

COMMON APPLICATION FORM

Appl. CA

Date: DD / MM / YYYY

Name of Sole / First Applicant:		ARN+64917RN/RIA Code#	Sub-Broker's ARN	Sub-Broker's Code	E434563					
Name of Sole/ First Applicant: Sole Sole First Applicant is a Minor). Sole First Applicant is a Minor Sole First Applicant Sole S	[─] Kotal	Mahindra Mutual Fund. Declaration for Execution-only	" transactions (only where EUIN	box is left blank)						
To result of calculation (price accurate on the AAM) registered derinductors based on the investor's assessment of various functor including the service readened by the distribution. Price Pric	SIGNATURE(S)	Sole / First Applicant		Th	ird Applicant					
Name of Sole / First Applicant A Name shall be as per PAN care	orm" for	details)		-	.					
Name of Guardian (in Case Sole/ First Applicant is a Minorize Bellongs to O Self O Spouse O Self O Spouse O Guardian for Minor investment) O Dependent Child O Dependent Sibling O Custodian O PDA O PMS First Address belongs to O Self O Spouse O Guardian for Minor investment) O Dependent Child O Dependent Sibling O Custodian O PDA O PMS PANY PEKSIN: Date of Birth/ FORSY Annual Income Details in INIX (please tick) O < 1 lac O 1 > 1 lac O	Existing Unitholder Information (Section I)									
Mobile: Belongs to: O Self O Spoute O Guardian (for Minor investment) O Dependent Child O Dependent Sibling O Custodian O POA O PMS		• •			^ Name shall be as per PAN card.					
PRIVATE Date of Birth/ Date of Birth		Mobile: Belongs to: O Self O Spouse O Gu. Email:	ardian (for Minor investment) O Depende	ent Child O Dependent Parent O Dependent Tel (Res./ Off.)						
Please tick, if applicable, O Politically Exposed Person (PEP) O Not Politically Exposed Person Occupation of Applicant O Provate Sector Sector O Professional O Public Sector O Professional O Student Non-Profit Organization* (NPO) O Viss O No Non-Profit Organization* (NPO) O Viss O Non-Profit Organization* (NPO) O No Non-Profit Organization* (NPO) O No No No Non-Profit Organization* (NPO) O No N		PAN/ Date of	Birth/		lan O POA O PIVIS					
Occupation of Applicant O Private Sector Service O Business O Retired O Prioresional O Professional O Professional O Professional O State O Professional O Pr										
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 it registered as a trust or a society under the Societies Registration Act, 1860 (2 to 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). If you have registered already, please register immediately and confirm with the above information.) If you, please quote the NFO Registration Nation Provided by DAPAN portate: If not registered already, please register immediately and confirm with the above information.) If you have a provided by DAPAN portate: If not registered already, please register immediately and confirm with the above information.) If you have a provided by DAPAN portate: If not registered already, please register immediately and confirm with the above information.) If you have a provided provided and provided and provided p		Occupation of Applicant O Private Sector Service O Busin O Public Sector/ O Profe	ess O Retired ssional O Housewife	O Professional O Fo O Agriculturist O Of	rex Dealer her					
Name of Second Applicant: Name of Second Applicant:	nformation (Mandatory) n II)	registered 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 Status of Applicant O Resident Individual O NRI on Repatriation Basis (NRE) O NRI on Non-Repatriation Basis (NRO) O Private Limited Com	(21 of 1860) or any similar State legislation rtal: above information) O Mutual Fund O Mutual Fund FOF Scheme Dany O Body Corporate	or a Company registered under the section 8 of O PF/ Gratuity/ Pension/ O Superannuation Fund O Trust O OT	the Companies Act, 2013 (18 of 2013).					
PAN/ PEKRN: Date of Birth/ Incorporation D M M Y Y Y Y CKYC: CYC: CYC: CYC: CYC: CYC:	Persona (Sect			Valid till	D M M Y Y Y					
PAN/ PEKRN: Date of Birth/ Incorporation D M M Y Y Y Y CKYC: CYC: CYC: CYC: CYC: CYC:	ew Applicant's	Mobile: Belongs to: O Self O Spouse O Gu.	,	Tel (Res./ Off.)						
Please tick, if applicable, O Politically Exposed Person (PEP) O Not Politically Exposed Person Name of Third Applicant:	ž	PAN/ PEKRN: Date of Incorpor Gross Annual Income Details in INR (please tick): O < 1 leads to the component of the comp	Birth/ D D M M Y Y Y Aution	Y Y CKYC: 10 - 25 lac - 1 cr	cr O 5 cr - 10 cr O > 10 cr					
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 M M Y Y Y Y CKYC:										
PAN/ PEKRN: Date of Birth/ Incorporation D MM Y Y Y CKYC: CK		Mobile: Belongs to: O Self O Spouse O Gu. Email:		Tel (Res./ Off.)	•					
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 *Ideclare 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. **Logical Control of the Description of the Descript		PAN/ Date of Incorpor	Birth/ D D M M Y Y	Y Y СКУС:						
		or Net-V Please tick, if applicable, O Politically Exposed Person (PEP)	vorth as on (date) DD / MM / NO Not Politically Exposed Person	(s	hould not be older than 1 year)					
(To be filled by Applicant)		ridecare that the information is to the best of my knowledge and belief, accurate and comp	ete. ı agree to notify Kotak Mahindra Mutual Fund/ Ko	ntak Manındra Asset Management Co. Ltd. immediately in ca	ise there is any change in the above information.					
	<u> </u>		To be filled by Applicar	nt)						

ACKNOWLEDGEMENT

No. _

Bank & Branch

Instument Details _ Dated DD / MM / YYYY Rs. _

Please retain this silp, duly acknowledged by the Official Collection Center till you receive your Account Statement

Scheme Plan Option

Investment Details

Official Acceptance Point Stamp & Sign

(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)													
Power of Attorney (PoA) Holder (Section V)	Gross Annual Income Det or Net-worth as on (date) DI Please tick, if applicable, O *I declare that the informatic Co. Ltd. immediately in case	(should Not Politically ef, accurate and						onality Tax Reference Number (for NRI) O 1 cr - 5 cr O 5 cr - 10 cr O > 10 cr tual Fund/ Kotak Mahindra Asset Management					
ils	Address for Communication (Full Address Mandatory)				Overseas Address (Mandatory for NRI/ FII Applicants)								
Deta plica)	House/ Flat No				House/ Flat No								
Correspondence Details of Sole/ First Applicant (Section VI)	Street Address				Street Address								
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(Sole/	City/ Town State				City/	Town			State				
of S	Country	Pi		Cour	itry			Pin Code					
Address Is the ap If Yes, Ple	ow information is required. Type: Residential uplicant(s) / guardian's Co ease provide the following in dicate all countries in which	☐ Business untry of Birth / C nformation [Mand	☐ Register itizenship / Nationa atory]	ality / Tax Resi	idency ot		□ Yes	address a □ No	ppearing i	n Folio)			
Category	у		First A	Applicant/ Mir	nor	Second	Applicant/ G	iuardian		Third Applicant			
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Tax Payer	Ref. ID No. – 1^												
Tax Ident	ification Type – 1 [TIN or Otl	ner, please specify]											
Country	of Tax Residency – 2**												
Tax Payer	Ref. ID No. – 2^												
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Tax Payer	Ref. ID No. – 3^ ification Type – 3 [TIN or Otl	dividual is a citizer e to receive the Units Nominee and signat	to my/our credit in Folic ure of the Nominee ackr	No./Application	and No ipt thereof,	shall be a valid disc	_in the event of harge by the AN	my/our dea 1C/ Mutual	th. I/we also	do hereby nominate understand that all payments			
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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.

a 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				CD	SL						
Demat Account Details (Section VIII)	DD Nama											
Demat ount De ction V	DP Name					DP Name						
Sec (Sec	DP ID	Ber	neficiary Account No.		_	D	P ID			Benefic	ciary Account No.	
Please ensure that your demat account details mentioned above are along with supporting documents evidencing the accuracy of the demat account. Bank de									k details o	of DP will	overwrite the existing details.	
			1						Pavme	nt Deta	ils	
	Scheme Name	Plan	Option/ Sub-option	Freque	ncy	Amount Invested (Rs.)	Cheque	e No./ DD No./	Bank	and Bra		
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Investment & Payment Details (Section IX)		O Direct	O IDCW Reinvestment	O F* (
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D = Daily W	/ = Weekly, F = Fortnightly, M = Monthly, B = Bi-monthly, Q :	= Quarterly				ility is available in Ko	l ntak Equity A	Arbitrage Fund only	,			
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	an NRI Investor, please indicate source of funds for yo		ent (Please ✔)									
○ NRE	○ NRO ○ FCNR ○ Otl	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 k	oank deta	ails of investm	ent che	gue sha	Ill be updated for payout	
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tails	Name of Bank											
χÇ	Branch					City						
Account Details (Section X)	Account No.											
Acc	IFSC Code					MICR Code						
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Ba	Account Type Current Savings NRO	○ NRE	FCNR Others (Please spe	cify) -							
Declaration and Signatures (Section XI)	Laundering Act, Anti Corruption Act or any other applicable laws enacted by the Government of India from time to time. If 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's bank(s). I / We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. If 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. If 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'u son this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer guideline No. 11). If we hereby declare that the details furnished above are true & correct to the best of my knowledge and understake to inform KMAMC of any changes therein immediately, and I/we approve the usage of these contact details for any communication with KMAMC. Please note all kinds of investors who provide their email address. Sole / First Applicant Sole / First Applicant Sole / First Applicant Third Applicant											
	Please tick if the investment is operated as PC	A / Guar	dian POA G	uardian	No	pplicant pte : If the applic	ation is in	complete and a		hird App require	ments is not fulfilled,	
		, Gudi		auruiai i	the	e application is li	able to be	rejected.				
	Please ensure that:											
st	Document			Compan	ies	Trusts Soc	ieties	Partnership	NRIs/	FIIs	Investments through Constituted Attorney	
Checklist	Resolution / Authorisation to invest		+			1	√	Firms	PIOs	/	Constituted Attorney	
Ç		ianatur-/\						· ·				
	2. List of Authorised Signatories with Specimen S	ignature(s)		✓ ✓		√	√	✓		/	√	
	3. Memorandum & Articles of Association			· ·			+			+		
	4. Trust Deed					√				\vdash		
	5. Bye-Laws						✓			\vdash		
	6. Partnership Deed						-	✓		\vdash		
	7. Notarised Power of Attorney									\vdash	✓	
	8. Account Debit/ Foreign inward Remittance Cer								√	✓		
	All documents in 1 to 8 above should be origin	All documents in 1 to 8 above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public										