C	kotak Mutual Fund	C	ομμοι	N APPLIC	CATION	FORM	Appl Date:	. <b>CA</b> DD / MM / YYYY			
	Distributor's	ARN/ RIA Code#		Sub-Broker's	ARN	Sub-Broker's	s Code	EUIN			
🗌 Kota	ik Mahindra Mutual Fu	nd. Declaration for"Exe	ecution-only" tra	insactions (only	where EUIN boy	c is left blank)		sactions in the scheme(s) c oyee/relationship manager/sale n of the distributor/sub broker."			
SIGNATURE(S)	Sole / First	Applicant		Second Ap (To be signed by <b>All</b>			Third A	pplicant			
TRANSA form" fo	CTION CHARGES for Ap or details) mmission shall be paid directl		ugh distributor/a	agents only (Kin	dly refer Transa	2	-	idelines to filling up the			
Existing Unitholder Information (Section I)		invested in any Scheme of d proceed to Section Investr	Kotak Mahindra Mu nent Details.	itual Fund and wish	to hold your prese	ent investment in the	same Account, please f	, urnish your Name, Folio Number <b>No.:</b>			
	Name of Sole/ First Applicant:       ^ Name shall be as per PAN ca         Name of Guardian (in case Sole/ First Applicant is a Minor):										
	Mobile:		·					g O Custodian O POA O PMS			
	Mobile:         Belongs to: O Self O Spouse O Guardian (for Minor investment) O Dependent Child O Dependent Parent O Dependent Sibling O Custodian O POA O PMS           Email:         Tel (Res./ Off.)										
		O Self O Spouse O Guard			Child O Depender	nt Parent O Depender	nt Sibling O Custodian	D POA O PMS			
	PAN/ PEKRN:		Date of Birth Incorporatio	n		Ү СКҮС:					
	Gross Annual Income	e Details in INR (please ti						O 5 cr - 10 cr $O > 10 crd not be older than 1 year)$			
		O Politically Exposed P									
	Occupation of Applicant         O Private Sector Service         O I           O Public Sector/         O I         O I           O Government Service         O I			O Retire al O House ist O Busin	d ewife ess	O Professional O Agriculturist O Student	O Forex D O O ther _	ealer			
	Non-Profit Organization" [NPO] O Yes O No										
<b>mation</b> (Mandatory)	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 aiready, please register immediately and continue         Status of Applicant         O Resident Individual       O Proprietorship         O NRI on Repatriation Basis (NRE)       O Partnership F         O NRI on Non-Repatriation Basis (NRO)       O Private Limit         O HUF       O Public Limite			O Mutual Fu	nd FOF Scheme orate	O PF/ Gratuity/ Pe O Superannuatior O Trust O AOP/ BOI	rannuation Fund O On behalf of Minor O Other <u>(Please Specify)</u>				
New Applicant's Personal Info (Section II)	LEI Number (Legal Entit For Non individuals only:	y Identifier) –					Valid till				
nt's Pe	Name of Second App						^	Name shall be as per PAN card.			
pplica	Mobile:	Belongs to: O Self O	Spouse O Guardiar	n (for Minor investme	nt) O Dependent C	ihild O Dependent Pa	rent O Dependent Siblir	g O Custodian O POA O PMS			
ew Al	Email: Tel (Res./ Off.)										
z	PAN/						nt Sibling O Custodian	stodian O POA O PMS			
	PEKRN:		Incorporatio	on D D IVI I	YYY						
	Gross Annual Income	e Details in INR (please ti						O 5 cr - 10 cr $O > 10 crd not be older than 1 year)$			
	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										
	Name of Third Applicant:^ Name shall be as per PAN card.										
	Mobile: Belongs to: O Self O Spouse O Guardian (for Minor investment) O Dependent Child O Dependent Parent O Dependent Sibling O Custodian O POA O PMS										
	Email:         Tel (Res./ Off.)           Email Address belongs to:         O Self O Spouse O Guardian (for Minor investment) O Dependent Child O Dependent Parent O Dependent Sibling O Custodian O POA O PMS										
	PAN/		Date of Birth	h/ D D M I		У скус:					
	PEKRN:	Details in INR (please ti	Incorporatio		- 10 lac 0 10 -		1  cr  0 1  cr - 5  cr	0.5  cr - 10  cr $0 > 10  cr$			
	Gross Annual Income Details in INR (please tick):       O < 1 lac										
	Please tick, if applicable, O Politically Exposed Person (PEP) O Not Politically Exposed Person										
	*Idedare 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.										
	<u>*</u>			·	- <u> </u>						
CKNOWLEDGEMENT SLIP	Kotak     (To be filled by Applicant)       Mutual Fund     An application for allotment of units in the following scheme:										
		Instument Details				Investment Details	իս				
LEDG	Received from:			Scheme							
MOM	No Da Bank & Branch	ated DD / MM / YYYY Rs.		Plan Option				Official According			
ACK	lease retain this silp, duly acknowled	ged by the Official Collection Center	till you receive your Acco					Official Acceptance Point Stamp & Sign			

Bank & Branch	Option	
Please retain this silp, duly acknowledged by the Official Collection Center till you receive your Account	nt Statement	

(Section III)	Mode of Operation - Where there is more than one applicant [Please (/)] O First Applicant only O Anyone or Survivor O Joint (Default will be any one or survivor, in case of more than one applicant)													
Guardian/ Contact Person if Non- Individual Applicant (Section IV)	Nar Gross Annual Income Det or Net-worth as on (date) D Please tick, if applicable, O *I declare that the informati Co. Ltd. immediately in case	O < 1 lac O 1	(sł Not Politic ef, accurate	Country of Birth         Nationality         Tax Reference Number           O 5 - 10 lac         O 10 - 25 lac         O 25 lac - 1 cr         O 1 cr - 5 cr         O 5 cr - 10 cr         O           _ (should not be older than 1 year)         itically Exposed Person         rate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management         Nationality         Tax Reference Number										
Power of Attorney (PoA) Holder (Section V)	<b>Gross Annual Income Det</b> or Net-worth as on (date) D Please tick, if applicable, O *1 declare that the informati Co. Ltd. immediately in case	O < 1 lac O 1	(sł Not Politic ef, accurate	Country of Birth         Nationality         Tax Reference Number           ic         0.5 - 10 lac         0.10 - 25 lac         0.25 lac - 1 cr         0.1 cr - 5 cr         0.5 cr - 10 cr										
ails nt	Address fo	or Communication (Full Ad	dress Mandatory	y)		Ove	rseas Address (N	/landatory f	or NRI/ F	FII Applicants)				
Deta pplica	House/ Flat No							House/ Flat N	lo					
lence st Ap ion V	Street Address				Street Address									
ipond le/ Fin (Sect	City/ Town State				City/ Town				State	2				
Correspondence Details of Sole/ First Applicant (Section VI)	Country Pin Code				Co	ountry			Pin Code					
	CRS INFORMATION [Plea	() for Individ	luals (Mandat	anu) Nan	Individual		hould manda	torily fill (	onorat	a FATCA datail form				
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.       No														
Categor	У		First A	Applicant/	Minor	Second	l Applicant/ G	iuardian		Third Applicant				
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 specify]												
Country	of Tax Residency – 2**													
Tax Payer	Ref. ID No. – 2^													
Tax Ident	ification Type – 2 [TIN or Ot	her, please specify]												
Country	of Tax Residency – 3**													
Tax Payer	Ref. ID No. – 3^													
	ification Type – 3 [TIN or Ot		<u> </u>											
** To also	include USA, where the in	dividual is a citizen/ gre	en card holder (	of USA. ^ I	n case Tax lo	lentification Num	ber is not avai	lable, kindl	y provid	de its functional equivalent.				
	If We													
indatory)	Name & Address of Nominee			Relationship with Sole/ First unit holder (m (Mandatory)		Date of Birth (mandatory in cas of Minor)	andatory in case		% Share	are Signature Of Nominee				
Nomination Details (Section VII) (Mandatory) (to be filled in by Individual(s) applying Singly or Jointly)														
n by lingly														
<b>etails</b> illed i ing S	DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)													
iation De (to be f apply	Name & Address of Guardian     PAN     Relationship with Minor     Signature Of Guardian								Signature Of Guardian					
Nomir	<ul> <li>I/ We have read and understood the instructions on nomination and I/ We hereby undertake to abide by the same.</li> <li>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.</li> </ul>													
	POA holder cannot nominate. Hence, sole/ all joint holder													
	applicants must sign.	First/ Sole Unith	older: Signature	е	Ur	itholder 2: Signat	ure		Unitho	lder 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.

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

🗱 mutual@kotak.com 🍲 www.kotakmf.com

## Computer Age Management Services Ltd.

No 178/10, Kodambakkam High Road, Ground Floor, Opp. Hotel Palmgrove, Nungambakkam, Chennai - 600034. **2** 044 6110 4034 

	se 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 and IDCW options having IDCW frequency of less than a month).													
	-													
Demat Account Details (Section VIII)	NSDL		CDSL											
n VI	DP Name						DP Name							
Demat ccount Detai (Section VIII)														_
Acco (Se	DP ID							ID					ccount 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											etails.		
						Amou	nt			Payme	nt Deta	ils		
	Scheme Name	Plan	Option/ Sub-option	Frequ	uency	Invested	(Rs)	Cheque No DTM/ UTR No		Bank a	and Bra	nch	Source Account	t No.
			O Growth	ΟD	⊖ в*									
		<ul> <li>Regular</li> <li>Direct</li> </ul>	O IDCW Payout		О Q О H									
ب ا			O IDCW Reinvestment	Ōм	ΟA									
(X)		🔿 Regular	Growth     IDCW Payout		О В* О Q									
Investment & Payment Details (Section IX)		⊖ Direct	O IDCW Payout O IDCW Reinvestment		Он Оа									
nt & (Sec			O Growth	O D	O B*									
tme		<ul> <li>Regular</li> <li>Direct</li> </ul>	O IDCW Payout		О Q О H									
vestm Detail			O IDCW Reinvestment	-	O A									
드		🔿 Regular	Growth	Ōw	О в* О Q									
		<ul> <li>Direct</li> </ul>	O IDCW Payout		O H O A									
			O Growth	ΟD	О в*									
		<ul> <li>Regular</li> <li>Direct</li> </ul>	O IDCW Payout		О Q О H									
		_	O IDCW Reinvestment	-	Ο A									
D = Daily, W	/ = Weekly, F = Fortnightly, M = Monthly, B = Bi-monthly, Q	= Quarterly,	H = Half Yearly, A = Ann	ually *	This fac	lity is availab	le in Kota	ik Equity Arbitr	age Fund only	/				
,	e an NRI Investor, please indicate source of funds for yo		ent (Please 🖌)											
○ NRE		hers												
Plassa	enclose a cancelled cheque leaf of this Bank in cas		vostmont choquo is i	not fro	m thic	account	also ba	nk dotails	of invoctm	ont chor	nuo cha		undated for na	vout
	inclose a cancelled cheque lear of this bank in cas	e your m	vestment cheque is i		in ans	account,	eise bu	link details (	or investin	entenet	fue she			your
tails	Name of Bank													
Bank Account Details (Section X)	Branch					City								
oun	Account No.													
Acc (Sec	IFSC Code		7			MICR Co	de							
ank	Account Type O Current O Savings O NRO			Dianco ci	naciful			This is the	9 digit No. next	to your Che	que No.			
8	Account Type O Current O Savings O NRO	OINRE	OPCINK ODDITIERS	(Flease s	pecity)									
Ave hereby declare that I/We are authorised to make this investment in the abovementioned Scheme(s) and that the amount invested in the Scheme(s) is does not involve and is not designed for the purpose of any contravention or version of any Act, Rules, Regulations, Notifications or Directions of the provilaundering Act, Anti Corruption Act or any other applicable laws enacted by the Government of India from time to time. I/ We hereby authorise Kotak M 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 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 difference is being recommended to me / us.         I 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 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 I/We have read and understood the FATCA & CRS Terms and Conditions and here No. 11).         V/We hereby declare that the details for any communication with KMAMC. Please note all kinds of investor communication. Inform KMAMC of any changes the the usage of these contact details for any communication with KMAMC. Please note all kinds of investor communication. Inform MMAMC of any changes the the usage of these contact details for any communi									sions of ahindra /We hav erent cor that I/M rm that by accept erein im hent of A	Idra Mutual Fund, its Investment e have neither received nor been at competing Schemes of various it I/We have remitted funds from that the information provided by accept the same. (Refer guideline n immediately, and I/we approve				
Please tick if the investment is operated as POA / Guardian POA Guardian Guardian Wole in the application is liable to be rejected.														
	Please ensure that:            \vert Your Application Form is complete in all respects & signed by all applicants: <ul> <li>Name, Address and Contact Details are mentioned in full.</li> <li>Bank Account Details are entered completely and correctly. 9 digit MICR Code of your Bank is mentioned in the Application Form.</li> <li>Permanent Account Number (PAN) Mandatory for all Investors (Indian &amp; NRI) Irrespective of the Investment amount.</li> <li>Know Your Client (KYC) Mandatory for ill Investors (Indian &amp; NRI) Irrespective of the guideline 2(d) for more information)</li> </ul> \vert Your Investment Cheque / DD is drawn in favour of < Scheme Name > dated and signed. <ul> <li>Application Number is mentioned on the face of the cheque.</li> <li>Application Number is mentioned on the face of the cheque.</li> </ul>													
klist	<ul> <li>Documents as listed below are submitted along with the Application form (as applicable to yo</li> <li>Document</li> <li>Compar</li> </ul>					Trusts	Socie		tnership Firms	NRIs/ PIOs	FIIs		estments throug stituted Attorn	
Checklist	1. Resolution / Authorisation to invest					✓	~		~		~			
0	2. List of Authorised Signatories with Specimen Signature(s)					✓	~		~		~		✓	
	3. Memorandum & Articles of Association			~										
	4. Trust Deed					✓								
	5. Bye-Laws						~							
	6. Partnership Deed								~					
	7. Notarised Power of Attorney												~	

 8. Account Debit/ Foreign inward Remittance Certificate fromremitting Bank
 Image: Certificate from the provide structure of t