

COMMON APPLICATION FORM

6th Floor, Kotak Infinity, Building No. 21, Infinity Park, Off. Western Express Highway, Gen.A.K. Vaidya Marg,

Malad (E), Mumbai - 400 097.

~	022-6638 4400
$ ot \sim$	mutual@kotak.com
會	www.kotakmutual.com

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN Sub-Broker \ LG Code	Official Acceptance Point	Bank Sr. No.	Аррі. СА
ajesh Kumar Sethi	LG	Stamp & Sign		
RN-11295		Stamp & Sign		Date: DD / MM / YYYY
front commission shall be paid directly by the vice rendered by the distributor.	ne investor to the AMFI registered	distributors based on the inve	stor's assessmer	nt of various factors including the
EXISTING UNITHOLDER INFORMAT	TON			[Refer Guideline 2(a)]
ou have, at any time, invested in any Scher ir Name, Account Number and PAN details		d and wish to hold your prese	nt investment i	n the same Account, please furnish
nme of Sole / First Holder:			Account No.:	/
NEW APPLICANT'S PERSONAL INF	ORMATION			[Refer Guideline 2]
DLE/FIRST APPLICANT				Date of Birth
				DD / MM / YYYY
	Name			
JARDIAN (in case Sole / First Applicant is a mind	or)		[Status (Please ✓)
				Resident Individual NRI on Repatriation Basis
	Name			☐ NRI on Non-Repatriation Basis
ONTACT PERSON (in case of Non-individual	applicants)			HUF Proprietorship
				Partnership Firm
Name		Designation		Private Limited Company Public Limited Company
COND APPLICANT (Joint Holder 1)		,		Mutual Fund
· · · · · · · · · · · · · · · · · · ·				☐ Mutual Fund FOF Scheme ☐ Body Corporate
	Name			Registered Society
IIRD APPLICANT (Joint Holder 2)				PF/Gratuity/Pension/ Superannuation Fund
				Trust AOP / BOI
	Name			Foreign Institutional Investor On behalf of Minor
ODE OF OPERATION (where there is m				Other
_	Anyone or Survivor	O Joint		(Please specify) Occupation (Please ✓) (Mandatory)
N AND KYC COMPLIANCE STATUS DET	AILS (Mandatory)			Business
PAN	PAN	PAN		Service Professional
Sole / First Applicant	Second Applicant	Third Applicant		Retired
KYC Compliance Status*	KYC Compliance Status*		iance Status*	Housewife Student
PAN Proof # Yes No	PAN Proof # Yes No	☐ PAN Proof # ☐ Yes ☐ I		Agricultur
Please attach PAN Card Copy) / (*KYC allo	tment letter copy is mandatory for	or investment => Rs. 50,000/-)	Other(Please specify)
				(riease specify)
ADDRESS FOR COMMUNICATION (M	andatory)			
ADDRESS FOR COMMONICATION (III	and cory,			
City	Pin Code	State		(Cell)
ℤ E-mail		☎ Tel.		(Fax)
OVERSEAS ADDRESS (Mandatory for Nor	a-Resident applicants)	Address for Corresponder	re (Please ./)	
The state of the s		. adiess for corresponder	ice (i icase y)	
City	Zip Code	State		
City	Zip Code	State Nationaltiy		

Mutual Fund Think Investments. Think Kotak.		Received from_ an application for allotment of units in the following scheme :	Appl. CA
	Investment Details	Instument Details Amount	
	Scheme	No Dated DD / MM / YYYY Rs	
	Plan Option	Bank & Branch	
	'	edged by the Official Collection Center till you receive your Account Statement	Official Ad Point Star



Official Acceptance Point Stamp & Sign

3. BANK ACCOUNT DETAILS	(MANDATORY)					[Ref	fer Guideline 3]	
Name of Bank				DIRECT CREDIT				
Branch	City			We offer a Direct Credit Facility currently with the following ban Redemption Proceeds to you faster.			ing out Dividend and	
Account No.			ABN AMRO Bar Axis Bank		HDFC BankHSBC		hindra Bank Chartered Bank	
RTGS IFSC			 Citibank 	.1	• ICICI Bank	Yes Bank	chartered bank	
NEFT IFSC			Corporation BaDeutsche Bank		IDBI BankIndusInd B	ank		
MICR Code	he 9 digit No. next to your	r Cheque No	your dividend / redempt	tion proceeds into the		ks which may be added in fo panks are added the facility	uture we will directly credit will be extended to those	
Account Type : Current Savin			investor with that bank If, however, you wi		neque payout, ple	ease tick the box along	side.	
4. INVESTMENT DETAILS (A	ttach separate c	heque for each In	vestment)			[Ref	fer Guideline 4]	
SI. Scheme Name / Free	guency	Plan / Option /	Amoun		Amount	Payment E Cheque /		
No.		Sub-option	Invested (F	Rs.) Paid	(Rs.)	DD No.	Bank and Branch	
1		Growth	Less DD Cha	rges				
2		Growth	Less DD Cha	arges				
-		Dividend O P O	R					
3		Growth	Less DD Cha	arges				
If you are an NRI Investor, please indic		P=Payout R=Reinvestment	t .					
, , , , , , , , , , , , , , , , , , , ,		Others	€ ✔)					
5. NOMINATION DETAILS (t	o be filled in by	v Individual(s) ann	olvina Sinaly or	Jointly)		ĺRe	fer Guideline 5]	
I/We	o bo imod in bj	, marriadai(c) app	and	oomuy,		įne	do hereby nominate	
the undermentioned Nominee to rece	eive the Units to my/ou	ır credit in Account No./A			in the event o	f my/our death. I/we a		
payments and settlements made to si	uch Nominee and sign	ature of the Nominee acl	knowledging receipt	thereof, shall be	a valid discharge	by the AMC/ Mutual	Fund / Trustee.	
DETAILS OF NOMINEE								
Name of Nominee		Address		Date Of Birth	% Share	Signature	e Of Nominee	
	1							
DETAILS OF GUARDIAN (to be fu	rnished in case No	minee is a minor)						
Name of Guardian	Address			Tel. No		Signature Of Guardian		
	Name of Guardian 7.666.			IEI. NO		3		
6. E-MAIL COMMUNICATION	N					[Re	fer Guideline 6]	
I / We would like to receive the follo	owing communication	by E-Mail: [Please ✔]						
Please furnish you Email ID : [Account Statement	t Transaction Co	nfirmation					
			ur E-mail ID here					
By providing your Email ID, you acce	·	oove communication thro	ough E-mail only.					
7. DECLARATION AND SIGN		WASANSID CH		Z . I M I . I . N	4		fer Guideline 7]	
I /We have read and understood the con in the Scheme(s) indicated in Section 4. abovementioned Scheme(s) and that the evasion of any Act, Rules, Regulations, N Government of India from time to time. Advisor and / or my bank(s) / Kotak Mair confirm that the distributor has disclose fund from the proposet which the Scheme from the confirm that the distributor has disclose funds from proposets which the Scheme.	tents of the Offer Docu above and agree to abi e amount invested in th	ment(s)/ SAI/ SID of the re de by the terms and cond se Scheme(s) is through le	spective scheme(s) of I litions applicable there	Kotak Manindra N eto. I /We hereby and does not inv	declare that I /We	e nereby apply for alloti e are authorised to mak signed for the purpose	ment / purchase of Units ce this investment in the of any contravention of	
evasion of any Act, Rules, Regulations, N Government of India from time to time.	lotifications or Direction I/ We hereby authorise	ns of the provisions of Inco Kotak Mahindra Mutual	me Tax Act, Anti Mone Fund, its Investment N	ey Laundering Act	, Anti Corruption gents to disclose o	Act or any other applicated and investment of the parties of the p	able laws enacted by the	
Advisor and / or my bank(s) / Kotak Mah confirm that the distributor has disclose	nindra Mutuál Fund's ba ed all commission (in the	ank(s). I /We have neither e form of trail commissior	received nor been ind n or any other mode) p	uced by any rebai payable to the dis	te or gifts, directly tributor for the d	or indirectly, in makin ifferent competing Sch	g this investment. I / We emes of various Mutua	
Funds from amongst which the Scheme Applicable to NRIs seeking repatriat abroad through approved banking chan	tion of redemption p	roceeds: I/We confirm th	at I am/ we are Non-F	Resident(s) of Indi	an Nationality / C	Origin and that I /We ha	ave remitted funds from	
abroad tillough approved banking chan	neis or from runus in my	//OUI INKE / FCINK ACCOUNT.						
RE(S)								
Sole / First Applie	cant		Second Applicant			Third Applicant		
SIG		(To be si	gned by All Applican	ts)				
Please tick if the investment is ope	erated as POA / Gua	rdian POA Gua	rdian	PAN of POA	Holder / Guard	lian	PAN	
							£	
KOTAK MAHINDRA MUTU	AL FUND		C	OMPUTER AGE	MANAGEMEN [*]	T SERVICES PVT. LTD	.	
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Mumbai - 400 097. 3 022-6638 4400								
🛎 mutual@kotak.com				enq_k@cam: www.camso				
www.kotakmutual.com	★ www.kotakmutual.com							