

COMMON APPLICATION FORM

Appl. CA

Date: DD / MM / YYYY

ARI	N-118251 ^{autor's} ARN/ RIA Code#	Sub-Broker's ARN	Sub-Broker's (Sub-Broker's Code EUIN					
☐ Kotak ☐ "I/We	entioning RIA/PMS code, I/ We authorize you to share wi c Mahindra Mutual Fund. Declaration for "Execution-only hereby confirm that the EUIN box has been intentionally left blank n of the above distributor/sub broker or notwithstanding the advice of	" transactions (only where EU by me/us as this transaction is exec	IN box is left blank) uted without any interaction of	or advice by the empl	oyee/relationship manager/sales				
SIGNAT URE(S)	Sole / First Applicant	Second Applicant		Third A	upplicant				
TRANSAC form" for	TION CHARGES for Applications routed through distribu	(To be signed by All Applicants tor/agents only (Kindly refer	Fransaction Charges unde	r the heading "Gu	idelines to filling up the				
Existing Unitholder Information (Section I)	If you have, at any time, invested in any Scheme of Kotak Mahindr and PAN details below and proceed to Section Investment Details. Name of Sole / First Applicant:	a Mutual Fund and wish to hold yo		me Account, please fo	urnish your Name, Folio Number				
у)	Please tick, if applicable, O Politically Exposed Person (PEP) Occupation of Applicant O Private Sector Service O But O Public Sector/O Pro	ac O 1 - 5 lac O 5 - 10 lac worth as on (date) DD / MM	/ YYYY Rs	cr O 1 cr - 5 cr	d not be older than 1 year)				
New Applicant's Personal Information (Mandatory) (Section II)	Status of Applicant O Resident Individual O NRI on Repatriation Basis (NRE) O NRI on Non-Repatriation Basis (NRO) O HUF LEI Number (Legal Entity Identifier) – For Non individuals only:	O Mutual Fund O Mutual Fund FOF Schen y O Body Corporate	O PF/ Gratuity/ Pension	on/ O Foreign und O On beh O Other	n Institutional Investor half of Minor Please specify)				
New Applicant's Persor (Sec	Name of Second Applicant:^Name shall be as per PAN card. PAN/ PEKRN: Date of Birth/ Incorporation D M M Y Y Y Y CKYC: CKY								
	Name of Third Applicant:^ Name shall be as per PAN card. PAN/ PEKRN:								
(Section III)	Mode of Operation - Where there is more than one applicant [PI O First Applicant only O Anyone or Survivor O .		survivor, in case of more than o	one applicant)					
Guardian/ Contact Person if Non- Individual Applicant (Section IV)	Gross Annual Income Details in INR (please tick): O < 1 lac or Net-worth as on (date) DD / MM / YYYY Rs. Please tick, if applicable, O Politically Exposed Person (PEP) E *1 declare that the information is to the best of my knowledge an Co. Ltd. immediately in case there is any change in the above info	O 1 - 5 lac O 5 - 10 lac (should not be older YES NO Related to a Pol d belief, accurate and complete. I a	itically Exposed Person (PEP)	* O Not applicable					
Power of Attorney (PoA) Holder (Section V)	Gross Annual Income Details in INR (please tick): O < 1 lac or Net-worth as on (date) DD / MM / YYYY Rs. Please tick, if applicable, O Politically Exposed Person (PEP) *I declare that the information is to the best of my knowledge an Co. Ltd. immediately in case there is any change in the above info	O 1 - 5 lac O 5 - 10 lac (should not be older Step NO Related to a Pold belief, accurate and complete. I a	itically Exposed Person (PEP)	* O Not applicable					
	_ <u> </u>	(To be filled by Appli							

ACKNOWLEDGEMENT SLIF

Official Acceptance Point Stamp & Sign

	Address for Communication	(Full Address Mandatory)		Overseas Address	Mandatory for	NRI/ FII Applicants)					
	House/ F		Overseas Address (Mandatory for NRI/ FII Applicants) House/ Flat No								
	Street A		House/ Hat No Street Address								
Correspondence Details of Sole/ First Applicant (Section VI)	City/ Town	State	City/ Town			State					
Deta plica VI)	Country	Pin Code	Country			Pin Code					
ence st Ap tion	Mobile:			e O Guardian (for Minor inv		endent Children O Dependent Parents					
pond e/ Fir (Sec	Mobile.	Wobile belong		olings O Custodian O POA		endent Children O Dependent Falents					
Sol	Email:	O Consider (for Minus investment)	Dan and ant Children (O December 1 O December 1 O December 1		Tel (Res./ Off.)					
O	Email Address belongs to: O Self O Spouse C			· · · · · · · · · · · · · · · · · · ·							
	If We hereby declare that the details furnished above are true & correct to the best of my knowledge and undertake to inform KMAMC of any changes therein immediately, If we approve the usage of these contact details for any communication with KMAMC. Please note all kinds of investor communication, Transaction Information, Statemer Account, Annual Report and other kind of communication will be sent through email only instead of physical, for investors who provide their email address.										
FATCA &	FATCA & CRS INFORMATION [Please tick (🗸)], for Individuals (Mandatory). Non Individual investors & HUF should mandatorily fill separate FATCA detail form.										
The below information is required for all applicant(s)/guardian Address Type: Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio) Is the applicant(s) / guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No If Yes, Please provide the following information [Mandatory] Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below.											
Category	У	First Applicant	/ Minor	Second Applicant/	Guardian	Third Applicant					
Place/ Cit	y of Birth										
Country	of Birth										
Country	of Tax Residency – 1**										
Tax Payer	Ref. ID No. – 1^										
Tax Identi	fication Type – 1 [TIN or Other, please speci	fy]									
Country	of Tax Residency – 2**										
Tax Payer	Ref. ID No. – 2^										
Tax Identi	fication Type – 2 [TIN or Other, please speci	fy]									
Country	of Tax Residency – 3**										
Tax Payer	Ref. ID No. – 3^										
Tax Identi	ification Type – 3 [TIN or Other, please speci-	fy]									
** To also	include USA, where the individual is a citiz	zen/ green card holder of USA. ^	In case Tax Identific	cation Number is not ava	ilable, kindly p	provide its functional equivalent.					
	I/ We		and			do haraby naminata					
	the undermentioned Nominee to receive the Ur	nits to my/our credit in Folio No./Appli	and cation No	in the event o	f my/our death.	do hereby nominate /we also understand that all payments					
	and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustee.										
	DETAILS OF NOMINEE Please tick any of	□ PAN □ Aadhaar	□ Date of Birth □ Others	i	-						
2	Name & Address of	Relationship	onship Proof of Identity		Signature Of Nominee						
ndato											
al(s)											
n VII lividu Jointl											
by Ind	DETAILS OF GUARDIAN (to be furnish	hed in case Nominee is a minor)								
S) single of the state of the s											
n Deta	Name & Address of	PAN	PAN Relationship with Minor Signature Of Guardian								
Nomination Details (Section VII) (Mandatory) (to be filled in by Individual(s) applying Singly or Jointly)	 ✓ We have read and understood the instructions on nomination and // We hereby undertake to abide by the same. The instructions contained herein supercede all previous nominations made by me/ us in respect to the folio(s) mentioned above. ☐ I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio. 										
	POA holder cannot nominate. Hence, sole/ all joint holder applicants must sign. First/ Sol	Unitholde	Unitholder 2: Signature Unitholder 3: Signature								
	Name:		Name:		Name:						

KOTAK MAHINDRA MUTUAL FUND

6th Floor, Kotak Infinity, Building No. 21,Infinity Park, Off. Western Express Highway, Gen.A.K. Vaidya Marg, Malad (E), Mumbai - 400 097.

1800 309 1490 (Toll-free), 044-4022 9101

mutual@kotak.com @ www.kotakmf.com/

Computer Age Management Services Ltd.

No 178/10, Kodambakkam High Road, Ground Floor, Opp. Hotel Palmgrove, Nungambakkam, Chennai - 600034.

2 044 6110 4034

■ enq_k@camsonline.com www.camsonline.com

Please enclose a cancelled chique leaf of this Bank in case your investment cheque is not from this account, else bank details of investment cheque shall be updated for payer and the properties of the payer of the														
Proceedings Defended Defend	In case you		ease fill this section. Please r	note that you	can hold units in demat	for all ope	Ι	mes (excep	t ETFs and	I IDCW op	tions hav	ing IDCW frequency o	f less than a	a month).
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The Color of Accounts to Page 1 Specimen Services Specimen Ser						_						Payment Details		
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Mahndra Mutual Fund. I We hereby apply for allotiment from the Scheme(s) indicated in Section XI above and agree to able by the terms and conditions applicable therety. We hereby declare that I We are authorised to make this investment in the abovementorised Scheme(s) and that the amount invested in the Scheme(s) through legitimate sources only a does not involve and is not designed for the purpose of any contravention to exessor of any Act, Rule. Segulations, North-extens of Directions of the provisions of income Tax Act, Ari Mah Manager and its agents to discove details of mini investment to myolicular the manager and the provision of the provisions of income Tax Act, Ari Mah Manager and its agents to discove details of my investment and viscover and for my bank(s) / Kotak Mahindra Mutual Fund's bank(s). I/We have enther received nor be induced by any relate or gift, directly or indirectly, in making this investment. I/We contine that the distributor has disclosed all commission in the form of trail commission or any other mode) payable to the distributor for the different competing Schemes of varior Mutual Funds from amongst which the Scheme is being recommended to me / us. I/We contine that the distributor being schemes of wards which the Scheme is being recommended to me / us. I/We contine that the distributor being the scheme is being recommended to me / us. I/We contine that the information provided by me in this form and to the best of my knowledge and belief it is true, correct, and complete. Application of the scheme is being recommended to me / us. I/We have examined the information provided me information requirements of this form funds in mylour NRE /FCNR Account. Please tick if the investment is operated as POA / Guardian	ěš.	This is t	he 9 digit No. next to your Cheque	e No.										
Please ensure that: # Your Application Form is complete in all respects & signed by all applicants: # Name, Address and Contact Details are mentioned in full. # Bank Account Details are entered completely and correctly. 9 digit MICR Code of your Bank is mentioned in the Application Form. # Permanent Account Number (PAN) Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount. # Know Your Client (KYC) Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount. # Know Your Client (KYC) Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount. # Your Investment Cheque / DD is drawn in favour of < Scheme Name > dated and signed. # A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form. # Document		I/We confirm that the distributor has disclosed all commission (in the form of trail commission or any other mode) payable to the distributor for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I have examined the information provided by me in this form and to the best of my knowledge and belief it is true, correct, and complete. Applicable to NRIs seeking repatriation of redemption proceeds: I/We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. FATCA & CRS Declaration: I/We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer guideling No. 11).												
Pour Application Form is complete in all respects & signed by all applicants: ■ Name, Address and Contact Details are mentioned in full. ■ Bank Account Details are entered completely and correctly. 9 digit MICR Code of your Bank is mentioned in the Application Form. ■ Permanent Account Number (PAN) Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount. ■ Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 2(d) for more information) Pour Investment Cheque / DD is drawn in favour of < Scheme Name > dated and signed. Application Number is mentioned on the face of the cheque. A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form. Document Companies Trusts Societies Partnership Firms PIOs Constituted Attorney 1. Resolution / Authorisation to invest 2. List of Authorised Signatories with Specimen Signature(s) ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓		Please tick if the invest	ment is operated as Po	OA / Guard	lian POA	Guardian						ny other requiremer	its is not f	ulfilled,
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Firms PIOs Constituted Attorney		 ✓ Your Application Form is complete in all respects & signed by all applicants: ■ Name, Address and Contact Details are mentioned in full. ■ Bank Account Details are entered completely and correctly. 9 digit MICR Code of your Bank is mentioned in the Application Form. ■ Permanent Account Number (PAN) Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount. ■ Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 2(d) for more information) ✓ Your Investment Cheque/DD is drawn in favour of < Scheme Name > dated and signed. ✓ Application Number is mentioned on the face of the cheque. ✓ A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form. 												
1. Resolution / Authorisation to invest 2. List of Authorised Signatories with Specimen Signature(s) 3. Memorandum & Articles of Association 4. Trust Deed 5. Bye-Laws 6. Partnership Deed 7. Notarised Power of Attorney 8. Account Debit / Foreigin inward Remittance Certificate from	st	Document			Companies	Trusts	Societies	- 1			FIS			
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		8. Account Debit / Forei remitting Bank	gin inward Remittance C	ertificate fro	om					✓				

All documents in 1 to 8 above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public