

Distributor's ARN/ RIA Code#	Sub-Broker's ARN	Sub-Broker's Code	EUIN
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- ☐ "By mentioning RIA/PMS code, I/ We authorize you to share with the Investment Adviser/ Portfolio Manager 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)			
	Sole/Frist Applicant	Second Applicant	Third Applicant

To be signed by **All Applicants** 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.

Investor's Information

Folio No. (For Existing Investors)	Application No. (For New Investors, Please attach the application form)
Sole/ First Applicant	Second Applicant
Name of Applicant	Name of Applicant
PAN	PAN

I would like to opt for ☐ **Systematic Transfer Plan** ☐ **Systematic Withdrawal Plan**

Systematic Transfer Plan: Kindly strike-off unused rows (which are not being filled-out by you)

1	From Source Scheme: Kotak	To Destination Scheme: Kotak
	Frequency: ☐ Daily ☐ Weekly Specify Day Mention any day, Monday to Friday ☐ Monthly ☐ Quarterly DD Mention any date of the month	STP Period: Start Date DDMMYY End Date DDMMYY Amount (Rs.) ☐ 1,000 ☐ 2,000 ☐ 5,000 ☐ Other _____
2	From Source Scheme: Kotak	To Destination Scheme: Kotak
	Frequency: ☐ Daily ☐ Weekly Specify Day Mention any day, Monday to Friday ☐ Monthly ☐ Quarterly DD Mention any date of the month	STP Period: Start Date DDMMYY End Date DDMMYY Amount (Rs.) ☐ 1,000 ☐ 2,000 ☐ 5,000 ☐ Other _____
3	From Source Scheme: Kotak	To Destination Scheme: Kotak
	Frequency: ☐ Daily ☐ Weekly Specify Day Mention any day, Monday to Friday ☐ Monthly ☐ Quarterly DD Mention any date of the month	STP Period: Start Date DDMMYY End Date DDMMYY Amount (Rs.) ☐ 1,000 ☐ 2,000 ☐ 5,000 ☐ Other _____

Systematic Withdrawal Plan

1	From Source Scheme: Kotak	Plan ☐ Regular ☐ Direct	Option ☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment
	Withdrawal Option (Please ✓) ☐ Fixed Sum OR ☐ Entire Appreciation Min. Rs. 1000/-	Frequency: ☐ Weekly Specify Day Mention any day, Monday to Friday ☐ Monthly ☐ Quarterly DD Mention any date of the month	
2	From Source Scheme: Kotak	Plan ☐ Regular ☐ Direct	Option ☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment
	Withdrawal Option (Please ✓) ☐ Fixed Sum OR ☐ Entire Appreciation Min. Rs. 1000/-	Frequency: ☐ Weekly Specify Day Mention any day, Monday to Friday ☐ Monthly ☐ Quarterly DD Mention any date of the month	

Declaration and Signatures

I/We have read and understood the contents of the SID/SAI 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 there to. I/We hereby declare that I/We 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.

SIGNATURE(S)			
	Sole/Frist Applicant	Second Applicant	Third Applicant

To be signed by **All Applicants** if mode of operation is "Joint"

Acknowledgement Slip (To be filled by Applicant)

	Please retain this Acknowledgement Slip for future reference	DATE: DDMMYY
Received from (Investor's Name)		
Folio Number		
Request for	☐ STP ☐ SWP	
		Official Acceptance Point Stamp & Sign