

Distributor's ARN	Sub-Broker's ARN	Sub-Broker's Code	EUIN (Mandatory)

**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) <small>(To be signed by All Applicants)</small>		
Sole / First Applicant	Second Applicant	Third Applicant

**TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading "Guidelines to filling up the form" for details)**

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.

<b>Unitholder Information (Section I)</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:</b> _____ <b>PAN No.:</b> _____ <b>Folio No.:</b> _____		
<b>New Applicant's Personal Information (Section II)</b>	<b>Sole/ First Applicant</b>	<b>Second Applicant</b>	<b>Third Applicant</b>
	Name of Applicant	Name of Applicant	Name of Applicant
	PAN	PAN	PAN
	Date of Birth	Date of Birth	Date of Birth
	<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"/> <b>Politically Exposed Person (PEP)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Related to a Politically Exposed Person (PEP)*</b> <input type="checkbox"/> <b>Not applicable</b>	<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"/> <b>Politically Exposed Person (PEP)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Related to a Politically Exposed Person (PEP)*</b> <input type="checkbox"/> <b>Not applicable</b>	<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"/> <b>Politically Exposed Person (PEP)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Related to a Politically Exposed Person (PEP)*</b> <input type="checkbox"/> <b>Not applicable</b>
*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.			
<b>Guardian name OR Contact Person name if Non-Individual Applicant / Power of Attorney (PoA) (Section III)</b>	Name	PAN	Date of Birth**
	**applicable for guardian.		
	<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"/> <b>Politically Exposed Person (PEP)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Related to a Politically Exposed Person (PEP)*</b> <input type="checkbox"/> <b>Not applicable</b>		
	*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.		
	<b>For Non Individual Investors (i.e. Company, Partnership, Trust, etc.)</b>		
Is the company a Listed Company or Subsidiary of listed Company or Controlled by Listed Company:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foreign Exchange / Money Charger Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gaming / Gambling / Lottery / Casino Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money Lending / Pawning		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Status of Sole/First Applicant (Section IV(a))</b>	<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
<b>Status of Second Applicant (Section IV(b))</b>	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> On behalf of Minor	<b>Status of Third Applicant (Section IV(c))</b>	<input type="checkbox"/> PF/ Gratuity/ Pension/ <input type="checkbox"/> Superannuation Fund <input type="checkbox"/> Trust AOP/ BOI <input type="checkbox"/> Foreign Institutional Investor <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Other _____ (Please specify)
<b>Mode of Operation (Section V)</b>	<b>Where there is more than one applicant [Please (✓)]</b> <input type="checkbox"/> First Applicant only <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint		

<b>Occupation of Sole/ First Applicant [Section VI(a)]</b> <input type="checkbox"/> Private Sector <input type="checkbox"/> Professional <input type="checkbox"/> Student <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)	<b>Occupation of Second Applicant [Section VI(b)]</b> <input type="checkbox"/> Private Sector <input type="checkbox"/> Professional <input type="checkbox"/> Student <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)
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<b>Occupation of Third Applicant [Section VI(c)]</b> <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other _____ (Please specify)
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Residential     Business     Registered Office

<b>Correspondence Details of Sole/ First Applicant [Section VII]</b>	<b>Address for Communication (Full Address Mandatory)</b>		<b>Overseas Address</b>	
			Address 1	
			Address 2	
	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.

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).

<b>Demat Account Details [Section VIII]</b>	<b>NSDL:</b> DP Name: _____ DP ID: _____ Beneficiary Account No.: _____
	<b>CDSL:</b> 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.	
<b>Third Party Payment Declaration [Section IX]</b>	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> <input style="width:400px;" type="text"/> <b>Relationship with Applicant:</b> <input style="width:150px;" type="text"/>
	<b>PAN:</b> <input style="width:150px;" type="text"/> <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)
Signature	

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

<b>Bank Account Details [Section X]</b>	Name of Bank	<input style="width:95%;" type="text"/>
	Branch	<input style="width:450px;" type="text"/>
	Account No.	<input style="width:450px;" type="text"/>
	RTGS IFSC Code	<input style="width:450px;" type="text"/>
	MICR Code	<input style="width:450px;" type="text"/>
		NEFT IFSC Code <input style="width:450px;" type="text"/>
		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.		

<b>Investment Details [Section XI]</b>	Scheme Name	Plan / Option / Sub-option	Frequency	Amount Invested (Rs.)	Payment Details	
					Cheque / DD No.	Bank and Branch
		<input type="radio"/> Growth	<input type="radio"/> Weekly <input type="radio"/> Monthly			
		<input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="radio"/> Daily			
		<input type="radio"/> Growth	<input type="radio"/> Weekly <input type="radio"/> Monthly			
		<input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="radio"/> Daily			
		<input type="radio"/> Growth	<input type="radio"/> Weekly <input type="radio"/> Monthly			
		<input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="radio"/> Daily			

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)

<b>Nomination Details [Section XII] (to be filled in by individual(s) applying Singly or Jointly)</b>	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.				
	<b>DETAILS OF NOMINEE</b>				
	Name of Nominee	Address	Date Of Birth	% Share	Signature Of Nominee
	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<b>DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)</b>					
Name of Guardian	Address	Tel. No	Signature Of Guardian		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		
I/We _____ do hereby confirm that I/We do not intend to avail the nomination facility for this investment application. <input type="checkbox"/>					
For units to be held in Demat Mode, the Nomination details updated in the depository system shall prevail over the details mentioned hereunder.					