

Distributor's ARN/ RIA Code#	Sub-Broker's ARN	Sub-Broker's Code	EUN
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- ☐ By mentioning RIA/PMS code, I/ We authorize you to share with the Investment Adviser/ Portfolio Manager the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund. Declaration for "Execution-only" transactions (only where EUN box is left blank)
- ☐ "I/We hereby confirm that the EUN 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 Applicant	Second Applicant (To be signed by All Applicants)	Third Applicant

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.

Existing Unitholder Information (Section I)	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.		
	Name of Sole / First Applicant:	PAN No.:	Folio No.:

New Applicant's Personal Information (Mandatory) (Section II)	Name of Sole/ First Applicant^: _____ ^Name as per Income Tax	
	Name of Guardian^ (in case First Applicant is a Minor) _____ ^Name as per Income Tax	
	Relationship of Guardian with Minor <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian	Date of Birth of Minor DD MM YYYY
	Name of Sole Proprietor^ (incase Sole/ First applicant is Proprietorship Firm) _____ ^Name as per Income Tax	
	Mobile: _____ Belongs to: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Child <input type="radio"/> Dependent Parent <input type="radio"/> Dependent Sibling <input type="radio"/> Custodian <input type="radio"/> POA <input type="radio"/> PMS	
	Email: _____ Tel (Res./ Off.) _____	
	Email Address belongs to: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Child <input type="radio"/> Dependent Parent <input type="radio"/> Dependent Sibling <input type="radio"/> Custodian <input type="radio"/> POA <input type="radio"/> PMS	
	PAN/ PEKRN: _____	Date of Birth/ Incorporation DD MM YYYY CKYC: _____
	Gross Annual Income Details in INR (please tick): <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 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="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Not Politically Exposed Person	
Occupation of Applicant <input type="radio"/> Private Sector Service <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Professional <input type="radio"/> Forex Dealer <input type="radio"/> Public Sector/ <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Agriculturist <input type="radio"/> Other _____ <input type="radio"/> Government Service <input type="radio"/> Agriculturist <input type="radio"/> Business <input type="radio"/> Student		
Non-Profit Organization" [NPO] <input type="radio"/> Yes <input type="radio"/> No		
We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). If yes, please quote the NPO Registration Number provided by DARPAN portal: _____ (If not registered already, please register immediately and confirm with the above information)		
Status of Applicant <input type="radio"/> Resident Individual <input type="radio"/> Proprietorship <input type="radio"/> Mutual Fund <input type="radio"/> PF/ Gratuity/ Pension/ <input type="radio"/> Foreign Institutional Investor <input type="radio"/> NRI on Repatriation Basis (NRE) <input type="radio"/> Partnership Firm <input type="radio"/> Mutual Fund FOF Scheme <input type="radio"/> Superannuation Fund <input type="radio"/> On behalf of Minor <input type="radio"/> NRI on Non-Repatriation Basis (NRO) <input type="radio"/> Private Limited Company <input type="radio"/> Body Corporate <input type="radio"/> Trust <input type="radio"/> Other (Please Specify) <input type="radio"/> HUF <input type="radio"/> Public Limited Company <input type="radio"/> Registered Society <input type="radio"/> AOP/ BOI		
LEI Number (Legal Entity Identifier) – _____ Valid till DD MM YYYY For Non individuals only:		
Name of Second Applicant: _____ ^Name as per Income Tax		
Mobile: _____ Belongs to: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Child <input type="radio"/> Dependent Parent <input type="radio"/> Dependent Sibling <input type="radio"/> Custodian <input type="radio"/> POA <input type="radio"/> PMS		
Email: _____ Tel (Res./ Off.) _____		
Email Address belongs to: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Child <input type="radio"/> Dependent Parent <input type="radio"/> Dependent Sibling <input type="radio"/> Custodian <input type="radio"/> POA <input type="radio"/> PMS		
PAN/ PEKRN: _____ Date of Birth/ Incorporation DD MM YYYY CKYC: _____		
Gross Annual Income Details in INR (please tick): <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)		
Relationship with Sole/ First Applicant: _____ Please tick: <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Not Politically Exposed Person		
Name of Third Applicant: _____ ^Name as per Income Tax		
Mobile: _____ Belongs to: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Child <input type="radio"/> Dependent Parent <input type="radio"/> Dependent Sibling <input type="radio"/> Custodian <input type="radio"/> POA <input type="radio"/> PMS		
Email: _____ Tel (Res./ Off.) _____		
Email Address belongs to: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Child <input type="radio"/> Dependent Parent <input type="radio"/> Dependent Sibling <input type="radio"/> Custodian <input type="radio"/> POA <input type="radio"/> PMS		
PAN/ PEKRN: _____ Date of Birth/ Incorporation DD MM YYYY CKYC: _____		
Gross Annual Income Details in INR (please tick): <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)		
Relationship with Sole/ First Applicant: _____ Please tick: <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Not Politically Exposed Person		
*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.		

ACKNOWLEDGEMENT SLIP	(To be filled by Applicant)		Appl. CA
	An application for allotment of units in the following scheme:		
	Instrument Details	Investment Details	
	Received from: _____ No. _____ Dated DD / MM / YYYY Rs. _____ Bank & Branch _____	Scheme _____ Plan _____ PAN _____ Option _____	
Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement			Official Acceptance Point Stamp & Sign

Section III	<b>Mode of Operation - Where there is more than one applicant [Please (✓)]</b> <input type="radio"/> First Applicant only <input type="radio"/> Anyone or Survivor <input type="radio"/> Joint   (Default will be any one or survivor, in case of more than one applicant)			

Guardian/Contact Person if Non-Individual Applicant (Section IV)	Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)
	<b>Gross Annual Income Details in INR (please tick):</b> <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 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="radio"/> <b>Politically Exposed Person (PEP)</b> <input type="radio"/> <b>Not Politically Exposed Person</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.				

Power of Attorney (PoA) Holder (Section V)	Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)
	<b>Gross Annual Income Details in INR (please tick):</b> <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 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="radio"/> <b>Politically Exposed Person (PEP)</b> <input type="radio"/> <b>Not Politically Exposed Person</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.				

Correspondence Details of Sole/ First Applicant (Section VI)	<b>Address for Communication (Full Address Mandatory)</b>		<b>Overseas Address (Mandatory for NRI/ FII Applicants)</b>	
	House/ Flat No		House/ Flat No	
	Street Address		Street Address	
	City/ Town	State	City/ Town	State
	Country	Pin Code	Country	Pin Code

<b>FATCA &amp; CRS INFORMATION [Please tick (✓)], for Individuals (Mandatory). Non Individual investors &amp; HUF should mandatorily fill separate FATCA detail form.</b>
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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?**   ☐ Yes   ☐ No

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.

Category	First Applicant/ Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency – 1**			
Tax Payer Ref. ID No. – 1^			
Tax Identification 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^			
Tax Identification Type – 3 [TIN or Other, please specify]			

**\*\* To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.**

Country of Tax Residency Proof to be attached where applicable

Nomination Details (Section VII) (Mandatory) (to be filled in by individual(s) applying Singly or Jointly) <b>Signature by all holders is Mandatory</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> Please tick any of the following: Proof of Identity: <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Others _____					
	Name & Address of Nominee	Relationship with Sole/ First unit holder (Mandatory)	Date of Birth (mandatory in case of Minor)	Proof of Identity	% Share	Signature Of Nominee
<b>DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)</b>						
	Name & Address of Guardian	Date of Birth	PAN	Relationship with Minor	Signature Of Guardian	
<input type="checkbox"/> I/ We have read and understood the instructions on nomination and I/ We hereby undertake to abide by the same.						
<input type="checkbox"/> I/ We hereby confirm that I/ We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.						
POA holder cannot nominate. Hence, sole/ all joint holder applicants must sign.		First/ Sole Unitholder: Signature	Unitholder 2: Signature	Unitholder 3: Signature		
Name: _____		Name: _____		Name: _____		

