

COMMON APPLICATION FORM

Appl. CA

Date: DD / MM / YYYY

Distributor's ARN/ RIA Code#					Sub-Broker's ARN					Sub-Broker's Code						EUIN												
_ k	(otak ′I/We	entioning R Mahindra hereby confir of the above	Mutual m that th	Fund. e EUIN l	Declarat	tion for een inte	r"Execu	ition-only / left blank	" trans by me/	saction Sus as 1	ons (or this tran	ıly wh sactio	nere E n is ex	UIN bo	ox is witho	left l	blank y inte	() ractio	n or	advi	ce by	the /	empl	oyee	/relati	onship	mana	ger/sales
SIGNATURE(S)			Sole / F	irst Appl	icant						Second	ł Applie	cant									Т	hird A	nnlic	ant			
											gned by	All Ap	plican															
		mission shall b		, ,			-																					
Existing Unitholder	ormation section I)	If you have, and PAN det Name of Sol	ails below	and pro	oceed to s	Section I	nvestmer	nt Details.																			Folio	Number
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		Name of S	ole/ Firs	t Appl	icant^: _																			_ ^	Name	as pei	r Inco	me Tax
		Name of G																					_	=-			r Inco	me Tax
		Relationsh	•											an			Date	of B	irth	of N	∕linc	or	D		/I M		Y	/ Y
		Name of S Mobile:	ole Prop	orietor [,]											Child	1 O De	epend	ent Pa	arent	O D	epen	ident	Siblin					me Tax
Mobile: Belongs to: O Self O Spouse O Guardian (for Minor investment) O Dependent Child O Dependent Parent O Dependent Sibling O Cu Email: Tel (Res./ Off.)											ig a castodian a contraction																	
		Email Addres	s belongs	to: O :	Self O Sp	ouse O	Guardian	(for Minor i	investme	ent) C	Depen	dent Ch	hild O	Depend	lent Pa	arent	O Dep	pende	nt Si	bling	0 C	usto	dian (O PO	A 0 I	PMS		
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			ual Inco	me De	tails in I	NR (plea	ase tick)				lac C	5 - 1	0 lac	O 10	- 25	lac	O 25	lac -	- 1 c	r (. —. Э 1 с	cr - !	 5 cr	0	5 cr -	10 cr	0:	> 10 cr
		Gross Annual Income Details in INR (please tick): O < 1 lac O 1 - 5 lac O 5 - 10 lac O 10 - 25 lac O 25 lac - 1 cr O 1 cr - 5 cr O 5 cr - 10 cr O > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs(should not be older than 1 year)																										
		Please tick, if applicable, O Politically Exposed Person (PEP) O Not Politically Exposed Person																										
		Occupation o	f Applican	ot 0	Private Se Public Sec Government	ctor Serv tor/ ent Servi	rice	O Busin O Profe O Agric	ness essional culturist		O R O H O B	etired ousewi usiness	ife		(O Prof O Agri O Stud	ession icultur dent	ial				O F	orex D ther _	ealer				
S		Non-Profit C					O No																					
ndato		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), and is															
(Ma		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:											2013).															
natio		(If not registered already, please register immediately and confirm with the above information)																										
New Applicant's Personal Information (Mandatory)	(Section II)	O Resident II O NRI on Re O NRI on No O HUF	ndividual patriation	Basis (NF ation Bas	RE) is (NRO)	0				(O Mutua O Mutua O Body (O Regist	al Fund Corpora	FOF Sc ate	:heme		O PF/ O Sup O Tru O AC	peranr ıst	nuatio				00	n beh	alf of	Minor	I Investo		
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plicar	ľ	Name of S			nt·							•		<u> </u>										^	Name	as pei	r Inco	me Tax
w Ap		Mobile:	-			s to: O S	elf O Sp	ouse O Gua	ardian (f	for Mir	or inves	tment)	O De	pendent	Child	1 O De	epend	ent Pa	arent	O D	epen	dent	Siblin					
×		Email:																	Tel	(Res.,	/ Off.	.)						
		Email Address belongs to: O Self O Spouse O Guardian (fo							for Minor investment) O Dependent Child O Dependent Parent O Dependent Sibling								0 C	Custodian O POA O PMS										
		PAN/ PEKRN:				\bot		Date of Incorpor			D N	1 M	Υ	Y	Υ	CK	YC:											
		Gross Ann	ual Inco	me De	tails in I	NR (plea	ase tick)																					
		or Net-worth as on (date) DD / MM / YYYY Rs (should not be older than 1 year) Relationship with Sole/ First Applicant: Please tick: O Politically Exposed Person (PEP) O Not Politically Exposed Person																										
		Name of T	hird Ap	plicant	:																			^	Name	as pei	r Inco	me Tax
		Mobile:			Belong	s to: O S	elf O Sp	ouse O Gua	ardian (f	for Mir	or inves	tment)	O De	pendent	Child	0 De	epend	ent Pa	arent	O D	epen	dent	Siblin	g O	Custo	dian O	POA	O PMS
		Email: Tel (Res./ Off.)																										
		Email Addres	s belongs	to: O	Self O Sp	ouse O	Guardian				Depen	dent Ch	hild O	Depend	lent Pa	arent	O Dep	pende	nt Si	bling	00	usto	dian (O PO	A 0 I	PMS		
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		Gross Ann	ual Inco	me De	tails in I	NR (plea	ase tick)																					> 10 cr
		Relationship	with Sole	e/ First A	Applicant:			or Net-v	worth a	as on	(date)	DD /														lder th ly Exp		year) Person
		*I declare that th					belief, accu	urate and compl	lete. I agree	e to noti	y Kotak M	ahindra N					_				_	_						
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٩		D kot	- 1/8						(T	To be	fille	d by	App	licant))													

ACKNOWLEDGEMENT SI

Kotak Mutual Fund No. .

Bank & Branch

Appl. CA

An application for allounent of units in the follo	willig scheine.		
Instument Details		Investment Details	
	Scheme		
_ Dated DD / MM / YYYY Rs	Plan		Op

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

Official Acceptance Point Stamp & Sign

(Section III)	Mode of Operation - Where O First Applicant only O A				ny one or survivo	or, in case of mo	re than one	e applicant)				
act -	. Nar	me .		PAN		Country of	Birth		National	ity	Tax Reference Nur	mber (for NRI)
Guardian/ Contact Person if Non- Individual Applicant (Section IV)	Gross Annual Income Dettor Net-worth as on (date) Dease tick, if applicable, O *I declare that the informatic Co. Ltd. immediately in case	Politically Expo on is to the best of	Rs sed Person of my know	n (PEP) O Not rledge and belief, a	(should not Politically Expe	lac O 10 - be older than	25 lac I year)	O 25 lac - 1		1 cr - 5 cr Fund/ Kotak i	O 5 cr - 10 cr	O > 10 cr
<u>.</u> -		Name		PAN		Country of	Birth		National	ity	Tax Reference Nur	mber (for NRI)
Power of Attorney (PoA) Holder (Section V)	Gross Annual Income Deta or Net-worth as on (date) Please tick, if applicable, O *I declare that the informati Co. Ltd. immediately in case	Politically Expo on is to the best of	Rsosed Person of my know	n (PEP) O Not	(should not Politically Expe	be older than ' osed Person	l year)	O 25 lac - 1		1 cr - 5 cr Fund/ Kotak I	O 5 cr - 10 cr Mahindra Asset M	O > 10 cr anagement
ails	Address fo	or Communication	າ (Full Addr	ess Mandatory)			Overse	as Address (I	Mandato	ry for NRI/ FII	Applicants)	
e Det pplic VI)		House/	Flat No						House/ Fl	at No		
denc irst A tion		Address						Street Ad	dress			
Correspondence Details of Sole/ First Applicant (Section VI)	City/ Town		State			City/ Town				State		
Corre of Sc	Country		Pin Code			Country				Pin Code	2	
	CRS INFORMATION [Plea	se tick (√)], fo	r Individu	als (Mandatory)	. Non Individu	ual investors	& HUF sho	ould manda	atorily f	ill separate	FATCA detail fo	orm.
Address Is the ap If Yes, Ple	wy information is require Type: Residential plicant(s) / guardian's Co ase provide the following in dicate all countries in which	☐ Busine untry of Birth anformation [Mainstein [Mainstein]	ss / Citizensl ndatory]	☐ Registered (nip / Nationality	/ / Tax Resider	cy other thai	n India?	m/existing □ Yes	address □ No	appearing	in Folio)	
Categor	У			First Appl	licant/ Minor		Second A	pplicant/ (Guardiar	1	Third Appli	cant
Place/ Cit	y of Birth											
Country	of Birth											
Country	of Tax Residency – 1**											
Tax Payer	Ref. ID No. – 1^											
Tax Ident	ification Type – 1 [TIN or Ot	her, please speci	fy]									
Country	of Tax Residency – 2**											
Tax Payer	Ref. ID No. – 2^											
Tax Ident	ification Type – 2 [TIN or Ot	her, please speci	fy]									
Country	of Tax Residency – 3**											
Tax Payer	Ref. ID No. – 3^											
Tax Ident	ification Type – 3 [TIN or Ot	her, please speci	fy]									
	include USA, where the inc Tax Residency Proof to be atta			card holder of U	ISA. ^ In case Ta	x Identification	on Numbe	r is not avai	lable, kii	ndly provide	e its functional e	quivalent.
	I/ We	n Nominee and sig	nature of th	e Nominee acknow	./Application No. ledging receipt th	nereof, shall be a	ir valid discha	n the event of orge by the AN	my/our d MC/Mutu	eath. I/we also al Fund / Trusto	understand that a	oy nominate all payments
(Mandatory) ingly or Jointly) ndatory	Name & Address of Nominee				elationship with E/ First unit holde (Mandatory)	r (mandato	Date of Birth (mandatory in case of Minor)		Proof of Identity		Signature Of Nominee	
Nomination Details (Section VII) (Mandatory) be filled in by Individual(s) applying Singly or Jointly) Signature by all holders is Mandatory	DETAILS OF GUARDIA	e Nominee is a ı	minor)									
mination Det illed in by Indiviginature by	Name 8	Address of Guar			Date of Birth	e to abide by the	PAN same.	Rela	ationship with Minor Signature Of Guardian			
No. (to be fi	I /We hereby confirm the of nominee(s) and furth competent authority, ba	at I /We do not wis er are aware that i	h to appoin	t any nominee(s) for eath of all the accou	r my mutual fund int holder(s), my	units held in my	/ our mutua		nd the issues involved in non-appointment documents issued by Court or other such			
	POA holder cannot nominate. Hence, sole/ all joint holder applicants must sign.	der: Signature		Unitholder 2:	Signature		Unitholder 3: Signature					
		Name:			Name:				Name:_			

KOTAK MAHINDRA MUTUAL FUND

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

Computer Age Management Services Ltd.

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

2 044 6110 4034

enq_k@camsonline.com 🍿 www.camsonline.com

In case you	u wish to hold units in demat, please fill this section. Please no	ote that you	can hold units in demat f	or all open en	ded schemes (except ETFs	and IDCW options hav	/ing IDCW	frequency of	f less than a month).		
,	Tuest											
Demat Account Details (Section VIII)												
Demat unt De ction V	DP Name			D	DP Name							
Ccou	DP ID	Ber	eficiary Account No.	_								
∢ `	Please ensure that your demat account details mentioned	above are a	llong with supporting do	cuments evid	encing the ac	curacy of th	e demat account. Ban	k details c	of DP will ove	rwrite the existing details.		
					Amou	nt		Payme	nt Details			
	Scheme Name	Plan	Option/ Sub-option	Frequency	Invested	(De) C	heque No./ OTM/ TR No. (RTGS/ NEFT)	Bank a	and Branch	Source Account No.		
		O Regular O Direct	○ Growth ○ IDCW Payout ○ IDCW Reinvestment	O D O B O W O C O F* O H			mno.(mcs/ nei i)					
Payment ion IX)		O Regular O Direct	Growth IDCW Payout IDCW Reinvestment	O D O B O W O C O F* O H								
Investment & Payment Details (Section IX)		Regular Direct	Growth DIDCW Payout DIDCW Reinvestment	O M O A O D O B O W O C O F* O H O M O A								
Inve		O Regular O Direct	Growth IDCW Payout IDCW Reinvestment	O D O B O W O C O F* O H								
		O Regular O Direct	Growth IDCW Payout IDCW Reinvestment	O D O B O W O G O F* O H O M O A								
D = Daily, W	/ = Weekly, F = Fortnightly, M = Monthly, B = Bi-monthly, Q	= Quarterly,	H = Half Yearly, A = Ann	ually								
	an NRI Investor, please indicate source of funds for yo		ent (Please ✔)									
○ NRE	ONRO FCNR Ot	hers										
Please e	enclose a cancelled cheque leaf of this Bank in cas	e your in	vestment cheque is r	not from th	is account,	else bank	details of investm	ent che	que shall b	e updated for payout		
s	Name of Bank											
Bank Account Details (Section X)					City							
unt [Branch City City City											
ccou												
nk A	IFSC Code MICR Code This is the 9 digit No. next to your Cheque No.											
Baı	Account Type Current Savings NRO	○ NRE	FCNR Others	Please specify						Is such Source Account No. Source Account No. Source Account No. Is be updated for payout Sockeme(s) of Kotak Mahindra to. I.We hereby declare that tole and is not designed for Corruption Act or any other se details of my investment to making this investment. of various Mutual Funds from d funds from abroad through ton provided by me/ us on this No. 11). ons/ directions issued by any on MF/ AMC/ KRA to share this on from CKYCR. articipating intermediaries as and I/we approve the usage of all Report and other kind of		
Declaration and Signatures (Section XI)	NWe have read and understood the contents of the Statement of Additional Information / Scheme Information Document/ Key Information Memorandum of the respective scheme(s) of Kotak Mahindra Mutual Fund. Whe hereby applicable thereto. I NWe hereby declare that I Alw ear authorised to make this investment in the abovementioned Scheme(s) and that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for 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 or 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 myour Investment Advisor and o'r my bank(s). Krotak Mahindra Mutual Fund shank(s). I Kwe have neither received by any rebate or grifts, 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 Funds from amongst which the Scheme is being recommended to mer/us. 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 Funds from amongst which the Scheme is being recommended to mer/us. 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 Funds from amongst which the Scheme is being recommended to mer/us. I./ We confirm that the distributor for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to mer/us. Applicable to NRIs seeking repatri											
Checklist	Please ensure that: "Your Application Form is complete in all respects &	ned in full. and correctly bry for all Ir ective of th < Scheme e cheque. a case your th the Appl	v. 9 digit MICR Code of your stors (Indian & NRI) in the amount of investment. Name > dated and sign investment cheque is notication form (as application).	respective on the control of the con	the Investmenthe guideling the guideling ank account pecific case)	ient amoun ine 2(d) for	t. more information) ave furnished in the	Application NRIs/ PIOs	Fils In	onstituted Attorney		
	7. Notarised Power of Attorney									✓		
	8. Account Debit/ Foreign inward Remittance Cer	tificate fro	mremitting Bank					√	1			

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