

Distributor's ARN/ RIA Code²

Sub-Broker's ARN

Sub-Broker's Code

EUIN

ARN-53321
E054731
☐ "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. 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) (To be signed by All Applicants)		
Sole / First Applicant	Second Applicant	Third Applicant

TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading 'Checklist' for details)

REQUEST FOR:				
<input type="checkbox"/> Registration of SIP + OTM Registration	<input type="checkbox"/> Registration of SIP (for existing OTM)	<input type="checkbox"/> Registration of MICRO SIP	<input type="checkbox"/> Renewal of SIP	<input type="checkbox"/> Change in Bank details

INVESTOR'S INFORMATION		
Folio No.	Application No. (For New Investors, pls. attach the application form)	
Sole/ First Applicant	Second Applicant	Third Applicant
Name of Applicant	Name of Applicant	Name of Applicant
PAN	PAN	PAN
Aadhaar No.	Aadhaar No.	Aadhaar No.
Date of Birth	Date of Birth	Date of Birth
CRYC No.	CRYC No.	CRYC No.
E-mail	E-mail	E-mail

SIP Details						
Scheme Name/ Plan/Options Sub-option	SIP Installment Amount(Rs.)	SIP Date (Please refer Terms & Conditions)	SIP Frequency	SIP Start Month & Year and SIP End month & Year	SIP BOOSTER (OPTIONAL) Fixed Booster Amount (Rs) OR Variable Booster Percentage(%)	SIP Booster Frequency
	Rs.	<div style="border: 1px solid black; padding: 2px;">D D</div>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	M M Y Y Y Y Y Y to M M Y Y Y Y Y Y	Rs. _____ OR _____ % Booster Cap Amt Rs. _____ OR Booster End Period: M M Y Y Y Y Y Y	<input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly
	Rs.	<div style="border: 1px solid black; padding: 2px;">D D</div>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	M M Y Y Y Y Y Y to M M Y Y Y Y Y Y	Rs. _____ OR _____ % Booster Cap Amt Rs. _____ OR Booster End Period: M M Y Y Y Y Y Y	<input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly
	Rs.	<div style="border: 1px solid black; padding: 2px;">D D</div>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	M M Y Y Y Y Y Y to M M Y Y Y Y Y Y	Rs. _____ OR _____ % Booster Cap Amt Rs. _____ OR Booster End Period: M M Y Y Y Y Y Y	<input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly

Declaration and Signature		
I/We have read and understood the contents of the SAV/SID 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 thereto. 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 Directives 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. We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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. I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMIA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.		
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 AMC Records)		

One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit									
UMRN <div style="border: 1px solid black; padding: 2px;">F o r f f i c e u s e</div>					Date <div style="border: 1px solid black; padding: 2px;"> / / </div>				
TICK (✓)		Sponsor Bank Code		For Office Use		Utility Code		For Office Use	
CREATE <input checked="" type="checkbox"/>	MODIFY <input type="checkbox"/>	I/We hereby authorize		Kotak Mutual Fund		to debit (tick ✓)		SB CA CC SB-NRE SB-NRO Other	
CANCEL <input type="checkbox"/>		Bank a/c number		<div style="border: 1px solid black; padding: 2px;"> / / </div>					
with Bank		<div style="border: 1px solid black; padding: 2px;"> / / </div>		IFSC		<div style="border: 1px solid black; padding: 2px;"> / / </div>		or MICR	
an amount of Rupees		<div style="border: 1px solid black; padding: 2px;"> / / </div>		₹					
FREQUENCY		<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qytl <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		DEBIT TYPE		<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount			
Reference 1		Folio Number		Phone No.					
Reference 2		Application Number		Email ID					
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.									
PERIOD									
From		<div style="border: 1px solid black; padding: 2px;"> / / </div>		Signature Primary Account holder		Signature of Account holder		Signature of Account holder	
To		<div style="border: 1px solid black; padding: 2px;">3 1 1 2 2 0 9 9</div>		1. Name as in Bank records		2. Name as in Bank records		3. Name as in Bank records	
Or		<input checked="" type="checkbox"/> Until Cancelled							
This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.									