

## COMMON APPLICATION FORM

Appl. CA

Date: DD / MM / YYYY

Official Acceptance Point Stamp & Sign

	DistARN-1/46822.de#	Sub-Broker's AR	N Sub-Broker's Code	EUIN							
່ Kotal ່ "I/We	<ul> <li>Mahindra Mutual Fund. Declaration for Execution-only thereby confirm that the EUIN box has been intentionally left blank by</li> </ul>	ransactions (only who	ere EUIN box is left blank) is executed without any interaction or advice	by the employee/relationship manager/sale							
SIGNATURE(S)	Sole / First Applicant	Second Applica	int	Third Applicant							
	mmission shall be paid directly by the investor to the AMFI registered distribu	(To be signed by <b>All App</b> tors based on the investor's	Portfolio Manager the details of my/our transactions in the scheme(s) of EUIN box is left blank)  Recuted without any interaction or advice by the employee/relationship manager/sales ded by the employee/relationship manager/sales person of the distributor/sub broker.*  Third Applicant  Third Ap								
Existing Unitholder Information (Section I)	If you have, at any time, invested in any Scheme of Kotak Mahindra Nand PAN details below and proceed to Section Investment Details.  Name of Sole / First Applicant:										
	Name of Sole/ First Applicant^:			^Name as per Income Tax							
	Name of Guardian^ (in case First Applicant is a Minor) Relationship of Guardian with Minor O Father O	Mother O Legal Gu	uardian Date of Birth of Mi	^Name as per Income Tax							
	Email:			<u> </u>							
	<u> </u>		ld O Dependent Parent O Dependent Sibling C	Custodian O POA O PMS							
	PAN/ PEKRN: Date of Bi		Y Y Y Y CKYC:								
	or Net-wo	rth as on (date) DD /	MM / YYYY Rs.								
	Please tick, if applicable, O Politically Exposed Person (PEP)	. – – – – – <u>. – i – i</u> –									
	Occupation of Applicant O Private Sector Service O Public Sector/ O Government Service O Agricult	onal O Retired O Housewifi urist O Business	e O Agriculturist	O Forex Dealer O Other							
tory)	Non-Profit Organization" [NPO] O Yes O No										
Applicant's Personal Information (Mandatony) (Section II)	If yes, please quote the NPO Registration Number provided by DARPAN porta (If not registered already, please register immediately and confirm with the ale  Status of Applicant  O Resident Individual  O NRI on Repatriation Basis (NRE)  O NRI on Non-Repatriation Basis (NRO)  O HUF  O Public Limited Compan  O Public Limited Compan	Ove information)  O Mutual Fund O Mutual Fund Fony O Body Corporat	OF Scheme O Superannuation Fund e O Trust	O On behalf of Minor							
nt"s Pe	<b>LEI Number</b> (Legal Entity Identifier) – For Non individuals only:			till D D M M Y Y Y Y							
plica	Name of Second Applicant:			^Name as per Income Tax							
New Ap		ian (for Minor investment)	O Dependent Chi <b>l</b> d O Dependent Parent O Dep	<u> </u>							
Ne	Email:		Tel (Res./ C	Off.)							
			ld O Dependent Parent O Dependent Sibling C	Custodian O POA O PMS							
	PAN/ PEKRN: Date of Bi Incorporat  Gross Annual Income Details in INR (please tick): O < 1 lac	ion D D W W		1 cr - 5 cr O 5 cr - 10 cr O > 10 cr							
	or Net-worth as on (date) DD / MM / YYYYY Rs										
	Name of Third Applicant:			^Name as per Income Tax							
		ian (for Minor investment)	<del>'</del>								
	Email:  Email Address belongs to: O Self, O Shouse, O Guardian (for Minor inve	estment) O Denendent Chi		<u> </u>							
	PAN/ Date of Bi	rth/ D D M M		- Custodian GTGA GTWIS							
		O 1 - 5 lac O 5 - 10	) lac								
	Relationship with Sole/ First Applicant:	rtin as on (date) DD 7	·	<del></del> ·							
	${}^{\star} I declare that the information is to the best of my knowledge and belief, accurate and complete the complete of the c$	lagree to notify Kotak Mahindra M	utual Fund/Kotak Mahindra Asset Management Co. Ltd. imme	diately in case there is any change in the above information.							
NOWLEDGEMENT SLIP	kotak® Mutual Fund  An application for allotment of units in the	(To be filled by following scheme:	Applicant)	Appl. CA							
GEME	Instument Details	Scheme	Investment Details								
MLED	Received from: Dated DD / MM / YYYY Rs	Plan	Option								
NON	Bank & Branch	PAN	2,500.1	Official Acceptance							

Instument Details		Investment Details	
Received from:	Scheme		
No Dated DD / MM / YYYY Rs	Plan	Option	
Bank & Branch	PAN		
Please retain this silp, duly acknowledged by the Official Collection Center till you receive your Accour	nt Statement		

(Section III)					ne or survivor, in	case of more than one	applicant)						
acı  :ant	. Nar	me .		PAN		Country of Birth		Nationality	/	Tax Reference Number (for NR			
Guardian/ Contact Person if Non- Individual Applicant (Section IV)	Name   PAN   Country of Birth   Nationality   Tax Reference Number (for NRI or Networth as on (date) DD / MM / YVY YR.   Should not be older than 1 year)   Should not be older than 1 year)												
	Name			PAN		Country of Birth		Nationality Tax Reference Num					
Attorney (PoA) Holder (Section V)	or Net-worth as on (date) D Please tick, if applicable, O *I declare that the informati	Politically Expo on is to the best	Rsosed Perso of my know	n (PEP) O Not Poli	(should not be tically Exposed	older than 1 year) I Person							
nt mt	Address fo	r Communicatio	n (Full Addı	ress Mandatory)		Oversea	as Address (I	Mandatory	for NRI/ FII	Applicants)			
Deta	House/ Flat No							House/ Flat No					
dence rst Ap ion V		Street /	Address					Street Add	ress				
ponc le/ Fin (Sect	City/ Town		State		Cit	y/ Town			State				
orres of Sol	Country		Pin Code		Со	untry			Pin Code	2			
	CDC INCODERATION ID.	K-I- ( O) f-	on the although the	- l- (8.6 d-4 ) No	on to divide all	0 LUIE -b	. I d d			FATCA detail forms			
Address Is the ap If Yes, Ple	Type: ☐ Residential oplicant(s) / guardian's Coease provide the following in	☐ Busine untry of Birth nformation [Ma	ess / Citizens indatory]	☐ Registered Offich Hip / Nationality / Ta	ax Residency	other than India?			appearing	in Folio)			
Categor	у			First Applicar	nt/ Minor	Second A	pplicant/ 0	Guardian		Third Applicant			
Place/ Ci	ty of Birth												
Country	of Birth												
Country	of Tax Residency – 1**												
ax Payer	r Ref. ID No. – 1^												
ax Ident	ification Type – 1 [TIN or Ot	her, p <b>l</b> ease spec	ify]										
Country	of Tax Residency – 2**												
ax Payer	r Ref. ID No. – 2^												
ax Ident	ification Type – 2 [TIN or Ot	her, p <b>l</b> ease spec	ify]										
Country	of Tax Residency – 3**												
Tax Payer	r Ref. ID No. – 3^												
Tax <b>I</b> dent	ification Type – 3 [TIN or Ot	her, p <b>l</b> ease spec	ify]										
* To also ountry of	include USA, where the include Tax Residency Proof to be atta	<b>dividual is a cit</b> i ached where app	<b>izen/ greer</b> olicable	n card holder of USA.	^ In case Tax Id	lentification Number	is not avai	lable, kind	dly provide	its functional equivalent.			
	I/ We				ar	nd				do hereby nominate			
	V We and do hereby 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 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 Please tick any of the following: Proof of Identity: □ PAN □ Aadhaar □ Birth Certificate □ Others												
ction VII) (Mandatory) applying Singly or Jointly) lers is Mandatory	Name & Address of Nominee			Sole/ Firs	onship with st unit holder indatory)	Date of Birth (mandatory in case of Minor)	Proof of I	dentity	% Share	Signature Of Nominee			
s) applying Si.													
alls (section VII) vidual(s) applying Si. all holders is Man	DETAILS OF GUARDIA	.N (to be furni:	shed in cas	se Nominee is a mino	or)								
by Individual(s) applying Si, ure by all holders is Man		N (to be furnis			or) e of Birth	PAN	Rela	tionship w	ith Minor	Signature Of Guardian			
Nomination Details (Section VII) (to be filled in by Individual(s) applying Sir Signature by all holders is Man	Name 8  ☐ I/We have read and unc ☐ I/We hereby confirm the of nominee(s) and furth	Address of Gua lerstood the instru at I /We do not wi er are aware that	uctions on no ish to appoin in case of de	omination and I/ We here it any nominee(s) for my eath of all the account h	e of Birth  eby undertake to mutual fund unit older(s), my / our	abide by the same. s held in my / our mutua	I fund folio a	nd understa	and the issue	Signature Of Guardian s involved in non-appointment issued by Court or other such			
Nomination Details (Section VII) (Mandatory) (to be filled in by Individual(s) applying Singly or Jointly) Signature by all holders is Mandatory	Name 8  ☐ I/We have read and unc ☐ I/We hereby confirm the of nominee(s) and furth	Address of Gua lerstood the instru at I/We do not wi er are aware that used on the value of	uctions on no ish to appoin in case of do of assets heli	Date omination and I/ We here at any nominee(s) for my	e of Birth  by undertake to mutual fund unit older(s), my / our o.	abide by the same. s held in my / our mutua	I fund folio a to submit all	nd understa	and the issue e documents	s involved in non-appointment			

## 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

In case yo	u wish to hold units in demat, please fill this section. Please r	ote that you	can hold units in demat fo	or all open end	led schemes (	(except ETFs ar	nd IDCW options ha	ving IDCW	frequency	of less than a month).				
Demat Account Details	bu 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													
	N2DF CD2F													
t De	DP Name			DF	Name									
Del	DP ID	neficiary Account No.			DP ID			Popoficis	any Account No					
Acc					DP ID Beneficiary Account No. s evidencing the accuracy of the demat account. Bank details of DP will overwrite the existing									
	Please ensure that your demat account details mentioned	above are a	along with supporting do	cuments evide	encing the ac	curacy of the	demat account. Bar	nk detai <b>i</b> s d	T DP WIII O	overwrite the existing details.				
					Amou	nt		Payme	nt Detail:	s				
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D = Daily, V	V = Weekly, F = Fortnightly, M = Monthly, B = Bi-monthly, Q	= Quarterly	, H = Half Yearly, A = Ann	ually										
If you are	e an NRI Investor, please indicate source of funds for y	our investm	ent (Please ✓)											
-	○ NRO ○ FCNR ○ O		• • • • • • • • • • • • • • • • • • • •				(Please specify)							
Please 6	enclose a cancelled cheque leaf of this Bank in ca	se your in	vestment cheque is r	ot from thi	s account,	else bank d	etails of investn	nent chec	que shall	be updated for payout				
<u>s</u>	Name of Bank													
etai					Cit.									
5×5	Branch				. City									
l ion	Account No.													
Acc (Sec	IFSC Code				MICR Co	de 「								
ž							his is the 9 digit No. nex	t to your Che	que No.					
8	Account Type Current Savings NRO NRE FCNR Others (Please specify)													
	INVe have read and understood the contents of the Statement of Additional Information Document/ Key Information Memorandum of the respective scheme(s) of Kotak Mahindra Mutual Fund. (INVe hereby apply for allotment/ purchase of funits in the Scheme(s) indicated in Section XI above and agree to abode by the terms and conditions applicable thereto. (INVe hereby apply for allotment/ purchase of funits in the 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 the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income 18x Act., Anti Money Laundering Act, and it 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 when venither received nor been induced by any rebate or gifts, interest of indicated in making in making this investment.  It 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 me / us.  It have 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 c													
	Please tick if the investment is operated as P	OA / Guar	rdian POA 6	iuardian th	ne applicatio	on is liable to	be rejected.	arry ourier	regarrent	ents is not fu <b>l</b> filled,				
	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)  **Pour 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 allong with the Application form (as applicable to your specific case)													
۲۶	Document	Companies	Trusts	Societies	Partnership Firms	NRIs/ PIOs		Investments through Constituted Attorney						
eckli	1. Resolution / Authorisation to invest	✓	<b>√</b>	<b>√</b>	FIFTIIS ✓	1.103	1	25.54.44.64 Attorney						
Š		Signature/-			+			-						
	2. List of Authorised Signatories with Specimen	oignature(s	,	<b>√</b>	· ·	<b>✓</b>	<b>√</b>	-	<b>✓</b>	<b>√</b>				
Bank Account Details  Beank Account Details  (Section X)	3. Memorandum & Articles of Association			✓				-						
	4. Trust Deed				✓									
Checklist Checkl														
	5. Bye-Laws					✓								
Declaration and Signatures  Bank Account Details  Section XI)  (Section XI)	5. Bye-Laws 6. Partnership Deed					<b>√</b>	<b>✓</b>							
	<u> </u>					<b>√</b>	<b>√</b>			· ·				
	6. Partnership Deed	ertificate fro	omremitting Bank			<b>√</b>	<b>✓</b>	<b>√</b>	✓ ·	<b>V</b>				



## OTM REGISTRATION FORM Strike off sections that are not applicable

Distributor's ARN	/ RIA Code <sup>#</sup>	Sub-Bro	ker's Name &	Code		EUIN			I	FOLIC	NO.				D/	ATE	
ARN-146	822														/ MIN	/1 / Y	
y mentioning RIA cod We hereby confirm t	nat the EUIN box	has been intent	ionally left blank	bv me/us	as this tra	nsactio	n is execu	ted wi	ithout ar	ıv inte	raction	or ad	vice by	the e	mplove	e/relat	ions
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ference 2		Appl	ication Number					Emai									
I agree for the debit of m	andate processing	charges by the ba	ank whom I am aut	horising to o	debit my ac	count a	s per latest	schedu	le of char	ges of t	he banl	c. 2.Thi	is is to d	onfirm	that the	e declara	ation
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Maximum period of va 40 year	lidity of this mand ars only	ate is 1.	Name as in E	Bank record	s 2		Name as	in Ban	nk record	S	_ 3		Nam	e as in	Bank re	cords	
NSTRUCTIONS																	
Investors who	have already su	bmitted an O	TM form or alr	eadv regi:	stered fo	r OTIV	facility s	hould	d not su	bmit :	OTM f	orm a	again	as OT	M rec	istratio	on is
one-time proce Other investors																e forn	٦.
<ul> <li>Mobile Numbe</li> </ul>	r and Email Id:	Unit holder(s)	should manda	torily pro	vide thei	r mob	ile numb	er and	d email	id on	the m	ianda	te for	m.			
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Please retain this Acknowledgement Slip for future reference