

Distributor's ARN/ RIA Code*	Sub-Broker's ARN	Sub-Broker's Code	Folio No.	EUIN

- ☐ *By mentioning RIA code, I/ We authorise you to share with the Distributor, 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 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) (To be signed by All Applicants)			
	Sole / First Applicant	Second Applicant	Third Applicant

REQUEST FOR:

☐ Registration of SIP + OTM Registration ☐ Registration of SIP (for existing OTM)* ☐ Registration of Top-Up plan for existing SIP

INVESTOR'S INFORMATION		
Application No. (For New Investors, pls. attach the application form)		
Sole/ First Applicant	Second Applicant	Third Applicant
Name of Applicant	Name of Applicant	Name of Applicant
PAN	PAN	PAN

One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit									
UMRN	F o r o f f i c e u s e								Date
Sponsor Bank Code	For Office Use				Utility Code	For Office Use			
TICK (✓)	I/We hereby authorize Kotak Mahindra Mutual Fund to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other								
CREATE ✓									
MODIFY ✗									
CANCEL ✗									
Bank a/c number									
with Bank					IFSC			/ MICR	
an amount of Rupees									₹
FREQUENCY	☒ Mthly ☒ Qytr ☒ H-Yrly ☒ Yrly ☒ As & when presented				DEBIT TYPE	☒ Fixed Amount ☒ Maximum Amount			
Reference 1	Folio Number				Phone No.				
Reference 2	Application Number				Email ID				
1. I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. 3. I understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to the user entity/ corporate or the bank where I have authorised the debit.									
PERIOD	Maximum period of validity of this mandate is 40 years only								
From					Signature Primary Account holder	Signature of Account holder		Signature of Account holder	
To					1. Name as in Bank records	2. Name as in Bank records		3. Name as in Bank records	
Maximum period of validity of this mandate is 40 years only									

☐ Existing SIP Details for which SIP Top-Up needs to be registered					☐ Fresh SIP Registration				
Scheme					Option	☐ Growth ☐ IDCW: ☐ Payout ☐ Re-investment			
Plan					IDCW Frequency				
*Investment Frequency (Please ✓)	☐ Daily ☐ Weekly ☐ Specify Day (Mention any day, Monday to Friday)				☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually				
SIP Amount (✓) Rs.	☐ 20000 ☐ 10000 ☐ 5000 ☐ 1000 ☐ Any other amount Rs.				First SIP vide Cheque No.			Dated	DD / MM / YYYY
SIP Date:	(Please mention any date of the month between 1st to 31st)				SIP Period: From	DD / MM / YYYY		To	DD / MM / YYYY
* ☐ Use existing One Time Debit Mandate (if already registered in the Folio)									
Bank Name					Bank A/c No.				
☐ SIP TOP UP (Optional - Available for Daily, Monthly and Quarterly SIP frequency) (Please refer instructions overleaf)									
Frequency (Please ✓)	☐ Half Yearly ☐ Yearly				Fixed TOP UP Amount (Rs.)	☐ 3000 ☐ 1000 ☐ 100 ☐ Any other amount Rs.		(Minimum Rs. 100/- and any amount thereafter)	
					Variable TOP UP Amount (%)	☐ 20% ☐ 15% ☐ 10% ☐ Any other percentage %		(Minimum 10% and in multiples of 5% thereof)	
					SIP TOP UP Cap Amount	Rs.		OR Top-Up Cap Month-Year MM / YYYY (Mandatory for Variable SIP Top-Up Plan)	

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Scheme		Option ☐ Growth ☐ IDCW: ☐ Payout ☐ Re-investment	
Plan		IDCW Frequency	
*Investment Frequency (Please✓) ☐ Daily ☐ Weekly Specify Day (Mention any day, Monday to Friday) ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually			
SIP Amount (✓) Rs. ☐ 20000 ☐ 10000 ☐ 5000 ☐ 1000 ☐ Any other amount Rs.		First SIP vide Cheque No. Dated DD / MM / YYYY	
SIP Date: (Please mention any date of the month between 1st to 31st)		SIP Period: From DD / MM / YYYY To DD / MM / YYYY	
* ☐ Use existing One Time Debit Mandate (if already registered in the Folio)			
Bank Name		Bank A/c No.	

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Bank Name		Bank A/c No.	

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DEMAT ACCOUNT DETAILS Please ensure that 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, IDCW and for SIP frequency of less than a month)			
☐ NSDL	☐ CDSL	DP Name	DP ID Beneficiary Account No.

Declaration and Signature		
I/We have read and understood the contents of the SAV/SID of the above referred Scheme(s) of Kotak Mahindra Mutual Fund. I/We hereby apply for allotment / purchase of Units in the Scheme(s) indicated as above and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I am/We are authorized 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 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 authorize Kotak Mahindra Mutual Fund, its investment Manager and its agents to disclose details of my investment to my /our Investment Advisor and /or banks. I/We have neither received nor been induced by any rebate or gifts, directly, in making this investment. I/We also declare that the ARN Holder has disclosed all commission (in the form of trail commission or any other mode) payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me /us.		
SIGNATURE(S)	Sole / First Account Holder	Second Account Holder
	To be signed by All Applicant's if mode of operation is "Joint". (As in Bank Records)	
	Third Account Holder	