third Applicant		
	Name of Applicant	Name of Applicant	Name of Applicant		
	PAN	PAN	PAN		
	Date of Birth	Date of Birth	Date of Birth		
	Country of Birth	Country of Birth	Country of Birth		
	Nationality	Nationality	Nationality		
	Tax Reference Number	Tax Reference Number	Tax Reference Number		
Guardian/ Contact Person if Non-Individual Applicant (Section III)	<b>Gross Annual Income Details in INR (please tick):</b> <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable				
	*I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management Co. Ltd. immediately in case there is any change in the above information.				
Power of Attorney (PoA) Holder (Section IV)	Name _____ PAN _____ Country of Birth _____ Nationality _____ Tax Reference Number _____ <b>Gross Annual Income Details in INR (please tick):</b> <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable *I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management Co. Ltd. immediately in case there is any change in the above information.				
	*I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management Co. Ltd. immediately in case there is any change in the above information.				
Status of Sole/ First Applicant (Section V)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Mutual Fund <input type="checkbox"/> PF/ Gratuity/ Pension/ <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Superannuation Fund <input type="checkbox"/> Other <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust AOP/ BOI <input type="checkbox"/> Foreign Institutional Investor (Please specify) <input type="checkbox"/> HUF <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Registered Society				
	Occupation of Sole/ First Applicant (Section VI) <input type="checkbox"/> Private Sector <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Other _____ <input type="checkbox"/> Public Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government Service <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ <input type="checkbox"/> Business <input type="checkbox"/> Housewife (Please specify)				
Correspondence Details of Sole/ First Applicant (Section VII)	Address for Communication (Full Address Mandatory)		Overseas Address (Mandatory for NRI/ FII Applicants)		
	House/ Flat No _____		House/ Flat No _____		
	Street Address _____		Street Address _____		
	City/ Town _____	State _____	City/ Town _____	State _____	
	Country _____	Pin Code _____	Country _____	Pin Code _____	
	Mobile _____	Tel (Res./ Off.) _____	Mobile _____	Tel (Res./ Off.) _____	
	Email** _____				

\*\*All communications including Account Statement & Transaction confirmation shall be communicated to aforesaid E-mail ID.

ACKNOWLEDGEMENT SLIP		Received from _____ an application for allotment of units in the following scheme :	Appl. CA
	Investment Details	Instrument Details	Amount
	Scheme _____ Plan _____ Option _____	No. _____ Dated DD / MM / YYYY Rs. _____ Bank & Branch _____	
	Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement		Official Acceptance Point Stamp & Sign

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).

Demat Account Details (Section IX)	<b>NSDL</b>	<b>CDSL</b>
	DP Name _____ DP ID _____ Beneficiary Account No. _____	DP Name _____ 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.

Third Party Payment Declaration (Section X)	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.	<b>Name:</b> _____	<b>Relationship with Applicant:</b> _____
	<b>PAN:</b> _____ <b>KYC Compliant Status:</b> <input type="radio"/> Yes <input type="radio"/> 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)		<b>Signature</b> _____	

**(Mandatory, this account details will be considered as default account for payout)**

Bank Account Details (Section XI)	Name of Bank _____	City _____
	Branch _____	
	Account No. _____	
	RTGS IFSC Code _____	NEFT IFSC Code _____
	MICR Code _____	Account Type : <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR <input type="radio"/> Others

This is the 9 digit No. next to your Cheque No.

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="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Daily	Less DD Charges			
2		<input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Daily	Less DD Charges			
3		<input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> 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)

I/We \_\_\_\_\_ and \_\_\_\_\_ do hereby nominate the undermentioned Nominee to receive the Units to my/our credit in Folio 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.

Nomination Details (Section XIII) (to be filled in by individual(s) applying Singly or Jointly)	<b>DETAILS OF NOMINEE</b>				
	Name of Nominee	Address	Date Of Birth	% Share	Signature Of Nominee
<b>DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)</b>					
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.

For units to be held in Demat Mode, the Nomination details updated in the depository system shall prevail over the details mentioned hereunder.

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.

Declaration and Signatures (Section XIV)	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 **Note :** If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.

<p>KOTAK MAHINDRA MUTUAL FUND 6th Floor, Kotak Infinity, Building No. 21, Infinity Park, Off. Western Express Highway, Gen.A.K. Vaidya Marg, Malad (E), Mumbai - 400 097. ☎ 022-6638 4400 ✉ mutual@kotak.com 🌐 assetmanagement.kotak.com</p>	<p>COMPUTER AGE MANAGEMENT SERVICES PVT. LTD. 178/ 10, M G R Salai, Nungambakkam, Chennai – 600034. ☎ 044 3047 7000 ✉ enq_k@camsonline.com 🌐 www.camsonline.com</p>
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