

## COMMON APPLICATION FORM

6th Floor, Kotak Infinity, Building No. 21, Infinity Park, Off. Western Express Highway, Gen.A.K. Vaidva Marg.

Gerra. A. N. Valuya ivid	ary,
Malad (E), Mumbai	- 400 097.
022-6638 4400	mutual@kotak.co

Mutual Fund Think Investments. Think Kotak.			Malad (E), Mumbai - 400 097.  222-6638 4400  mutual@kotak.com assetmanagement.kotak.com
Investment Advisor's Name & ARN	Sub-Broker's Name & ARN Sub-Broker \ LG Code	EUIN (Mandatory)	Appl. CA
ARN-71279 Shishir Kumar Tiwari		E062011	Date : DD / MM / YYYY
"I/We hereby confirm that the EUIN manager/sales person of the above person of the distributor/sub broker.	e distributor/sub broker or notwithstand	me/us as this transaction is executed without any int ding the advice of in-appropriateness, if any, provide	eraction or advice by the employee/relationship d by the employee/relationship manager/sales
Sole / First Applic			
Sole / First Applic		Second Applicant  b be signed by <b>All Applicants</b> )	Third Applicant
Upfront commission shall be paid directly b	,	outors based on the investor's assessment of various factor	rs including the service rendered by the distributor.
A. UNITHOLDER INFORMATIO			[Refer Guideline 2(a)]
A) Have you ever invested in any, Mu B) If you have, at any time, invested in Folio Number and PAN details below a	n any Scheme of Kotak Mahindra Mutu	(For more details, please refer guidelines on page 13 all Fund and wish to hold your present investment in	
Name of Sole / First Holder:		Folio No.:	/
B. NEW APPLICANT'S PERSON	IAL INFORMATION		[Refer Guideline 2]
SOLE/FIRST APPLICANT			Date of Birth**
GUARDIAN (in case Sole / First Applican	it is a minor)		**Mandatory in case sole/first applicant is minor.
CONTACT DEDCOM (in second Man	in dividual and in the	Relationship	Status (Please ✓)  Resident Individual
CONTACT PERSON (in case of Non-	individual applicants)	Designation	☐ NRI on Repatriation Basis ☐ NRI on Non-Repatriation Basis
SECOND APPLICANT (Joint Holde	er 1)		HUF Proprietorship Partnership Firm
GUARDIAN (in case Second Applicant is	a minor)		Private Limited Company Public Limited Company Mutual Fund
			Mutual Fund FOF Scheme  Body Corporate  Designation of Society
THIRD APPLICANT (Joint Holder 2	<u>!)</u>		Registered Society  PF/Gratuity/Pension/ Superannuation Fund
GUARDIAN (in case Third Applicant is a	minor)		Trust AOP / BOI Foreign Institutional Investor
			On behalf of Minor Other
MODE OF OPERATION (where the Strict Holder only	here is more than one applicant)  Anyone or Survivor	O Joint	(Please specify)  Occupation (Please ✓) (Mandatory)
PAN AND KYC COMPLIANT STATU		Joint	Business Service
PAN	PAN	PAN	Professional Retired Housewife
Sole / First Applicant KYC Compliant Status*	Second Applicant KYC Compliant Status*		Student Agriculture
PAN Proof # Yes No  (#Please attach PAN Card Copy) / (*	PAN Proof # Yes  KYC allotment letter copy is mandato		Other(Please specify)
C. THIRD PARTY PAYMENT DECL			
Parent/Grand-Parent/Guardian of Mine	or/ Related Person Other than the Regi	ster Guardian/ Employer on behalf of Employee (SIP	only)/Custodian on behalf of FII.
Name:		Relationship with Applica	int:
PAN:  Declaration: I hereby declare and confirm that	KYC Compliant Status: Ye		he
funds for these investments on account of my Declaration (Guardian of minor, as registered i these funds on behalf of the minor.	natural love and affection or incentive to employe n the folio): I confirm that I am the legal guardian	riner of the investment details mentioned above. I am providing t ee or for & on behalf of fill or as gift from my bank account only. n of the Minor, registered in folio and have no objection to receivin	Signature
(Note: Aforeside signature should match wi		D. DEMAT ACCOUNT DETAILS	[Refer Guideline 3]
7.557.557.507.507.507.507.507.507.507.50	Total ( Holds die Halladely)	In case you wish to hold units in demat, ple	ease fill this section. Please note that you can hold mes (except ETFs and dividend options having
		dividend frequency of less than a month).  NSDL	CDSL
Ciant	Pin/Zip Code*	DP Name	DP Name
City*	Country*	DI Nume	Di Nume
State*	™ Tel.*	DP ID	DP ID
(Fax)		Beneficiary Account No.	Beneficiary Account No.
ĭ E-mail*		Please ensure that your demat account details revidencing the accuracy of the demat account.	nentioned above are along with supporting documents Bank details of DP will overwrite the existing details.
<b>kotak</b> ®	-	be filled by Applicant)	ACKNOWLEDGEMENT SLIP
Think Investments. Think Kotak. ar	eceived from n application for allotment of units in the folk	_	Pleas
Investment Details Scheme		Amount	Application Number Cheon: face
Plan	No Dated DD / MN Bank & Branch		Cheque de of the
Option	d by the Official Collection Center till you receive y	Official Accepta	ance 2345/671
r lease retain triis siip, duly acknowledged	a by the Official Collection Center till you receive y	our Account Statement Point Stamp &	orgin - V

	K ACCOUNT DETAILS (Mandatory, this acco	ount details will be	considered as defau	<u> </u>	ayout) IRECT CREDIT		[Refer Guideline
Name of Branch	Bank		We shall directly cred	it your dividend/rede	emption payments	into your bank	account if your Bank is
Account			included in Bank list v		•		
RTGS IFS	C Code		If, however, you w	vish to receive a cl	neque payout, p	ease tick the	box alongside.
NEFT IFSO	C Code						
MICR Co	ode This is the 9 digit No. next to y	our Cheque No.	Note: Investor can regis	ster multiple bank ac	count by submittin	a Bank registra	ition form, please read tl
Account	Type: Ourrent Savings NRO NRO NRE		instruction given in the			9	, ,
F. INVE	ESTMENT DETAILS - MODE OF INVESTM	ENT (Please ✓) -	Cheque/ DD	Fund Transfe	r		[Refer Guideline
l.	Scheme Name / Frequency	Plan / Option	/ Eroquonov	Amount	Net Amount	Chagua	Payment Details
lo.	Scheme Name / Trequency	Sub-option  Growth	Frequency  Weekly Monthly	Invested (Rs.)	Paid (Rs.)	Cheque DD No.	Bank and Bra
1		☐ Dividend ○ P (☐ Growth	O R Daily	Less DD Charges			
2		Dividend O P	☐ Weekly ☐ Monthly ☐ Daily	Less DD Charges			
3		Growth	☐ Weekly ☐ Monthly ☐ Daily	Less DD Charges			
e - Attac	th separate cheque for each Investment	Dividend O P C	s				
vou are a	an NRI Investor, please indicate source of funds for you	ur investment (Please ✓)					
NRE	○ NRO ○ FCNR ○ Oth						
. NOI	MINATION DETAILS (to be filled in by I	Individual(s) applyi	ng Singly or Join	tly)			[Refer Guidelin
e			and				do hereby nominate
	ioned Nominee to receive the Units to my/our credit in A ch Nominee and signature of the Nominee acknowledgir					understand tha	at all payments and settle
	TAILS OF NOMINEE	3,					
	Name of Nominee		Address	Date Of I	Birth % Share	Signat	ture Of Nominee
DE	TAILS OF GUARDIAN (to be furnished in case N	lominee is a minor)					
DE	TAILS OF GUARDIAN (to be furnished in case N Name of Guardian	lominee is a minor)	Address		Tel. No	S	ignature Of Guardian
DE	*	lominee is a minor)	Address		Tel. No	S	ignature Of Guardian
	*		Address at I/We do not intend to	avail the nomination			
	*			avail the nomination			
e	*			avail the nomination			ation.
e	Name of Guardian	do hereby confirm th	at I/We do not intend to				ation.
e	Name of Guardian  MAIL COMMUNICATION	do hereby confirm th	at I/We do not intend to				ation.
e	Name of Guardian  MAIL COMMUNICATION	do hereby confirm th	at I/We do not intend to				ation.
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e	Name of Guardian  IAIL COMMUNICATION  Id like to receive all communication by E-mail including  LARATION AND SIGNATURES  ead and understood the contents of the Statement of A	do hereby confirm th	at I/We do not intend to ansaction confirmation [P	lease <b>√</b> ]	facility for this inv	estment applica	Refer Guideline  [Refer Guideline  [Refer Guideline  escheme(s) of Kotak Ma
H. E-M We woul  DEC	Name of Guardian  **AIL COMMUNICATION**  Id like to receive all communication by E-mail including the communication of AIL (We hereby apply for allotment / purchase of Units in the above and units and the content of the content of the above and units and the content of the	do hereby confirm the definition of the statement & transfer of the statement & transfer of the statement & transfer of the scheme(s) indicated in Scheme(s) indicated in Scheme(s) and that the inscheme(s) indicated in Scheme(s) and that the inscheme(s) indicated in Scheme(s) and that the inscheme(s) indicated in Scheme(s) and the scheme(s) indicated in Scheme(s) and the scheme(s) indicated in Scheme(s) and the scheme(s) indicated in Scheme(s) indicated in Scheme(s) and scheme(s) indicated in Scheme(s) i	at I/We do not intend to ansaction confirmation [P	ment/ Key Informatic ee to abide by the te	facility for this inv	f the respective	[Refer Guideline
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