




Distributor's ARN/ RIA Code [#]	Sub-Broker's Name & Code	EUIN	FOLIO NO.	DATE
ARN-4464		E032737		DD / MM / YYYY

"By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund.
 "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/First Holder	 Second Holder	 Third Holder
	(To be signed by All Unitholders 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.

NAME OF SOLE/ FIRST HOLDER : _____
 NAME OF SECOND HOLDER : _____
 NAME OF THIRD HOLDER : _____

PAN	Sole / First Holder	Second Holder	Third Holder
Aadhaar Number	Sole / First Holder	Second Holder	Third Holder

Note: Name shall be as per PAN/ Aadhaar card only

MOBILE NO. _____ This mobile no. will not get updated in the folio.

APPLICANT'S OTHER DETAILS (Mandatory)

- A) Place of Birth _____ B) Country of Tax Residency other than India _____
- C) Occupation Details [Please tick] Service Private Sector Public Sector Government Services Student Business
 Agriculture Proprietorship Professional Retired Housewife Others _____ (please specify)
- D) Gross Annual Income (Rs.) [Please tick] <1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs <1 Crore >1 Crore
- E) Net worth (Mandatory for Non-individual) Rs. _____ as on DD / MM / YYYY (Not older than 1 year)
- F) Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole-time Directors)
 I am PEP I am Related to PEP Not Applicable

ONE TIME MANDATE REGISTRATION FORM

UMRN _____ Date _____

Sponsor Bank Code _____ For Office Use Utility Code _____ For Office Use

TICK

CREATE MODIFY CANCEL

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

Bank a/c number _____

with Bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ ₹

FREQUENCY Mthly Qlyt 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

1. _____ Signature Primary Account holder
 2. _____ Signature of Account holder
 3. _____ 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.



ACKNOWLEDGEMENT SLIP

(To be filled by Applicant)

DATE _____
 DD MM YYYY

Folio Number _____
 Bank Name _____ Amount _____
 Bank Account No. _____

Official Acceptance Point
Stamp & Sign

Please retain this Acknowledgement Slip for future reference