

## **COMMON APPLICATION FORM**

Appl. CA

Date: DD / MM / YYYY

	ARN+64917 RIA Code#	Sub-Broker's ARN	Sub-Broker's Code	E434563						
"By mentioning RIA/PMS code, I/ We authorize you to share with the Investment Adviser/ Portfolio Manager 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 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)	Sole / First Applicant	Second Applicant	71	nird Applicant						
TRANSAC	TION CHARGES for Applications routed through distribut	(To be signed by All Applicants) tor/agents only (Kindly refer Tra	nsaction Charges under the heading	"Guidelines to filling up the						
Existing Unitholder Information (Section I)	If you have, at any time, invested in any Scheme of Kotak Mahindra and PAN details below and proceed to Section Investment Details.  Name of Sole / First Applicant:									
	Name of Sole/ First Applicant:									
			ent 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/ Store Control of									
	Gross Annual Income Details in INR (please tick): O < 1 la	ation	Y Y CKYC:							
	Please tick, if applicable, O Politically Exposed Person (PEP)  Occupation of Applicant O Private Sector Service O Busin	O Not Politically Exposed Person	O Professional	orex Dealer						
	O Public Sector/ O Profe O Government Service O Agric  Non-Profit Organization" [NPO] O Yes O No		O Agriculturist O O O Student	ther						
/Jandatory)	We are falling under "Non-Profit Organization" [NPO] which has been coregistered as a trust or a society under the Societies Registration Act, 1860 If yes, please quote the NPO Registration Number provided by DARPAN po (If not registered already, please register immediately and confirm with the	(21 of 1860) or any similar State legislation rtal:								
Personal Information (Mandatory) (Section II)	Status of Applicant O Resident Individual O NRI on Repatriation Basis (NRE) O NRI on Non-Repatriation Basis (NRO) O HUF O Proprietorship O Partnership Firm O Private Limited Comp O Public Limited Comp	O Mutual Fund O Mutual Fund FOF Scheme Dany O Body Corporate	O Superannuation Fund O O	oreign Institutional Investor n behalf of Minor ther (Please Specify)						
Persona (Sect	LEI Number (Legal Entity Identifier) – For Non individuals only:		Valid till	D D M M Y Y Y						
	Name of Second Applicant:			^ Name shall be as per PAN card.						
New Applicant's	Mobile: Belongs to: O Self O Spouse O Gua	rdian (for Minor investment) O Depende	ent Child O Dependent Parent O Dependent	Sibling O Custodian O POA O PMS						
ew A	Email:	O Donard Child O Donard	Tel (Res./ Off.)	Esta O DOA O DAG						
Z	Email Address belongs to: O Self O Spouse O Guardian (for Minor i			IIAN O POA O PMS						
	PEKRN: Incorpor	ation D D W W Y	Y Y CKYC:	Gr. 0 F cr. 10 cr. 0 > 10 cr.						
	Gross Annual Income Details in INR (please tick): O < 1 lac O 1 - 5 lac O 5 - 10 lac O 10 - 25 lac O 25 lac - 1 cr O 1 cr - 5 cr O 5 cr - 10 cr O r Net-worth as on (date) DD / MM / YYYYY 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/ PEKRN:  Date of Birth/ Incorporation  D D M M Y Y Y Y  CKYC:									
	Gross Annual Income Details in INR (please tick): O < 1 lac O 1 - 5 lac O 5 - 10 lac O 10 - 25 lac O 25 lac - 1 cr O 1 cr - 5 cr O 5 cr - 10 cr O r Net-worth as on (date) DD / MM / YYYY Rs									
	Please tick, if applicable, O Politically Exposed Person (PEP)	O Not Politically Exposed Person								
	${\tt *1} declare that the information is to the best of myknowledge and belief, accurate and complete the complete of the comp$	ete. I agree to notify Kotak Mahindra Mutual Fund/Ko	otak Mahindra Asset Management Co. Ltd. immediately in c	ase there is any change in the above information.						
SLIP (	<b>k</b> otak <sup>®</sup>	(To be filled by Applicar	nt)							

ACKNOWLEDGEMENT

Mutual Fund An application for allotment of units in the following scheme:

Appl. CA

Official Acceptance Point Stamp & Sign

- Wataa rana / Wappileator for another or and in the following	ovvirig scrience.		
Instument Details	_	Investment Details	
Received from:	Scheme		
No Dated DD / MM / YYYY Rs	Plan		
Bank & Branch	Option		
Please retain this silp, duly acknowledged by the Official Collection Center till you receive your Accou	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)									
Person if Non- Individual Applicant (Section IV)	Gross Annual Income Deta or Net-worth as on (date) Di Please tick, if applicable, O *1 declare that the informati Co. Ltd. immediately in case	ails in INR (please tick): On Rs.  Politically Exposed Person is to the best of my kno	on (PEP) O Not Powledge and belief, acc	(should not be olitically Expose	e older than 1 year) ed Person	O 25 lac - 1 c		cr - 5 cr nd/ Kotak N	Tax Reference Number (for N O 5 cr - 10 cr O > 10 Mahindra Asset Managemen	
Attorney (PoA) Holder (Section V)	Gross Annual Income Deta or Net-worth as on (date) Di Please tick, if applicable, O *1 declare that the informati Co. Ltd. immediately in case	on (PEP) O Not Powledge and belief, acc	(should not be olitically Expose	e older than 1 year) ed Person	O 25 lac - 1 c		cr - 5 cr	Tax Reference Number (for NRI O 5 cr - 10 cr O > 10 cr  Mahindra Asset Management		
Correspondence Details of Sole/ First Applicant (Section VI)	Address for City/ Town Country	dress Mandatory)		Но			andatory for NRI/ FII Applicants) louse/ Flat No itreet Address State Pin Code			
he belo Address s the ap	e CRS INFORMATION [Plea ow information is required Type:   Residential oplicant(s) / guardian's Co ease provide the following in dicate all countries in which	d for all applicant(s)/gu  Business untry of Birth / Citizen formation [Mandatory]	uardian  Registered Of ship / Nationality /	ffice (for addre	ess mentioned in f	orm/existing a □ Yes	-	•		
Categor	у		First Applic	cant/ Minor	Second	Applicant/ G	uardian	Third Applicant		
lace/ Cit	ty of Birth									
Country	of Birth									
ountry (	of Tax Residency – 1**									
ax Payer	Ref. ID No. – 1^									
ax Ident	ification Type – 1 [TIN or Otl	her, please specify]								
ountry	of Tax Residency – 2**									
ax Payer	Ref. ID No. – 2^									
ax Ident	ification Type – 2 [TIN or Otl	her, please specify]								
ountry	of Tax Residency – 3**									
ax Paver	Ref. ID No. – 3^									
	ification Type – 3 [TIN or Otl	her, please specifyl								
	include USA, where the inc		n card holder of US	A. ^ In case Tax	   Identification Num	oer is not availa	able, kind	lly provide	its functional equivalen	
datury)			he Nominee acknowled owing: Proof of Ident Rela Sole/ I	Application No dging receipt ther	eof, shall be a valid disc	in the event of rharge by the AM tificate  Other	ny/our dea C/Mutual			
(to be filled in by Individual(s) applying Singly or Jointly)		.N (to be furnished in ca		inor)	PAN	Relationship	with Mine	Dr.	Signature Of Guardian	
(to b)	<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-app 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 o competent authority, based on the value of assets held in the mutual fund folio.</li> <li>POA holder cannot nominate.</li> <li>Hence, sole/ all joint holder</li> </ul>							; involved in non-appointme		
	Name:			Name:			Name:			
									<del></del>	

## 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** 

mutual@kotak.com mww.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

enq\_k@camsonline.com
www.camsonline.com

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 and IDCW options having IDCW frequency of less than a month).												
si 🦳	NSDL CDSL											
Demat Account Details (Section VIII)	DP Name											
Demat unt De ction V	DP Name				DPI	Name						
Sec (Sec	DP ID	Ber	neficiary Account No.		_	D	P ID			Benefic	iary Account No.	
ď ,	Please ensure that your demat account details mentioned	above are a	along with supporting do	cuments e	viden	ncing the accuracy	of the den	nat account. Ban	k details o	of DP will	overwrite the existing details.	
									Pavme	nt Deta	ils	
	Scheme Name	Plan	Option/ Sub-option	Freque	ncy	Amount Invested (Rs.)	Cheque	e No./ DD No./	Bank	and Bra		
						ilivesteu (NS.)	OTM/ ÚTI	R No.(RTGS/NEFT	) Darik	anu bra	nch   Source Account No.	
		○ Regular	○ Growth ○ IDCW Payout	O D C								
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X Sent		_	○ Growth	O D (	) B*							
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& P ecti			O IDCW Reinvestment	O M (	$\overline{}$							
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Investment & Payment Details (Section IX)		O Direct	O IDCW Payout O IDCW Reinvestment	O F* (								
l Ne		_	○ Growth	OD (	) B*							
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		○ Regular	O Growth	O D C								
		O Direct	O IDCW Payout O IDCW Reinvestment	O F* (	Эн							
D = Daily W	/ = Weekly, F = Fortnightly, M = Monthly, B = Bi-monthly, Q :	= Quarterly				lity is available in Ko	tak Equity A	Arbitrage Fund only	,			
-		_	•		iis raci	inty is available in the	ran Equity /	a bidage rana om	'			
	an NRI Investor, please indicate source of funds for yo		ent (Please 🗸 )									
○ NRE	○ NRO ○ FCNR ○ Oth	ners										
Please e	enclose a cancelled cheque leaf of this Bank in cas	e vour in	vestment cheque is n	ot from	this	account, else b	oank deta	ails of investm	ent che	gue sha	Il be updated for payout	
			•							•	, , ,	
tail	Name of Bank											
χ̈́	Branch					City						
Account Details (Section X)	Account No.											
Acc (Sec	IFSC Code					MICR Code						
Bank							This i	s the 9 digit No. next	to your Che	eque No.		
B	Account Type Current Savings NRO	○ NRE	FCNR Others	Please spe	city) -							
Declaration and Signatures (Section XI)	Laundering Act, Anti Corruption Act or any other appl Manager and its agents to disclose details of my invest induced by any rebate or gifts, directly or indirectly, in n I/We confirm that the distributor has disclosed all cor Mutual Funds from amongst which the Scheme is being I have examined the information provided by me in this Applicable to NRIs seeking repatriation of redem abroad through approved banking channels or from fur FATCA & CRS Declaration: I/We have understood the me/ us on this Form is true, correct, and complete. I/We No. 11).  I/ We hereby declare that the details furnished above as the usage of these contact details for any communication the remainder that the office of these contact details for any communication that the office of the sent through emain the communication will be sent through emain	tment to making this nmission (if grecomment of the promote of the	ny/our Investment Advisinvestment.  In the form of trail commended to me / us.  It to the best of my knowle ceeds: I/We confirm thour NRE / FC NR Account on requirements of this I m that I/We have read orrect to the best of my MAMC. Please note all	or and / c mission or edge and at I am/ v t. Form (rea and unde knowled knowled knowled tinds of ir tors who	r any belie we are d alo erstoo dge ar nvest prov	other mode) pay of it is true, correct e Non-Resident(s  ng with FATCA & c  od the FATCA & c  and undertake to i or communicatio ide their email ad	Mahindra vable to th t, and com t) of Indiar cRS Instri- RS Terms inform KM on, Transaddress.	Mutual Fund's I  e distributor for  nplete.  n Nationality / O  uctions) and her and Conditions  1AMC of any ch  ction Informatio	oank(s). I r the differ rigin and eeby conf and here anges th n, Stater	erent cor I that I/W Firm that the seby acception and the seby acception imment of A	re neither received nor been inpeting Schemes of various in the information provided by the same. (Refer guideline mediately, and I/we approve account, Annual Report and including the same in the information provided by the same.)	
	Please tick if the investment is operated as PC	A / Guar	dian POA G	uardian	No	te: If the applic	ation is in	complete and a	ny other	r require	ments is not fulfilled,	
	and the second s				the	e application is lia	able to be	rejected.				
	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)  # Your 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 along with the Application form (as applicable to your specific case)											
st	Document		[ •	Compan	ies	Trusts Soci	ieties	Partnership Firms	NRIs/ PIOs	FIIs	Investments through Constituted Attorney	
Checklist	Resolution / Authorisation to invest			<b>✓</b>		<b>√</b>	<b>√</b>	riffiis √	. 103	1	23113 at at to Tiley	
Ch		ianaturo/s					<u> </u>	<b>→</b>		V	<b>√</b>	
	List of Authorised Signatories with Specimen S     Memorandum & Articles of Association	igriature(S)		<b>✓</b>		<b>'</b>	*	<b>v</b>		+ + +	· · · · · · · · · · · · · · · · · · ·	
				•						++		
	4. Trust Deed					<b>√</b>				++		
	5. Bye-Laws						✓	,		+		
	6. Partnership Deed							✓		+		
	7. Notarised Power of Attorney	ere e e	101 8 1							+ +	<b>√</b>	
	8. Account Debit/ Foreign inward Remittance Certificate fromremitting Bank  All documents in 1 to 8 above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public											
	All documents in 1 to 8 above should be origin	iais / true (	opies certified by the L	rector /	irust	iee / Company Se	ecretary /	Authorised Sign	iatory / N	งบเary Pเ	JIIUL	