

| Distributor's ARN/ RIA Code* | Sub-Broker's Name & Code | EUIN | FOLIO NO. | DATE |
|------------------------------|--------------------------|------|-----------|----------------|
| | | | | DD / MM / YYYY |

*By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund.
 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)

| | | | | | |
|--|-------------------|--|---------------|--|--------------|
| | Sole/First Holder | | Second Holder | | Third Holder |
|--|-------------------|--|---------------|--|--------------|

(To be signed by **All Unitholders** if mode of operation is 'Joint')

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.

NAME OF SOLE/ FIRST HOLDER : _____
 NAME OF SECOND HOLDER : _____
 NAME OF THIRD HOLDER : _____

| | | | |
|----------------|---------------------|---------------|--------------|
| PAN | Sole / First Holder | Second Holder | Third Holder |
| Aadhaar Number | Sole / First Holder | Second Holder | Third Holder |

Note: Name shall be as per PAN/ Aadhaar card only

| | | | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|--|--|
| MOBILE NO. | | | | | | | | | | | This mobile no. will not get updated in the folio. |
|------------|--|--|--|--|--|--|--|--|--|--|--|

APPLICANT'S OTHER DETAILS (Mandatory)

A) Place of Birth _____ B) Country of Tax Residency other than India _____

C) Occupation Details [Please tick] Service Private Sector Public Sector Government Services Student Business
 Agriculture Proprietorship Professional Retired Housewife Others _____ (please specify)

D) Gross Annual Income (Rs.) [Please tick] <1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs <1 Crore >1 Crore

E) Net worth (Mandatory for Non-individual) Rs. _____ as on DD / MM / YYYY (Not older than 1 year)

F) Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole-time Directors)
 I am PEP I am Related to PEP Not Applicable

PURCHASE Refer Checklist I

Scheme _____ Option (Please) Dividend Payout OR Reinvestment
 Plan _____ Dividend Frequency _____
 Growth

Plan your Life Goal. You can assign this investment for your life's important milestones. Your Dream House Child Education Child Wedding Retirement

Investment Mode Cheque / DD / Pay order RTGS/NEFT/Fund Transfer/ Online Transfer

Investment : Rs. _____ Chq./ DD No. _____ dated DD / MM / YYYY
 drawn on _____ Name of Bank _____ Branch _____ City _____
 (Please mention your folio on the face of your investment cheque)

We hereby confirm having initiated the Transfer/RTGS for transfer of Rs. _____ from our account no. _____ with _____ Bank to your account no. _____ with _____ Bank.


SWITCH Refer Checklist III

From: Scheme _____ Plan _____ Option (Please) Dividend Payout OR Reinvestment
 Dividend Frequency _____
 Growth

To: Scheme _____ Plan _____
 Dividend Payout OR Reinvestment
 Dividend Frequency _____
 Growth

Amount (Rs.) OR No. Of Units OR All Units () OR All Units Free from Exit Load ()

Important Alert: In case there is any change to your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency.



ACKNOWLEDGEMENT SLIP

(To be filled by Applicant)

DATE

| | | | | |
|----|----|------|--|--|
| | | | | |
| DD | MM | YYYY | | |

| | | | |
|---|--|--|-------------------------------------|
| Folio Number _____ | <input type="checkbox"/> Purchase | <input type="checkbox"/> Switch | <input type="checkbox"/> Redemption |
| Scheme Name _____ | Amount <input style="width: 50px;" type="text"/> | or Units <input style="width: 50px;" type="text"/> | |
| In case of Switch, from Scheme: _____ to Scheme _____ | | | |

Official Acceptance Point Stamp & Sign

Please retain this Acknowledgement Slip for future reference