

New Fund Offer Opens on : March 4, 2011 New Fund Offer Closes on : March 18, 2011

Scheme Re-opens for continuous sale and repurchase on or before: April 5, 2011

Key Information Memorandum and Application Form

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN	Official Acceptance Point	LG Code	Bank Sr. No.
ARN-25741				

Appl. KGF

Date :

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.

1. EXISTING UNITHOLDER INFORMATION

If you have, at any time, invested in any scheme of Kotak Mahindra Mutual Fund please furnish your Name, Folio Number, PAN and DP ID details below and proceed to section 3 onward.

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

2. APPLICANT'S PERSONAL DETAILS (PLEASE FILL IN BLOCK LETTERS)

Name of first applicant

(Mr/Ms/Mrs)

(Unit holders given an option to hold the units in demat form in addition to account statement as per current practice. Name should be in the same sequence as appearing in your demat account. In case the names in the application differ with the sequence in demat account provided by you, the Application is liable to get rejected.)

PAN of 1st applicant*

{refer Instruction 2(c)}

Enclosed PAN Card Copy KYC Acknowledgement Letter

Address for correspondence

(PO box address is not sufficient)

City _____

Pin _____

State _____

(Furnishing PIN code is mandatory)

Date of Birth

_____ (Compulsory field in case of Minor)

Guardian Name (if minor)

(should be the same as provided in your demat A/c)

PAN of Guardian*

{refer Instruction 2(c)}

Enclosed PAN Card Copy KYC Acknowledgement Letter

Contact Person (Mr/Ms/Mrs)

(for institutional applicants)

Telephone Number

Res _____
Off _____

Mobile No. _____
Fax _____

e-mail _____

Name of 2nd applicant (Mr/Ms/Mrs)

PAN of 2nd applicant

{refer Instruction 2(c)}

Enclosed PAN Card Copy KYC Acknowledgement Letter

Name of 3rd applicant (Mr/Ms/Mrs)

PAN of 3rd applicant

{refer Instruction 2(c)}

Enclosed PAN Card Copy KYC Acknowledgement Letter

Mode of Operation

(Where there are more than one applicants)

First holder only Anyone or Survivor Joint

3. DEMAT ACCOUNT DETAILS (Please ensure that unit holders given an option to hold the units in demat form in addition to account statement as per current practice and the sequence of names as mentioned in the application form matches with the Depository Participant.)

NSDL	CDSL
DP Name _____	_____
DP ID* _____	_____
Beneficiary Account No. _____	_____

*In case Unit holders do not provide their Demat Account details, an Account Statement shall be sent to them. Such investors will not be able to trade on the stock exchange.

4. THIRD PARTY PAYMENT DECLARATION

Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of FI.

Name: _____ Relationship with Applicant: _____

PAN: _____ KYC Compliance Status: Yes 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)

Received from Mr/ Ms/ M/s _____

along with cheque/ DD No.* _____ dated _____

Drawn on (Bank) _____

for Rs. (in figures)/ (Amount) _____

Stamp of Kotak AMC Office/ Authorised
Collection Centre

5. INVESTMENT DETAILS

Scheme Kotak Gold Fund		Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvestment	
Minimum investment amount: Rs 5,000/-			
Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer	Instrument No.	Dated
Investment Amount	Drawn on		
Cheque/ DD to be drawn in favor of "Kotak Gold Fund"			
If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)			
Account Type :	<input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others		

6. BANK PARTICULARS {FOR REFUND (Mandatory as per SEBI guidelines)}

Bank Name			
Branch		City	
Account No.		IFSC Code	
MICR Code		Account Type: Current <input type="checkbox"/> Saving <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Others	
(this is 9 digit number next to your cheque number)			

(The Bank Mandate provided in the application will be used for refunding reject cases and physical mode of holding investors transaction)




7. GENERAL INFORMATION - Please (✓) wherever applicable

Status (Please ✓ Mandatory)	Resident Individual <input type="checkbox"/>	Partnership/ Proprietorship Firm <input type="checkbox"/>	Body Corporate <input type="checkbox"/>	Foreign Institutional Investor <input type="checkbox"/>
	NRI on Repatriation Basis <input type="checkbox"/>	Private Limited Company <input type="checkbox"/>	Registered Society <input type="checkbox"/>	Trust <input type="checkbox"/>
	NRI on Non-Repatriation Basis <input type="checkbox"/>	Public Limited Company <input type="checkbox"/>	PF/Gratuity/Pension <input type="checkbox"/>	Mutual Fund FOF Scheme <input type="checkbox"/>
	HUF <input type="checkbox"/>	Mutual Fund <input type="checkbox"/>	Superannuation Fund <input type="checkbox"/>	Others <input type="text"/>
Occupation (Please ✓ Mandatory)	Business <input type="checkbox"/> Manufacturing <input type="radio"/>	Service <input type="checkbox"/> Govt. <input type="radio"/>	Professional <input type="checkbox"/> Medicine <input type="radio"/>	Finance <input type="radio"/>
	Trading <input type="radio"/>	Non-Govt. <input type="radio"/>	Engineering <input type="radio"/>	Legal <input type="radio"/>
	Retired <input type="checkbox"/>	Student <input type="checkbox"/>	Others <input type="text"/>	
	Housewife <input type="checkbox"/>	Agriculture <input type="checkbox"/>		

8. DECLARATION AND SIGNATURE OF APPLICANT/S

I/ We have read and understood the contents of the SID of the Scheme Of Kotak Mahindra Fund. I/ We hereby apply for allotment/ purchase of Unit in the Scheme 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 this in the above mentioned scheme and that the amount invested in the scheme is through legitimate sources only and does not involve and is designed for the purpose of any contravention or evasion of provision of any Act, Rules, Regulations, Notifications or Directions of the provision of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by Government India from time to time. I/ We hereby authorise Kotak Mahindra Fund, it's Investment Manager and it's agent to disclose details of my investment to my/ our Investment Advisor and/ or my bank(s)/ Kotak Mahindra Fund's bank(s). 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.

I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment

SIGNATURE(S)			
	Sole/ First Applicant	Second Applicant	Third Applicant
(To be signed by All Applicants)			

Note :

- If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.

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 🌐 www.kotakmutual.com

Computer Age Management Services Pvt. Ltd.

148, Old Mahabalipuram Road,
Okkiyam Thuraiyakkam,
Chennai - 600 096.

☎ 044 3040 7270

✉ enq_k@camsonline.com 🌐 www.camsonline.com

Investment Advisor's Name & Code	Sub-Broker's Code	Official Acceptance Point	Bank Sr. No.	Systematic Investment Form Strike off sections that are not applicable
ARN-25741		Stamp & Sign		

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.

Investor's Information				
Folio No. (For Existing Investors)			Application No. (For New Investors, pls. attach the application form)	
Name of Sole / First Holder				
PAN	PAN Sole / First Applicant	PAN Sole / Second Applicant	PAN Sole / Third Applicant	
Enclosed (Please ✓)	KYC Compliant Status* <input type="checkbox"/> Yes <input type="checkbox"/> No	KYC Compliant Status* <input type="checkbox"/> Yes <input type="checkbox"/> No	KYC Compliant Status* <input type="checkbox"/> Yes <input type="checkbox"/> No	
(*KYC compliant is mandatory, irrespective of the amount of investment)				
Date of Birth	DD/MM/YYYY	E-mail Id	Pls provide your email Id for mailing of Account Statement	

Third Party Payment Declaration	
Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of FI.	
Name: <input type="text"/>	Relationship with Applicant: <input type="text"/>
PAN: <input type="text"/>	KYC Compliant Status: <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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.</p> <p>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.</p> <p>(Note: Aforeside signature should match with the investment cheque signature)</p>	
Signature <input type="text"/>	

I would like to opt Systematic Investment Plan SIP Micro SIP

Only for Micro SIP	Investors (including joint holders) will submit a photo copy of any one of the documents detailed below along with Micro SIP application as proof of identification in lieu of PAN.
	<input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Driving License <input type="checkbox"/> Government/Defense identification card <input type="checkbox"/> Passport <input type="checkbox"/> Photo Ration Card <input type="checkbox"/> Photo Debit Card (credit cards not allowed) <input type="checkbox"/> Employee ID cards issued by companies registered with Registrar of Companies <input type="checkbox"/> Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament <input type="checkbox"/> ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks <input type="checkbox"/> Senior Citizen / Freedom Fighter ID card issued by Government <input type="checkbox"/> Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI <input type="checkbox"/> Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by Central Recordkeeping Agency (NSDL) <input type="checkbox"/> Any other photo ID card issued by Central Government / State Governments / Municipal authorities / Government organizations like ESIC / EPFO The Photo Identification document has to be current and valid and also either self attested or attested by an ARN holder

I would like to opt for Systematic Investment through <input type="checkbox"/> Auto-Debit <input type="checkbox"/> Post Dated Cheques (PDC's)	
Scheme KOTAK GOLD FUND	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend : <input type="radio"/> Payout <input type="radio"/> Re-investment
Plan <input type="text"/>	(Please ✓)
Investment Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Period From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>
SIP Instalment Amount (Rs.) <input type="text"/>	
SIP Date (Please ✓) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st <input type="checkbox"/> 25th	First SIP vide Cheque No. <input type="text"/> Dated <input type="text"/> / <input type="text"/> / <input type="text"/>
Cheque Nos. From <input type="text"/> to <input type="text"/>	Cheque Dated From <input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
(Excluding initial investment Cheque)	
Cheque on <input type="text"/> Bank <input type="text"/> City <input type="text"/> Branch <input type="text"/>	

SIP through Auto-Debit	
Bank Account Details (Mandatory)	
Bank	Branch
Name of Bank Account Holder(s)	City
Account Number	MICR (9 digit code next to Cheque No.)*
Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others	Please Specify

I/We here by declare that the particulars given above are correct and express my / our willingness to make payments referred above through participation in ECS (Debit Clearing/Direct Debit). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Kotak Mahindra Mutual Fund, responsible. I/We will also inform Kotak Mahindra Mutual Fund, about any changes in my bank account immediately. I/We have read and agreed to the terms and conditions mentioned overleaf.

SIGNATURE(S)	Sole / First Account Holder	Second Account Holder	Third Account Holder	F O R A U T O - D E B I T
	To be signed by All Bank Account Holders if mode of operation is "Joint". (As in Bank Records)			
	Signature of Authorised Official From Bank			
BANKER'S ATTESTATION (Mandatory if your First SIP Investment is through a Demand Draft / Pay Order) Certified that the signature of account holder and the details of Bank Accounts are correct as per our records		Bank Stamp & Date		

Standing Instructions for State Bank of India Customers	
<p>I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document/SAI/ SID of the Mutual Fund. State Bank of India shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, was, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond reasonable control the State Bank of India and which has the effect of preventing the performance of the contract by State Bank of India. I/We acknowledge that no separate intimation will be received from State Bank of India in case of non-execution of the instructions for any reasons whatsoever.</p>	

Declaration and Signature	
<p>I/We have read and understood the contents of the Offer Document/SAI/SID(s) 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.</p>	

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)		

* Please ensure utmost care while filling the highlighted column. The form may get rejected in case the details are incomplete.