Systematic Investment Plan Form
(Debit Mandate Form NACH/ ECS/ Direct Debit)

kotak® Mutual Fund

Distributor's ARN/ RIA Code#	Sub-Broker's ARN	Sub-Broker's Code	EUIN
ARN-4464			E032737

☐ #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.

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

TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading 'Checklist' for details)

REQUEST FOR:

☐ Registration of SIP + OTM Registration ☐ Registration of SIP (for existing OTM) ☐ Registration of MICRO SIP ☐ Renewal of SIP ☐ Change in Bank details

INVESTOR'S INFORMATION

Folio No.		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
Aadhaar No.	Aadhaar No.	Aadhaar No.
Date of Birth	Date of Birth	Date of Birth
CKYC No.	CKYC No.	CKYC No.
E-mail	E-mail	E-mail

I would like to opt for Systematic Investment Plan

Scheme

Plan

Option ☐ Growth ☐ Dividend : ○ Payout ○ Re-investment

Dividend : Frequency

Investment Frequency (Please ✓) ☐ Monthly ☐ Quarterly

SIP Period From MM / YYYY To MM / YYYY OR ☐ Default Date (December 2099)

SIP Amount (✓) Rs. ☐ 20000 ☐ 10000 ☐ 5000 ☐ 1000 ☐ Any other amount Rs. First SIP vide Cheque No. Dated DD / MM / YYYY

SIP Date (✓) ☐ 1st ☐ 5th ☐ 7th ☐ 10th ☐ 14th ☐ 15th ☐ 20th ☐ 21st ☐ 25th ☐ 28th ☐ 30th

☐ **SIP BOOSTER** (Optional) (Please refer instructions overleaf)

Frequency (Please✓) ☐ Half Yearly ☐ Yearly

Fixed Booster Amount (Rs.) ☐ 3000 ☐ 1000 ☐ 500 ☐ Any other amount Rs. (Minimum Rs. 500 and in multiples of Rs. 500 thereof)

Variable Booster Amount (%) ☐ 20% ☐ 15% ☐ 10% ☐ Any other percentage % (Minimum 10% and in multiples of 5% thereof)

SIP Booster Cap Amount Rs.

Booster CAP Amount: Investor has an option to freeze the SIP Booster amount once it reaches a fixed predefined amount. The fixed pre-defined amount should be same as the maximum amount mentioned by the investor in the NACH Debit Mandate Form. In case of difference between the CAP Amount & the maximum amount mentioned in NACH Debit Mandate Form, then amount which is lower of the two shall be considered as the default amount of SIP CAP Amount.

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. 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.
I/ We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/ our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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)

One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit

ARN-4464 E032737
VIKRAM S. BAGADTHEY

UMRN (For Office use) 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 ☒ 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

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.