

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN	Official Acceptance Point
ARN- <b>25741</b>	ARN-	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]

<b>SOLE/FIRST APPLICANT</b>	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			

<b>GUARDIAN (in case Sole / First Applicant is a minor)</b>	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	
_____					
First Name	Middle Name	Last Name			

<b>CONTACT PERSON (in case of Non-individual applicants)</b>	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	
_____					
Name	Designation				

<b>SECOND APPLICANT (Joint Holder 1)</b>	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	
_____					
First Name	Middle Name	Last Name			

<b>THIRD APPLICANT (Joint Holder 2)</b>	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	
_____					
First Name	Middle Name	Last Name			

### MODE OF OPERATION (where there are more than one applicants)

First Holder only       Anyone or Survivor       Joint

<b>PAN *</b>	Sole / First Applicant	Second Applicant	Third Applicant
Enclosed (please <input checked="" type="checkbox"/> )	<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)]

- Status** (Please )
- Resident Individual
  - NRI on Repatriation Basis
  - NRI on Non-Repatriation Basis
  - HUF
  - Proprietorship
  - Partnership Firm
  - Private Limited Company
  - Public Limited Company
  - Mutual Fund
  - Mutual Fund FOF Scheme
  - Body Corporate
  - Registered Society
  - PF/Gratuity/Pension/ Superannuation Fund
  - Trust
  - AOP / BOI
  - Foreign Institutional Investor
  - Others \_\_\_\_\_  
(Please specify)

- Occupation** (Please )
- Business
    - Manufacturing
    - Trading
  - Service
    - Government
    - Non-Government
  - Professional
    - Medicine       Finance
    - Engineering       Legal
  - Retired
  - Housewife
  - Student
  - Agriculture
  - Others \_\_\_\_\_  
(Please specify)

**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	

To be filled by Applicant

**ACKNOWLEDGEMENT SLIP**

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 _____		

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\_\_\_\_\_

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**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  
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 Nariman Point, Mumbai 400 021  
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 158, Rayala Towers, 1st Floor, Anna Salai, Chennai 600 002  
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**We are at your service on 1600-222-626 from 9.00 a.m. to 7.00 p.m. (Monday to Friday)**