

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN	Official Acceptance Point
ARN- ARN - 0018		Stamp & Sign

Appl. CA

Date : DD / MM / YYYY

1. EXISTING UNITHOLDER INFORMATION [Refer Guideline 2(a)]

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, Account Number and PAN details below and proceed to Section 4.

Name of Sole / First Holder : _____ Account No.: _____ / _____

2. NEW APPLICANTS' PERSONAL INFORMATION [Refer Guideline 2]

SOLE/FIRST APPLICANT	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	Date of Birth
_____					DD / MM / YYYY
First Name	Middle Name	Last Name			

GUARDIAN (in case Sole / First Applicant is a minor)	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	Status (Please ✓)
_____					<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> HUF <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Body Corporate <input type="checkbox"/> Registered Society <input type="checkbox"/> PF/Gratuity/Pension/ Superannuation Fund <input type="checkbox"/> Trust <input type="checkbox"/> AOP / BOI <input type="checkbox"/> Foreign Institutional Investor <input type="checkbox"/> Others _____ (Please specify)
First Name	Middle Name	Last Name			

CONTACT PERSON (in case of Non-individual applicants)	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	Occupation (Please ✓)
_____					<input type="checkbox"/> Business <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trading <input type="checkbox"/> Service <input type="checkbox"/> Government <input type="checkbox"/> Non-Government <input type="checkbox"/> Professional <input type="checkbox"/> Medicine <input type="checkbox"/> Finance <input type="checkbox"/> Engineering <input type="checkbox"/> Legal <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agriculture <input type="checkbox"/> Others _____ (Please specify)
Name	Designation				

SECOND APPLICANT (Joint Holder 1)	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	MODE OF OPERATION (where there are more than one applicants)
_____					<input type="radio"/> First Holder only <input type="radio"/> Anyone or Survivor <input type="radio"/> Joint
First Name	Middle Name	Last Name			

THIRD APPLICANT (Joint Holder 2)	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	MODE OF OPERATION (where there are more than one applicants)
_____					<input type="radio"/> First Holder only <input type="radio"/> Anyone or Survivor <input type="radio"/> Joint
First Name	Middle Name	Last Name			

PAN *	Sole / First Applicant	Second Applicant	Third Applicant
Enclosed (please ✓)	<input type="checkbox"/> PAN Proof or <input type="checkbox"/> Form 60 / 61	<input type="checkbox"/> PAN Proof or <input type="checkbox"/> Form 60 / 61	<input type="checkbox"/> PAN Proof or <input type="checkbox"/> Form 60 / 61
* Mandatory for Investment Amount >= Rs. 50,000 [Refer Guideline 2(d)]			

ADDRESS

City	Pin Code	State
(Cell)	E-mail	
(Off.)	(Res.)	(Fax)

OVERSEAS ADDRESS (Mandatory for Non-Resident applicants) Address for Correspondence (Please ✓) Indian Overseas

City Zip Code State

Country Nationality

Received from Mr./Ms. _____
an application for allotment of Units in the following Scheme:

Investment Details	Instrument Details	Amount
Scheme	No. _____ Dated DD/MM/YYYY	Rs. _____
Plan	Bank & Branch _____	
Option		

Appl. CA

3. BANK ACCOUNT DETAILS (MANDATORY)**[Refer Guideline 3]**

Name of Bank _____
 Branch _____
 City _____ (Clearing Circle)
 Account No. _____
 MICR Code _____
This is the 9 digit No. next to your Cheque No.
 Account Type : Current Savings NRO NRE FCNR Others

DIRECT CREDIT

We offer a Direct Credit Facility with the following banks for paying out Dividend and Redemption Proceeds to you faster.

- ABN AMRO Bank
- Citibank
- Deutsche Bank
- HDFC Bank
- HSBC
- ICICI Bank
- IDBI Bank
- IndusInd Bank
- Kotak Mahindra Bank
- Standard Chartered Bank
- UTI Bank

If your bank account is with any of these banks, we will directly credit your dividend / redemption proceeds into the same.

If, however, you wish to receive a cheque payout, please tick the box alongside.

4. INVESTMENT DETAILS**[Refer Guideline 4]**

Scheme _____ Option Growth Bonus
 Plan _____ (Please ✓) Dividend : Payout Re-investment
 Investment Amount _____ DD Charges (if applicable) _____ Frequency _____
 Rs. **A** Rs. **B** Net Amount (if applicable) _____
 Mode of Payment Cheque / Demand Draft / Fund Transfer Instrument No. _____ dated **DD / MM / YYYY**
(Strike off whichever is not applicable)
 Drawn on _____ Bank _____ Branch _____ City _____
Cheque / DD to be drawn in favour of specific Scheme / Plan as indicated in last column of Scheme Snapshot Table.
 If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)
 NRE NRO FCNR Others _____ (Please specify)

5. NOMINATION DETAILS (to be filled in by Individual(s) applying Singly or Jointly)**[Refer Guideline 5]**

I/We _____ and _____ do hereby nominate the undermentioned Nominee to receive the Units to my/our credit in Account 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.

DETAILS OF NOMINEE

NAME _____ Date of Birth _____
DD / MM / YYYY
 ADDRESS _____
 City/Town _____ Pin _____
 Tel. _____
 Signature of Nominee _____

DETAILS OF GUARDIAN (to be furnished in case Nominee is a Minor)

(Strike off if this section is not applicable to you)
 NAME _____
 ADDRESS _____
 City/Town _____ Pin _____
 Tel. _____
 Signature of Guardian _____

6. KOTAK FACILITIES**E-MAIL COMMUNICATION [Refer Guideline 6]**

I / We would like to subscribe to the following facilities offered by Kotak Mahindra Mutual Fund : [Please ✓]

- Transact over the Internet / Telephone**
(Please fill the enclosed Internet / Phone Transactions Form)
- Avail Systematic Investment / Withdrawal / Transfer Plan**
(Please fill the enclosed Facilities Form)
- Avail SIP Auto Debit Facility**
(Please fill the enclosed SIP Auto Debit Facility Form)

I / We would like to receive the following communication by E-Mail: [Please ✓]

- Account Statement Monthly Update
- Transaction Confirmation Annual Report

Please furnish your Email ID below :

Your E-mail ID here _____

7. DECLARATION AND SIGNATURES**[Refer Guideline 7]**

I / We have read and understood the contents of the Offer Document(s) 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 4 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 above-mentioned 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.

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.

SIGNATURE(S)

 Sole / First Applicant

 Second Applicant

 Third Applicant

(To be signed by **All Applicants**)

Kotak Mahindra Mutual Fund
 91/92, 9th Floor, Sakhar Bhavan, 230,
 Nariman Point, Mumbai 400 021
 ☎ 022-5638 4444
 ✉ mutual@kotak.com 🌐 www.kotakmutual.com

Computer Age Management Services Pvt. Ltd.
 158, Rayala Towers, 1st Floor, Anna Salai, Chennai 600 002
 ☎ 044 2852 1839
 ✉ enq_k@camsonline.com 🌐 www.camsonline.com

We are at your service on 1600-222-626 from 9.00 a.m. to 7.00 p.m. (Monday to Friday)