




Distributor's ARN/ RIA Code [#]	Sub-Broker's Name & Code	EUIN	FOLIO NO.	DATE
ARN-64917		E434563		DD / MM / YYYY

*By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund.
 *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 above 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 Holder  Second Holder  Third Holder

(To be signed by **All Unitholders** if mode of operation is 'Joint')


Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor.

NAME OF SOLE/ FIRST HOLDER : _____
 NAME OF SECOND HOLDER : _____
 NAME OF THIRD HOLDER : _____

PAN	Sole / First Holder	Second Holder	Third Holder
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LEI Number (Legal Entity Identifier) – For Non individuals only: Valid till

PURCHASE Refer Checklist I


Scheme _____ Option (Please ✓) IDCW  Payout OR Reinvestment
 Plan _____ IDCW Frequency _____
 Growth
Plan your Life Goal. You can assign this investment for your life's important milestones. Your Dream House Child Education Child Wedding Retirement


Payment Mode OTM (One Time Bank Mandate) Cheque DD / Pay order RTGS/ NEFT Funds Transfer

Investment : Rs. _____ Chq./ DD No./ UTR No./ UMRN No. _____ dated DD / MM / YYYY
 drawn on _____ Name of Bank _____ Branch _____ City _____
 (Please mention your folio on the face of your investment cheque)

We hereby confirm having initiated the Transfer/RTGS for transfer of Rs. _____ from our account no. _____
 with _____ Bank to your account no. _____ with _____ Bank.

SWITCH Refer Checklist III

From: Scheme _____ Plan _____ Option (Please ✓) IDCW  Payout OR Reinvestment
 IDCW Frequency _____
 Growth

To: Scheme _____ Plan _____
 IDCW  Payout OR Reinvestment
 IDCW Frequency _____
 Growth

Amount (Rs.) OR No. Of Units OR All Units (✓) OR All Units Free from Exit Load (✓)


Important Alert: In case there is any change to your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency.

DEMAT ACCOUNT DETAILS

Please ensure you submit supporting documents evidencing the accuracy of the demat account details mentioned below. Bank details of DP will overwrite the existing details. 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).

NSDL CDSL _____ DP Name _____ DP ID _____ Beneficiary Account No. _____

REDEMPTION Refer Checklist II

Scheme _____ Plan _____ Option (Please ✓) IDCW  Payout OR Reinvestment
 IDCW Frequency _____
 Growth

Amount (Rs.) OR No. Of Units OR All Units (✓) OR All Units Free from Exit Load (✓)

*If the balance in the scheme/plan is less than the requested amount/ units of redemption request, then the redemption transaction shall be processed for all available units in the scheme/ plan.
 If you have opted to redeem/ switch-out 'All Units Free from Exit Load', then the same shall be processed only on FIFO basis.*




For investors who have REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY in the above folio

The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us:

Name of Bank _____ Bank A/c No. _____
 Branch _____ Bank City _____

Important Note: If the bank account mentioned above is different from those already registered in your folio, prescribed supporting documents have to be submitted. If bank account details are not filled above OR incorrect /incomplete supporting documents are submitted for a new bank account, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. Kotak Mutual Fund or Kotak Mahindra Asset Management Company Ltd. will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.

SIGNATURE(S)

 Sole/First Holder  Second Holder  Third Holder

(To be signed by **All Unitholders** if mode of operation is 'Joint')

IMPORTANT: Please strike off the section(s) that is (are) not used by you to prevent any unauthorised use. DATE

D	D	M	M	Y	Y	Y	Y
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ARN-64917 E434563

A. UNIT HOLDER INFORMATION

Folio No/s.
Sole / First Unit Holder
B. PAN AND KYC UPDATION Please enclose: Self-attested copy of PAN card KYC Acknowledgement

Sole/ First Applicant

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 Guardian

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Second Applicant

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 (in case Sole/ First Applicant is a minor)
Third Applicant

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C. NEW CONTACT DETAILS

Mobile:

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Mobile belongs to: Self Spouse Guardian (for Minor investment) Dependent Child Dependent Parent
 Dependent Sibling Custodian POA PMS
E-mail^:
Email Address belongs to: Self Spouse Guardian (for Minor investment) Dependent Child Dependent Parent
 Dependent Sibling Custodian POA PMS

^ On providing e-mail address, investors shall mandatorily receive scheme wise annual report or an abridged summary thereof account statements/statutory and other documents by e-mail. It is deemed that the unit holder is aware of all the security risks associated with online communication, including possible third party interceptions of documents sent via e-mail

D. CONSOLIDATION OF FOLIOS [Refer instructions, overleaf]

I/ We wish to consolidate all my/ our investments under specified folios into one folio.
Folios to be consolidated (i.e. source folios):

Target folio~[MANDATORY] :

1. This folio has to be one of the source folios.
2. Folios can be consolidated only if names of the all unit holders (and the pattern of holding), tax status, nomination and mode of operation (single/ joint/ either or survivor) are same in all source folios.
3. All Joint holders should sign, even in case of 'Anyone or Survivor'.

NOTE: Please use a separate form for additional folios.

E. ADDITIONAL KYC INFORMATION [Please ✓ whichever is applicable]

Occupation Private Sector Service Public Sector Service Government Service Professional Agriculturist
 Retired Home Maker Student Forex Dealer Others Please specify
The applicant is a Politically Exposed Person Not Politically Exposed Person
Gross Annual Income Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 crore >1 crore

Non-Profit Organisation" [NPO] Yes No
We are falling under "Non-Profit Organisation" [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 already, please register immediately and confirm with the above information. In absence of receipt of the DARPAN portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable)
F. FATCA & CRS INFORMATION For Individual Investors including Sole Proprietor

(Non Individual Investors should mandatorily fill separate FATCA detail form)

Details	1st Applicant	2nd Applicant	3rd Applicant	Guardian/ POA
Place & Country of Birth				
Nationality				
Are you a tax resident of any other country other than India	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes: Mandatory to enclose FATCA/ CRS Annexure			

G. CHANGE IN MODE OF HOLDING (All Joint Holders should sign as per existing unit holding, even in case of "Any one or Survivor")

 "Joint " To "Anyone or Survivor" "Anyone or Survivor" To "Joint"

H. REGISTRATION/ CHANGE/ CANCELLATION OF NOMINATION [Refer instructions, overleaf]

I/ We wish to nominate as under: **OR** 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.

Name and Address of Nominee(s) (IN CAPITALS)	PAN	Relationship with Nominee	Relationship of Guardian with Nominee	Date of Birth (to be furnished in case the Nominee is a minor)	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which units will be shared by each Nominee (should add up to 100%)
Nominee 1							
Nominee 2							
Nominee 3							

I/ We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/ us in respect of the folio(s) mentioned above.

POA holder cannot nominate	SIGNATURE(S)			

I. REVALIDATION OF INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION/ REDEMPTION CHEQUE

Cheque No.: _____ Cheque Date: _____ Cheque Amount: _____

I/ We request you to cancel the above instrument and credit the proceeds to new bank account details as per the attached COB form
 I/ We request you to cancel the above instrument and credit the proceeds to my bank details registered in the folio indicated above.

J. SIP PAUSE

Scheme Plan Regular Direct
 Option Growth IDCW Payout IDCW Reinvestment
 SIP Amount SIP Date SIP Frequency Monthly Quarterly

I/ We would like to pause my/ our SIP instalments as per details below

1 month 2 months 3 months 1 quarter (Quarterly SIPs can be paused only for 1 quarter).

Starting The SIP Pause request should be submitted atleast 15 days prior to the next SIP date.

K. CANCELLATION OF REGISTRATION FOR SYSTEMATIC TRANSACTIONS (Cease of SIP/ STP/ SWP)

I/ We would like to cancel my/our registration for SIP[®] STP[§] SWP[§] as per details below :

From Scheme Plan Regular Direct

Option Growth IDCW Payout IDCW Reinvestment

#To Scheme Plan Regular Direct

Option Growth IDCW Payout IDCW Reinvestment ^{#Applicable for STP only}

Installment Date Installment Amount

Frequency Daily* Weekly* Monthly Quarterly Annual ^{*Daily & Weekly frequency is applicable only for STP. Annual facility available only for SWP}

[®] The discontinuation of SIP request should receive at least 28 business days prior to the next due date of the SIP.

[§] The discontinuation of STP & SWP request should receive at least 7 calendar days.

L. UNITHOLDER(S) SIGNATURE(S)

- To be signed by all unitholders, if mode of holding is joint. In case you have opted for registration/ cancellation of nomination and/or consolidation of folios, all joint holders should sign, even in case of 'Anyone or Survivor'.
- Alterations in the form, if any should be countersigned.

Declaration:

"I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed along with the form. I/ We further agree and confirm that in the event there is any discrepancy between the information provided herein and the supporting documents, the AMC/ Mutual Fund shall be entitled to reject the form. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected."

SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint')

SIGNATURE(S)			