

ARN-4464 E032737 VIKRAM S. BAGADTHEY

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	Sole/ First Holder	Second Holder	Third Holder
PAN	Sole/ First Holder	Second Holder	Third Holder

**EXISTING SIP DETAILS**

Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option:  Growth  Dividend :  Payout  Re-investment  
 Dividend : Frequency \_\_\_\_\_

Investment Frequency (Please ✓)  Monthly  Quarterly

SIP Period From MM / YYYY To MM / YYYY

SIP Amount (✓) Rs.  20000  10000  5000  1000  Any other amount Rs. \_\_\_\_\_

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

**MODIFICATION SIP DETAILS**

Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option:  Growth  Dividend :  Payout  Re-investment  
 Dividend : Frequency \_\_\_\_\_

Investment Frequency (Please ✓)  Monthly  Quarterly

SIP Period From MM / YYYY To MM / YYYY

SIP Amount (✓) Rs.  20000  10000  5000  1000  Any other amount Rs. \_\_\_\_\_

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

**FOR CHANGE IN BANK DETAILS OF EXISTING SIP - PLEASE FILL "ONE TIME MANDATE REGISTRATION FORM" APPENDED BELOW**

**SIGNATURE (S)**

First or Sole Applicant / Unitholder     
  Second Applicant / Unitholder     
  Third Applicant / Unitholder

(To be signed by All Applicants/ Holders if mode of holding is Joint)

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

ARN-4464 E032737 UMRN \_\_\_\_\_ F o r o f f i c e u s e \_\_\_\_\_ Date \_\_\_\_\_

VIKRAM S. BAGADTHEY

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  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

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.

**INSTRUCTIONS / TERMS & CONDITIONS**

1. SIP Modification Request shall be construed as Cease of Existing SIP & Registration of a fresh SIP. Hence, the load structure prevailing at the time of registration of SIP Modify request, will be applicable.
2. Modification Form has to be submitted atleast 28 days prior to the next SIP installment date.
3. Modify SIP request shall be liable for rejection if the modified details do not meet the amount / tenure conditions as per the Scheme Information Document of the respective scheme or the registered mandate.
4. If the investor submits request for Modify SIP details for a SIP registration where the SIP Booster facility is already registered, the SIP Booster facility shall be cancelled immediately upon receipt of Modify SIP details request.
5. In case your existing SIP has been registered through the OTM Mandate, then you need not fill the OTM section of this form again, unless you intend to increase the amount registered as per existing OTM. Else, you will have to mandatorily fill the OTM section of this form, to effect any change in your existing SIP.
6. Modify SIP request shall be liable for rejection if there is any discrepancy or if the form is not duly filled.
- 7. For Change of Bank Details in your existing SIP, please ensure a cancelled cheque leaf of the new bank account, reflecting the name of the unit-holder, is enclosed along with this form.**