AOP       Bank       Government Body       Non-Government Organisation       Defence Establishment       Body of Individuals       Society       ILP         5. Permanent Account Number (PAN) (MANDATORY)       Please enclose a duly attested copy of your PAN Card         B. Address Details (please see guidelines overleaf)       .         1. Address for Correspondence       .         (city / Town / Village       .       .         State       .       .         2. Contact Details       .       .         [k] (Off.)       (SD)       (SD)       .         Mobile       (SD)       .       .         2. Contact Details       .       .       .         [k] (Off.)       (SD)       (SD)       .       .         .       .       .       .       .       .         .       .       .       .       .       .       .         .       .       .       .       .       .       .       .         .	A. Identity Details (please see guidelines overleaf)  I. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration. Leaving one box blank between 2 words. Please do not abbn  2. Date of Incorporation d d / m m / y y y y Place of Incorporation  3. Registration No. (e.g. CN)  4. Status Please tok (v)  4. Status Pleas		F.VI	ermediary Logo	Application No. :			
		ity Dotails (plaase see quidelines everleaf)		,	ARN: 64917 EUIN: E-434563			
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Non-Rowment Boy       Non-Government Organisation       Defence Establishment       Body of Indviduals       Score y       LLP         S. Permaneent Account Number (PAN) (MANDATORY)       Pease enclose a duly attested copy of your PAN Card         B. Address for Correspondence       (Contry)       Pease enclose a duly attested copy of your PAN Card         Cap / bru /Vlage       Control Details (please see guidelines overleaf)       Register       Register       Control         2. Contcol Details       Exp(0f) (S0) (STD       Exp(Reg.) (SD) (STD       Exp(Reg.) (SD) (STD       Exp(Reg.) (SD) (STD         Andress to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (-/) against the document at the following valid documents & tick (-/) against the document at the intermet of address souther (a stated overleaf) Rese submit at V ONE of the following valid documents & tick (-/) against the document at the intermet (a stated overleaf) Rese submit at V ONE of the following valid documents & tick (-/) against the document at the intermet (a stated overleaf) Rese submit at V ONE of the following valid documents & tick (-/) against the document at the intermet (a stated overleaf) Rese submit at V ONE of the following valid documents & tick (-/) against the document at the intermet Researce account Statement (-) against the document at the intermet (-) against the	Address vector       Beark       Government Body       Non-Government Organisation       Defence Establishment       Body of Individuals       Socie         5. Permanent Account Number (PAN) (MANDATORY)       Please enclose a duly attested copy of your PAN Car         B. Address for Correspondence	ution No. (e.g. CIN)	Date o	of commencement o	f business ddd/mm//yy			
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1. Address for Correspondence         0. (in/ fbm //liage         2. Concart Details         1. (in/ fbm //liage         2. (in/ fbm //liage         2. (in/ fbm //liage         3. (in/ fbm	1. Address for Correspondence   City / Dum / Vilage Postal Code   Stel: Country   2. Contact Details   El. (Off) (SD)   Mobile (SD)   (SD) (STD)   (SD) (STD)	5. Permanent Account Number (PAN) (MANDATORY)						
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Pic Off, (SD)       (STD)         Molie       (SD)       (STD)         Heile, (SD)       (STD)       Fax       (SD)         Selfision       Fax       (SD)       (SD)         Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the document at a listed overleaf). Please specify	El. (Off.) (SD) (STD)   Mobile (SD) (STD)   E-Mail.d. Fax   3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (   3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (   3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (   3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (   4. Registered Address (If different from above) 4. Registered Address (If different from above) 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (   3. proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (   3. proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (   3. proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (   3. any other proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (   3. any other proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (   3. any other proof of address document (as listed overleaf)   4. Any other proof of address document (as listed overleaf)   5. Norme than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y   C. Other Details (please see guidelines overleaf) 1. Name, PAN, DIN/Aadhaar Number, residential address and phot			Country	<u>y                                      </u>			
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State Country   5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the document att     Latest Elephone Bill (only Land Line)     *Latest Elephone Bill (only Land Line)     *Latest Elephone Bill (only Land Line)    *Not more than 3 Months old. Validity/Expiry date of proof of address submitted     d     Months old. Validity/Expiry date of proof of address submitted    d d     mm    y y     Y      Y     Y      Y      Y     Y	State   State   Country      So Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the dot address telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement Any other proof of address document (as listed overleaf). (Please specify) *Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y C. Other Details (please see guidelines overleaf) 1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whol (Please use the Annexure to fill in the details) 2. Any other information: DECLARATION We hereby declare that the details furnished above are true and	vn / Village			Postal Code			
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(Please use the Annexure to fill in the details) 2. Any other information:  DECLARATION  We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake o inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. Place: Date: Dete: D	(Please use the Annexure to fill in the details) 2. Any other information: DECLARATION We hereby declare that the details furnished above are true and	<ul> <li>*Latest Telephone Bill (only Land Line) = *Latest Electricity Bill = *Latest Bank Account Statement = Registered Lease / Sale Agreement of Office Premises</li> <li>Any other proof of address document (as listed overleaf). (Please specify)</li> <li>*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y y y</li> </ul>						
DECLARATION We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake o inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or nisrepresenting, I am/we are aware that I/we may be held liable for it. PERSON(S)  FOR OFFICE USE ONLY  MC/Intermediary name OR code  DECLARATION  NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)  Seal/Stamp of the intermediary should of	DECLARATION We hereby declare that the details furnished above are true and		nd photographs o	of Promoters/Par	rtners/Karta/Trustees/whole time di			
We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake o inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.       NAME & SIGNATURE(S)         OF AUTHORISED PERSON(S)       OF AUTHORISED PERSON(S)         Vace:	We hereby declare that the details furnished above are true and	other information:						
Correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. Place: Dat								
FOR OFFICE USE ONLY           AMC/Intermediary name OR code         Seal/Stamp of the intermediary should compare the intermediary s	o inform you of any changes therein, immediately. In case any of the bove information is found to be false or untrue or misleading or nisrepresenting, I am/we are aware that I/we may be held liable for it. PERSON(S)		f the <b>NAME 8</b>		(S)			
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	MC/Intermediary name OR code	you of any changes therein, immediately. In case any of ormation is found to be false or untrue or misleading enting, I am/we are aware that I/we may be held liable for i	it. Pl					

Detai ARN: (	ils of Promoters/ Partners, 64917 EUIN: E434563	/ Karta / Trustees and whole tim	ne directors form	Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals	(KYC) Application F	orm for Non-Individuals
Name o	Name of Applicant				PAN of the Applicant	PAN of the Applicant
Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
Name §	Name & Signature of the Authorised Signatory(ies)	v(ies) Date [d   d ] / [m   m ] / [y   y   y	y v GVI	Place for Intermediary Logo <b>G</b>		



## SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

ARN: 64917 EUIN: E434563

Nam	Name of the entity							
	of address given at KRA	Residential o	r Business	Residential	Business	Registered Office		
PAN	AN				Date of incorpor			
	City of incorporation							
Cou	Country of incorporation							
	ADDITIONAL KYC INFORMATION							
Gros	s Annual Income (Rs.) [Ple	ase tick (√)]	Below 1 Lac	1 - 5 Lacs	5 - 10 Lacs	10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore		
					OR			
Net-	worth	Rs			as on	DD MM YYYY (Not older than 1 year)		
Politie	ally Exposed Person (PEP) Status*	(Also applicable for a	uthorised signatories/ Pro	omoters/ Karta/ Trus	tee/ Whole time Directors	I am PEP I am Related to PEP Not Applicable		
	e defined as individuals who are nent/judicial/military officers, sen					eads of States or of Governments, senior politicians, senior		
Non					/ Money Changer Service Pawning	es Gaming / Gambling / Lottery / Casino Services None of the above		
			FAT	CA & CRS Decla	ration			
Plea	Please tick the applicable tax resident declaration -							
	s "Entity" a tax resident o			/es 🗌 No				
	es, please provide country/ies in v				d Tax ID number below.)			
Sr. No.	Country T		āx Identificatio	n Number <sup>%</sup>	Identification Type (TIN or Other <sup>*</sup> , please specify)			
1.								
2.								
3.								
<sup>*</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent.								
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.								
In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here								
PART A (to be filled by Financial Institutions or Direct Reporting NFEs)								
1.	We are a, Financial institution (Refer 1 of Part C)		GIIN					
			Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's					
	or		GIIN above and	above and indicate your sponsor's name below				
	Direct reporting NFE (Refer 3(vii) of Part C)		Name of sponse	soring entity				
	(please tick as appropria	te)						
	GIIN not available		Applied for		Not obtained – N	lon-participating FI		
	(please tick as applicable	e)						
DAD								
	PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")							
1.	<ol> <li>Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)</li> </ol>			Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange				
2.				Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)				
<b>∠</b> .	(a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)			Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company				
				Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company				
				Name of stock exchange				
3.	Is the Entity an active NF	E (Refer 2c of Pa	rt C)	Yes				
			-	Nature of Business				
				Please specify t	he sub-category of A	ctive NFE (Mention code – refer 2c of Part C)		
4.	Is the Entity a passive NF	E (Refer 3(ii) of P	Part C)	Yes				
				Nature of Bus	iness			

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)						
Category (Please tick applicable category):       Unlisted Company       Partnership Firm       Limited Liability Partnership Company						
Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust						
Others (please specify)						
Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). ( <i>Please attach additional sheets if necessary</i> ) Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)						
Details	UBO1	UBO2	UBO3			
Name of UBO						
UBO Code (Refer 3(iv) (A) of Part C)						
Country of Tax residency*						
PAN*						
Address						
	Zip	Zip	Zip			
	State:	State:	State:			
	Country:	Country:	Country:			
Address Type	Residence     Business     Registered office	Residence     Business     Registered office	Residence     Business     Registered office			
Tax ID <sup>%</sup>						
Тах ID Туре						
City of Birth						
Country of birth						
Occupation Type	Service Business Others	Service Business Others	Service Business Others			
Nationality						
Father's Name						
Gender	Male     Female     Others	Male      Female      Others	Male      Female      Others			
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY			
Percentage of Holding (%) <sup>s</sup>						
* To include US, where controlling person is a US citizen or green card holder #If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable. %In case Tax Identification Number is not available, kindly provide functional equivalent \$Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary						
FATCA - CRS Terms and Conditions						
The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information. If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. 'It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.						
Certification I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Kotak Asset Management Company Limited/ Kotak Mahindra Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.						
Name						
Designation	· · · · · · · · · · · · · · · · · · ·					
			Place			
Signature	Signature	Signature	Date//			

ARN: 64917 EUIN: E434563



6th Floor, Kotak Infinity, Building No. 21, Infinity Park, Off. Western Express Highway, Gen.A.K. Vaidya Marg, Malad (E) Mumbai - 400 097. © 022-6115 2100, Toll Free 1800 222 626 & mutual@kotak.com

lassetmanagement.kotak.com

Ministry of Finance (Dept. of Revenue) in consultation of RBI came up with Notification G.S.R. 538 (E), dated 1st June, 2017, carried out amendments to prevention of Money Laundering (Maintenance of Records) Rules, 2005.

AADHAAR NUMBER UPDATION FORM FOR NON INDIVIDUALS

As per the new rules, linking of Aadhaar number with Mutual Fund investments is mandatory, for all the holders. Failing which, the folios will be frozen by 31/12/2017.

We, at Kotak Mutual Funds have enabled several easy modes of Aadhaar number linking across all Kotak Mutual Funds investments.

## Please fill in your details below:

Fol	io	No.	

**OR Application No.** 

Applicant Name: \_\_\_\_\_

	Authorised Signatories Names	PAN	Aadhaar No.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

## **Consent by unit holders for collection, storage, using/sharing of Aadhaar data** I/ We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/ our Aadhaar

number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. // We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their

demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

DATE				
	DD	MM	YYYY	

-lo

Signature

Place \_\_\_\_\_

Kotak Mutual Fund	ACKNOWLEDGEMENT SLIP - AADHAAR UPDATION (To be filled by Applicant)	DATE DD MM YYYY
Folio Number	OR Application No.	
	Please retain this Acknowledgement Silp for future reference	Official Acceptance Point Stamp & Sign