kotak Mutual Fund

Systematic Investment Plan Form

(Debit Mandate Form NACH/ ECS/ Direct Debit)

Distributor's ARN/ RIA Code#	Sub-Broker's ARN	Sub-Broker's Code	Folio No.	EUIN
ARN-345364				E657680

☐ **#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) (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)***

One Time Mandate Registration Form/ Debit Mandate Form NACH

UMRN | | | F O R O F F I C E U S E | | | | Date D D M M Y Y Y Y

TICK (✓)
- CREATE ☑
- MODIFY ☐
- CANCEL ☐

Sponsor Bank Code For Office Use **Utility Code** For Office Use

I/We hereby authorize Kotak Mahindra Mutual Fund **to debit (tick ✓)** ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank IFSC / MICR

an amount of Rupees ₹

FREQUENCY ☒ Mthly ☒ Qylt ☒ 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/ amendement request to the user entity/ corporate or the bank where I have authorised the debit.

PERIOD
From
To
Maximum period of validity of this mandate is 40 years only

Maximum period of validity of this mandate is 40 years only

Signature Primary Account holder | Signature of Account holder | Signature of Account holder

1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records

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

Purpose of Investment Goal: ☐ Child's Education ☐ Child's Marriage ☐ Car Purchase ☐ House Purchase ☐ Retirement Benefit ☐ Other _____

I would like to opt for Systematic Investment Plan

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 D D M M Y Y Y Y

SIP Date: (Please mention any date of the month between 1st to 31st) SIP Period: From D D M M Y Y Y Y To D D M M Y Y Y Y

*☐ 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 & any amount thereafter)

Variable TOP UP Amount (%) ☐ 20% ☐ 15% ☐ 10% ☐ Any other percentage % (Minimum 10% & in multiples of 5% thereof)

SIP TOP UP Cap Amount Rs. **OR** Top-Up Cap Month-Year M M Y Y Y Y (Mandatory for Variable SIP Top-Up Plan)

Sole/ First Applicant's PAN	

Folio No.	

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 existing details.

If you wish to hold units in demat, please fill this section. 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 SAI/ 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 there to. 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	Third Account Holder

To be signed by All Applicant's if mode of operation is "Joint". (As in Bank Records)