

COMMON APPLICATION FORM

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Investment Advisor's Name & ARN	Sub-Broker's Name & ARN	Official Acceptance Point
ARN-	ARN-	Stamp & Sign

Appl. CA

Date : DD / MM / YYYY

1. EXISTING UNITHOLDER INFORMATION

[Refer Guideline 2(a)]

If you have, at any time, invested in any Scheme of Kotak Mahindra Mutual Fund and wish to hold your present investment in the same Account, please furnish your Name, Account Number and PAN details below and proceed to Section 4.

Name of Sole / First Holder : _____ Account No.: _____ /

2. NEW APPLICANTS' PERSONAL INFORMATION

[Refer Guideline 2]

SOLE/FIRST APPLICANT				Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>	Date of Birth
					DD / MM / YYYY

First Name	Middle Name	Last Name

GUARDIAN (in case Sole / First Applicant is a minor)				Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>

First Name	Middle Name	Last Name

CONTACT PERSON (in case of Non-individual applicants)				Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>

Name	Designation

SECOND APPLICANT (Joint Holder 1)				Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>

First Name	Middle Name	Last Name

THIRD APPLICANT (Joint Holder 2)				Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>

First Name	Middle Name	Last Name

MODE OF OPERATION (where there are more than one applicants)			
<input type="radio"/> First Holder only <input type="radio"/> Anyone or Survivor <input type="radio"/> Joint			

PAN *	Sole / First Applicant	Second Applicant	Third Applicant
Enclosed (please <input checked="" type="checkbox"/>)	<input type="checkbox"/> PAN Proof or <input type="checkbox"/> Form 60 / 61	<input type="checkbox"/> PAN Proof or <input type="checkbox"/> Form 60 / 61	<input type="checkbox"/> PAN Proof or <input type="checkbox"/> Form 60 / 61

* Mandatory for Investment Amount >= Rs. 50,000/- [Refer Guideline 2(d)]

RESIDENTIAL ADDRESS (Mandatory)			

City	Pin Code	State	(Cell)

E-mail	Tel.	(Fax)

OFFICE ADDRESS (Mandatory)			

City	Pin Code	State	(Cell)

E-mail	Tel.	(Fax)

OVERSEAS ADDRESS (Mandatory for Non-Resident applicants)			
Address for Correspondence (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Indian <input type="checkbox"/> Overseas			

City	Zip Code	State	Nationality

Country

Status (Please ☒)

- ☐ Resident Individual
- ☐ NRI on Repatriation Basis
- ☐ NRI on Non-Repatriation Basis
- ☐ HUF
- ☐ Proprietorship
- ☐ Partnership Firm
- ☐ Private Limited Company
- ☐ Public Limited Company
- ☐ Mutual Fund
- ☐ Mutual Fund FOF Scheme
- ☐ Body Corporate
- ☐ Registered Society
- ☐ PF/Gratuity/Pension/
- ☐ Superannuation Fund
- ☐ Trust
- ☐ AOP / BOI
- ☐ Foreign Institutional Investor
- ☐ Others

(Please specify)

Occupation (Please ☒)

- ☐ Business
- ☐ Manufacturing ☐ Trading
- ☐ Service
- ☐ Government ☐ Non-Government
- ☐ Professional
- ☐ Medicine ☐ Finance
- ☐ Engineering ☐ Legal
- ☐ Retired
- ☐ Housewife
- ☐ Student
- ☐ Agriculture
- ☐ Others

(Please specify)

Proof of Identity

(Individual/Sole Proprietorship)

(Enclosed Please ☒)

- ☐ Passport
- ☐ Photo Debit Card
- ☐ Ration Card
- ☐ Voter's Identity Card
- ☐ Driving License
- ☐ ID Card from Central/
- ☐ State Government
- ☐ Others

(Please specify)

HUF (Please specify)

☐ Latest Passport/Bank Account Statement

Proof of Address

(Individual/Sole Proprietorship)

(Enclosed Please ☒)

- ☐ Bank Passbook / Statement
- ☐ Demat Account Statement
- ☐ Driving License
- ☐ Electricity Bill
- ☐ Voter's Identity Card
- ☐ Passport Copy
- ☐ Ration Card
- ☐ Others

(Please specify)

HUF ☐ Latest Passport / Bank Account Statement

Important Instruction : Proof of identity and address can also be established by any document containing the photograph, address and signature, duly attested by a manager of a Scheduled/Commercial Bank (the designation seal should be affixed) or Notary Public or Gazetted Officer of Elected representatives to the Legislative Assembly or Parliament (Certificate to be issued on Letter Head)

To be filled by Applicant

Received from Mr./Ms. _____
an application for allotment of Units in the following Scheme:

ACKNOWLEDGEMENT SLIP

Investment Details	Instrument Details	Amount
Scheme	No. _____ Dated DD/MM/YYYY	Rs. _____
Plan	Bank & Branch _____	
Option		

Please retain this slip duly acknowledged by the Official Acceptance Point till you receive your Account Statement.

Appl. CA

Official Acceptance Point Stamp & Sign

3. BANK ACCOUNT DETAILS (MANDATORY)**[Refer Guideline 3]**

Name of Bank			
Branch			
City	(Clearing Circle)		
Account No.			
MICR Code			
This is the 9 digit No. next to your Cheque No.			
Account Type : <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR <input type="radio"/> Others			

DIRECT CREDIT

We offer a Direct Credit Facility with the following banks for paying out Dividend and Redemption Proceeds to you faster.

• ABN AMRO Bank	• HDFC Bank	• IndusInd Bank
• Centurion Bank of Punjab	• HSBC	• Kotak Mahindra Bank
• Citibank	• ICICI Bank	• Standard Chartered Bank
• Deutsche Bank	• IDBI Bank	• UTI Bank

If your bank account is with any of these banks, we will directly credit your dividend / redemption proceeds into the same.

If, however, you wish to receive a cheque payout, please tick the box alongside. ☐

4. INVESTMENT DETAILS**[Refer Guideline 4]**

Scheme			
Plan			
Investment Amount	DD Charges (if applicable)	Net Amount (if applicable)	
Rs. A	Rs. B	Rs. A - B	
Mode of Payment	Cheque / Demand Draft / Fund Transfer	Instrument No.	dated DD / MM / YYYY
(Strike off whichever is not applicable)			
Drawn on	Bank	Branch	City
Cheque / DD to be drawn in favour of specific Scheme / Plan as indicated in last column of Scheme Snapshot Table.			
If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)			
<input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others (Please specify)			

5. NOMINATION DETAILS (to be filled in by Individual(s) applying Singly or Jointly)**[Refer Guideline 5]**

I/We _____ and _____ do hereby nominate the undermentioned Nominee to receive the Units to my/our credit in Account No./Application No. _____ in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

DETAILS OF NOMINEE		DETAILS OF GUARDIAN (to be furnished in case Nominee is a Minor)	
(Strike off if this section is not applicable to you)		(Strike off if this section is not applicable to you)	
NAME	Date of Birth DD / MM / YYYY	NAME	
ADDRESS		ADDRESS	
City/Town	Pin	City/Town	Pin
Tel.	Signature of Nominee	Tel.	Signature of Guardian

6. KOTAK FACILITIES**E-MAIL COMMUNICATION ☒ [Refer Guideline 6]**

I / We would like to subscribe to the following facilities offered by Kotak Mahindra Mutual Fund : [Please ✓]

- ☐ **Transact over the Internet / Telephone**
(Please fill the enclosed Internet / Phone Transactions Form)
- ☐ **Avail Systematic Investment / Withdrawal / Transfer Plan**
(Please fill the enclosed Facilities Form)
- ☐ **Avail SIP Auto Debit Facility**
(Please fill the enclosed SIP Auto Debit Facility Form)

I / We would like to receive the following communication by E-Mail: [Please ✓]

- ☐ Account Statement ☐ Monthly Update ☐ ECS of Dividends
- ☐ Transaction Confirmation ☐ Annual Report

Please furnish your Email ID below :

Your E-mail ID here

7. DECLARATION AND SIGNATURES**[Refer Guideline 7]**

I / We have read and understood the contents of the Offer Document(s) of the respective Scheme(s) of Kotak Mahindra Mutual Fund. I / We hereby apply for allotment / purchase of Units in the Scheme(s) indicated in Section 4 above and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that I / We are authorised to make this investment in the above-mentioned scheme(s) and that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by the Government of India from time to time. I / 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.

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.

SIGNATURE(S)			
	Sole / First Applicant	Second Applicant	Third Applicant
	(To be signed by All Applicants)		

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We are at your service on 1800-222-626 from 9.30 a.m. to 6.30 p.m. (Monday to Friday)