

Distributor's ARN ARN-4464	Sub-Broker's ARN	Sub-Broker's Code	EUIIN (Mandatory) E032737
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Declaration for " Execution-only" transactions (only where EUIIN box is left blank)

"I/We hereby confirm that the EUIIN 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 / First Applicant	Second Applicant	Third Applicant
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TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading 'Checklist' for details)

REQUEST FOR:

Registration of FSIP
 Renewal of FSIP
 Change in Bank details

INVESTOR'S INFORMATION		
Sole/ First Applicant	Second Applicant	Third Applicant
Folio No.	Application No. (For New Investors, pls. attach the application form)	
Name of Applicant	Name of Applicant	Name of Applicant
PAN	PAN	PAN
Date of Birth	Date of Birth	Date of Birth
CKYC No.	CKYC No.	CKYC No.
E-mail	E-mail	E-mail

Scheme Option Growth Dividend : Payout Re-investment

Plan (Please ✓)

Investment Frequency Monthly Quarterly FSIP Period: From MM / YYYY To MM / YYYY OR Default Date (December 2099)

FSIP Instalment Amount (P/E >15) Rs.

Max FSIP instalment Amount (P/E <=15) Rs.

Note: - In case of Max FSIP instalment Amount not mentioned , the default option considered shall be three times the FSIP instalment amount

FSIP Date (✓) 1st 7th 10th 14th 15th 21st 25th 28th 30th

FSIP vide Cheque No. Dated DD / MM / YYYY

Cheque on Bank City Branch

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/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. By ticking micro sip, I/We hereby declare that our total SIP for rolling 12 months or FY April to March does not exceed Rs. 50,000 through this application or any existing SIP in the schemes. 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)		

Debit Mandate Form NACH/ ECS/ Direct Debit

ARN-4464 E032737
VIKRAM S. BAGADTHEY 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 (✓)

CREATE	<input checked="" type="checkbox"/>	MODIFY	<input type="checkbox"/>	CANCEL	<input type="checkbox"/>
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I/We hereby authorize **Kotak Mutual Fund** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank Name of Customers bank IFSC or 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

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From

To 3 1 1 2 2 0 9 9

Or Until Cancelled

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

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.