

No. _

Bank & Branch

___ Dated DD / MM / YYYY Rs. _

Please retain this silp, duly acknowledged by the Official Collection Center till you receive your Account Statement

COMMON APPLICATION FORM

Appl. CA

Date: DD / MM / YYYY

Official Acceptance Point Stamp & Sign

	Distributor's ARN/ RIA Code# ARN - 146822	Sub-Broker's ARN	Sub-Broker's Code	E356542						
☐ Mahir ☐ "I/We	entioning RIA/PMS code, I/ We authorize you to share with the ndra Mutual Fund. Declaration for "Execution-only" transaction hereby confirm that the EUIN box has been intentionally left blank ben of the above distributor/sub broker or notwithstanding the advice of its process.	ns (only where EUIN box is left bl by me/us as this transaction is execut	Manager the details of my/our trans ank) ed without any interaction or advice by	actions in the scheme(s) of Kotak the employee/relationship manager/sale						
form" for Upfront con Have you	Sole / First Applicant CTION CHARGES for Applications routed through distributor/agr details) nmission shall be paid directly by the investor to the AMFI registered distributors ever invested in any, Mutual Fund before Yes No (for more datax resident of any country other than India? Yes No	based on the investor's assessment of val	rious factors including the service rendered by	5 .						
Existing Unitholder Information (Section I)	If you have, at any time, invested in any Scheme of Kotak Mahindra Mutudetails below and proceed to Section Investment Details. Name of Sole / First Applicant:									
New Applicant's Personal Information (Section II)	Name of Sole/ First Applicant: PAN/PEKRN: Date of Incorpor Gross Annual Income Details in INR (please tick): O < 1 lac or Net-worti	ation Division		^ Name shall be as per PAN card. O 5 cr - 10 cr O > 10 cr d not be older than 1 year)						
	Please tick, if applicable, O Politically Exposed Person (PEP) YES Occupation of Applicant O Private Sector Service O Busi O Public Sector/ O Prof Government Service O Agr Status of Applicant	S NO O Related to a Politicall iness O Retired fessional O Housewife iculturist O Business	y Exposed Person (PEP)* O Not appli O Professional O For O Agriculturist O Oth O Student (Please	ex Dealer lere e specify)						
	O Resident Individual O NRI on Repatriation Basis (NRE) O NRI on Non-Repatriation Basis (NRO) O HUF O HUF LEI Number (Legal Entity Identifier) — For Non individuals only: O Proprietorship O Proprietorship O Private Limited Company O Public Limited Company	O Mutual Fund O Mutual Fund FOF Scheme O Body Corporate O Registered Society	O Superannuation Fund O O	oreign Institutional Investor on behalf of Minor tither (Please specify) till DDMMYYYYY						
New Applicant's	Name of Second Applicant:^ Name shall be as per PAN card. PAN/PEKRN: Date of Birth DDMMMYYYYY CKYC:									
	Gross Annual Income Details in INR (please tick): O < 1 lac	h as on (date) DD / MM / YYYY	Rs (shoul	d not be older than 1 year)						
(Section III)	*Ideclare that the information is to the best of my knowledge and belief, accurate and completed by the complete of Operation - Where there is more than one applicant [Please (voor First Applicant only Openation on Survivor Openation of Survi	()]	· · · · · · · · · · · · · · · · · · ·	ely in case there is any change in the above information.						
Guardian/ Contact Person if Non- Individual Applicant (Section IV)	Gross Annual Income Details in INR (please tick): O < 1 lac O 1 or Net-worth as on (date) D / MM / Rs. Please tick, if applicable, O Politically Exposed Person (PEP)	- 5 lac O 5 - 10 lac O 10 - 25 (should not be older than 1 ye	ar) posed Person (PEP)* O Not applicable	Tax Reference Number (for NRI) O 5 cr - 10 cr O > 10 cr Mahindra Asset Management Co. Ltd.						
Power of Attorney (PoA) Holder (Section V)	Gross Annual Income Details in INR (please tick): O < 1 lac O 1 or Net-worth as on (date) DD / MM / YYYY Rs. Please tick, if applicable, O Politically Exposed Person (PEP) YES *I declare that the information is to the best of my knowledge and belie immediately in case there is any change in the above information.	- 5 lac O 5 - 10 lac O 10 - 25 (should not be older than 1 ye	ar) posed Person (PEP)* O Not applicable	Tax Reference Number (for NRI) O 5 cr - 10 cr O > 10 cr Mahindra Asset Management Co. Ltd.						
MENT SLIP	Kotak® An application for allotment of units in the Instument Details	(To be filled by Applicar ne following scheme:								

Scheme

Option

Plan

	Address for Communication (Full Address Mandatory)				Overseas Address (Mandatory for NRI/ FII Applicants)						
	House/ Flat No				House/ Flat No						
Correspondence Details of Sole/ First Applicant (Section VI)	Street Address				Street Address						
	City/ Town State		City/ Town					State			
	Country Pin Co	ode		Countr	y			Pin Code			
	Mobile: Mobi	e belongs to:	O Self O Spouse O Gua	rdian (for N	/linor investment	t) O Dependent Chi	ildren O De	Dependent Parents O Dependent Siblings			
esporole/ F	Email:							Tel (Res./ Off.)			
Corr	Email Address belongs to: O Self O Spouse O Gua	Email Address belongs to: O Self O Spouse O Guardian (for Minor investment) O Dependent Children O Dependent Parents O Dependent Siblings									
	I/ We hereby declare that the details furnished ab I/we approve the usage of these contact details for Account, Annual Report and other kind of comm	ication, Tra	ansaction Information, Statement of								
Third Party Payment Declaration (Section VII)	Employer on behalf of Employee (SIP only)/ Custodian on behalf of FII.										
Part Decla on V	Name: Relationship with Applicant:										
Third nent l Secti		-	ant Status: O Yes					Signature			
Payn (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 FII or as gift from my bank account only.							Signature			
FATCA & CRS INFORMATION [Please tick ()], for Individuals (Mandatory). Non Individual investors & HUF should mandatorily fill separate FATCA detail form.</th											
The below information is required for all applicant(s)/guardian Address Type: Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio) Is the applicant(s) / guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? If Yes, Please provide the following information [Mandatory] Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below.											
Categor	у	ı	First Applicant/ Mino	r	Secon	d Applicant/ Gua	ardian	Third Applicant			
Place/ Cit	ty of Birth										
Country	of Birth										
Country	of Tax Residency – 1**										
Tax Payer	r Ref. ID No. – 1^										
Tax Ident	ification Type – 1 [TIN or Other, please specify]										
Country of Tax Residency – 2**											
Tax Payer Ref. ID No. – 2^											
Tax Identification Type – 2 [TIN or Other, please specify]											
Country of Tax Residency – 3**											
Tax Payer Ref. ID No. – 3^											
	ification Type – 3 [TIN or Other, please specify]				101						
** To also	include USA, where the individual is a citizen/ g	reen card h	older of USA. ^ In case	Tax Ident	ification Num	iber is not availab	le, kindly	provide its functional equivalent.			
	// 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. DETAILS OF NOMINEE (Date of Birth & PAN is mandatory)										
Nomination Details (Section VIII) (to be filled in by Individual(s) applying Singly or Jointly)	Name & Address of Nominee		Relationship PAN			Date Of Birth	% Shar	Signature Of Nominee			
(Sed											
tails of the land of the land											
n De led ir חיז Sir											
natio be fii											
Jomi (to	DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)										
_	Name & Address of Guardian				AN	Relationship w	elationship with Minor Signature Of Guardian				
	We do hereby confirm that IWe do not intend to avail the nomination facility for this investment application										
	For units to be held in Demat Mode, the Nomination details updated in the depository system shall prevail over the details mentioned herewith.										
KOTA	K MAHINDRA MUTUAI FUND				Compi	iter Age Ma	nager	nent Services Pvt Itd			

6th Floor, Kotak Infinity, Building No. 21, Infinity Park, Off. Western Express Highway, Gen.A.K. Vaidya Marg, Malad (E), Mumbai - 400 097.

1800 309 1490 (Toll-free), 044-4022 9101

mutual@kotak.com www.kotakmf.com/

No 178/10, Kodambakkam High Road, Ground Floor, Opp. Hotel Palmgrove, Nungambakkam, Chennai - 600034.

2 044 6110 4034

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,	ou 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 IDCW options having IDCW frequency of less than a month). NSDL CDSL											
Demat Account Details (Section IX)	a											
Demat unt De	DP Name	DP Name	DP Name									
Demat count Detai (Section IX)	DP ID		Beneficiar	ry Account No			DP ID			Benef	iciary Accoun	t No.
Acc	DP ID Beneficiary Account No. DP ID 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.									e existing details.		
	Scheme Name	Plan	Option/ Sub-option	on Frequenc		nount	Cheque No./ DD N		nt Deta			
<u>+</u>	Scheme Name	Hall	Option/ 3ub-optio	on rrequent	Inves		TM/ UTR No.(RTGS/I		Bank a	and Branch	Source A	Account No.
Payment tion X)		○ Regular	O Growth	O D O								
Pay		ODirect	IDCW Payout IDCW Reinvestment	○ F* ○	Н							
nt &			O Growth	000	B*							
tails		O Regular O Direct	O IDCW Payout	O W O	Н							
Investment & Payme Details (Section X)		+	O IDCW Reinvestment	t OM O								
_		○ Regular ○ Direct	O IDCW Payout	O W O	Q							
			O IDCW Reinvestment	t OM O								
D = Daily, W	I = Weekly, F = Fortnightly, M = Monthly, B =	= Bi-monthly, C	Q = Quarterly, H = Ha	alf Yearly, A = A	nnually *	This facility is av	ailable in Kotak Equity	/ Arbitrage	Fund only	y		
If you are	an NPI Invector, please indicate source	of funds for v	our investment (Pl	0350 ()								
O NRE	e an NRI Investor, please indicate source of NRO FCNR	-	thers	ease 🗸)								
0 1	0 11112	0 -										
Please 6	enclose a cancelled cheque leaf of th	nis Bank in c	ase vour investm	nent cheque	is not fro	m this acco	unt. else bank de	tails of i	nvestn	nent cheque sh	all be undat	ted for payout
	Ī	ns bank m c	ase your investi	ient eneque	15 1101 110	iii tiiis acco	unit, else sume de		11103411	ient eneque si	an be apaci	icu ioi payout
etails	Name of Bank					C:t-						
ž (X	Branch					City						
Account De (Section XI)	Account No.											
Bank Account Details (Section XI)	RTGS IFSC Code						IFSC Code					
Ban	MICR Code This is the 9 digit No. r	next to your Chear	ue No.			Acco	ount Type 🔘 Cu	irrent () Saving	gs ONRO (NRE OF	CNR Others
	-	<u> </u>										
Declaration and Signatures (Section XII)	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. 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 Fund's from amongst which the Scheme is being recommended to me / us. Ihave examined the information provided by me in this form and to the best of my knowledge and belief it is true, correct, and complete. 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. FATCA & CRS Declaration: I/We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer guideline No. 11). Solve I/B the application is incomplete and any other requirements is not fulfilled, the application is incomplete and any other requirements is not fulfilled, the selected and any other requirements is not fulfilled, and the selected and any other requirements is not fulfilled, the selected and any other requirements.											
	Please ensure that: "Your Application Form is complete in all respects & signed by all applicants: Name, Address and Contact Details are mentioned in full. Bank Account Details are entered completely and correctly. 9 digit MICR Code of your Bank is mentioned in the Application Form. Permanent Account Number (PAN) Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount. Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 2(d) for more information) "Your Investment Cheque/DD is drawn in favour of < Scheme Name > dated and signed. "Application Number is mentioned on the face of the cheque. "A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form. "Documents as listed below are submitted along with the Application form (as applicable to your specific case) Document Companies Trust Societies Partnership NRIs/ FIS Investments through											
llist	200000000					300.00.00	Firms	PIOs		Constituted		
Checklist	1. Resolution / Authorisation to inv			✓	V	✓	✓		✓			
	List of Authorised Signatories wi Articles of Asset		Signature(s)	√	√	✓	√		✓	✓		
	Memorandum & Articles of Asso Trust Dood	ociation		· ·	/							
	4. Trust Deed				-	√						
	5. Bye-Laws 6. Partnership Deed					-	✓					
	7. Notarised Power of Attorney						<u> </u>			✓		
	8 Account Dobit / Foreigin inward	Domittonso (C+:6:+-		+	 	+			•		

All documents in 1 to 8 above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public

remitting Bank