

Distributor's ARN/ RIA Code*	Sub-Broker's ARN	Sub-Broker's Code	Folio No.	EUIN

☐ *By mentioning RIA code, I/ We authorise you to share with the Distributor, 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	

REQUEST FOR:

☐ Registration of SIP + OTM Registration ☐ Registration of SIP (for existing OTM)*

One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit

UMRN	F o r o f f i c e u s e	Date							
Sponsor Bank Code For Office Use		Utility Code For Office Use							
TICK (✓) <input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We hereby authorize Kotak Mahindra Mutual Fund to debit (tick ✓) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">SB</td> <td style="width: 20px;">CA</td> <td style="width: 20px;">CC</td> <td style="width: 20px;">SB-NRE</td> <td style="width: 20px;">SB-NRO</td> <td style="width: 20px;">Other</td> </tr> </table>			SB	CA	CC	SB-NRE	SB-NRO	Other
SB	CA	CC	SB-NRE	SB-NRO	Other				
Bank a/c number 									
with Bank 		IFSC 	/ MICR 						
an amount of Rupees 			₹ 						
FREQUENCY <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qytr <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							

1. I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. 3. I understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to the user entity/ corporate or the bank where I have authorised the debit.

PERIOD Maximum period of validity of this mandate is 40 years only

From 		
To 		

Maximum period of validity of this mandate is 40 years only

Signature Primary Account holder	Signature of Account holder	Signature of Account holder
1. Name as in Bank records	2. Name as in Bank records	3. Name as in Bank records

INVESTOR'S INFORMATION

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

I would like to opt for Systematic Investment Plan

Scheme Plan 	Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW: <input type="radio"/> Payout <input type="radio"/> Re-investment IDCW Frequency
*Investment Frequency (Please ✓) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Specify Day (Mention any day, Monday to Friday) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually	
SIP Amount (✓) Rs. <input type="checkbox"/> 20000 <input type="checkbox"/> 10000 <input type="checkbox"/> 5000 <input type="checkbox"/> 1000 <input type="checkbox"/> Any other amount Rs. 	First SIP vide Cheque No. Dated DD / MM / YYYY
SIP Date: (Please mention any date of the month between 1st to 31st)	SIP Period: From DD / MM / YYYY To DD / MM / YYYY
<input type="checkbox"/> Use existing One Time Debit Mandate (if already registered in the Folio)	
Bank Name 	Bank A/c No.

☐ **SIP TOP UP** (Optional - Available for Daily, Monthly and Quarterly SIP frequency) (Please refer instructions overleaf)

Frequency (Please ✓) <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Fixed TOP UP Amount (Rs.) <input type="checkbox"/> 3000 <input type="checkbox"/> 1000 <input type="checkbox"/> 100 <input type="checkbox"/> Any other amount Rs. (Minimum Rs. 100/- and any amount thereafter)	Variable TOP UP Amount (%) <input type="checkbox"/> 20% <input type="checkbox"/> 15% <input type="checkbox"/> 10% <input type="checkbox"/> Any other percentage % (Minimum 10% and in multiples of 5% thereof)
SIP TOP UP Cap Amount Rs. 		OR Top-Up Cap Month-Year MM / YYYY (Mandatory for Variable SIP Top-Up Plan)

DEMAT ACCOUNT DETAILS

Please ensure you submit supporting documents evidencing the accuracy of the demat account details mentioned below. Bank details of DP will overwrite the existing details.

In case you 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, IDCW and for SIP frequency of less than a month)

☐ NSDL ☐ CDSL DP Name DP ID Beneficiary Account No.

Declaration and Signature

I/We have read and understood the contents of the SAI/ 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 there to. I/We hereby declare that I am/We are 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 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 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. I/We have neither received nor been induced by any rebate or gifts, directly, 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.

SIGNATURE(S) Sole / First Account Holder	SIGNATURE(S) Second Account Holder	SIGNATURE(S) Third Account Holder
To be signed by All Applicant's if mode of operation is "Joint". (As in Bank Records)		