

Distributor's ARN/ RIA Code*	Sub-Broker's ARN	Sub-Broker's Code	EUIIN
ARN-118251			

- *By mentioning RIA code, I/We authorize you to share with the Distributor, the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund. 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) <small>(To be signed by All Applicants)</small>		
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)*
 Renewal of SIP

INVESTOR'S INFORMATION		
FOLIO NO.	Application No. <small>(For New Investors, pls. attach the application form)</small>	
Sole/ First Applicant	Second Applicant	Third Applicant
Name of Applicant	Name of Applicant	Name of Applicant
PAN	PAN	PAN

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

UMRN	F o r o f f i c e u s e	Date	
TICK (✓)	Sponsor Bank Code	For Office Use	Utility Code
<input checked="" type="checkbox"/> CREATE			
<input checked="" type="checkbox"/> MODIFY	I/We hereby authorize Kotak Mahindra Mutual Fund		to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other
<input checked="" type="checkbox"/> CANCEL	Bank a/c number		
with Bank	IFSC	or MICR	
an amount of Rupees			₹
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qyly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		DEBIT TYPE
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 5 0		
	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.

I would like to opt for Systematic Investment Plan

Scheme	Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW: <input type="radio"/> Payout <input type="radio"/> Re-investment
Plan	IDCW Frequency
Investment Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
SIP Amount (✓) Rs. <input type="checkbox"/> 20000 <input type="checkbox"/> 10000 <input type="checkbox"/> 5000 <input type="checkbox"/> 1000 <input type="checkbox"/> Any other amount	Rs. <input type="text"/> First SIP vide Cheque No. <input type="text"/> Dated <input type="text"/> DD / MM / YYYY
SIP Date: <input type="text"/> (Please mention any date of the month between 1st to 31st)	SIP Period: From <input type="text"/> MM / YYYY To <input type="text"/> MM / YYYY OR <input type="checkbox"/> Default Date (31/12/2050)
* <input type="checkbox"/> Use existing One Time Debit Mandate (if already registered in the Folio)	
Bank Name	Bank A/c No.
<input type="checkbox"/> SIP TOP UP (Optional) (Please refer instructions overleaf)	
Frequency (Please ✓) <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Fixed TOP UP Amount (Rs.) <input type="checkbox"/> 3000 <input type="checkbox"/> 1000 <input type="checkbox"/> 100 <input type="checkbox"/> Any other amount
	Rs. <input type="text"/> (Minimum Rs. 100/- and any amount thereafter)
	Variable TOP UP Amount (%) <input type="checkbox"/> 20% <input type="checkbox"/> 15% <input type="checkbox"/> 10% <input type="checkbox"/> Any other percentage
	<input type="text"/> % (Minimum 10% and in multiples of 5% thereof)
	SIP TOP UP Cap Amount <input type="text"/> Rs. <input type="text"/> OR Top-Up Cap Month-Year <input type="text"/> MM / YYYY (Mandatory for Variable SIP Top-Up Plan)

I would like to opt for Systematic Investment Plan

Scheme <input style="width: 90%;" type="text"/>	Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW: <input type="radio"/> Payout <input type="radio"/> Re-investment
Plan <input style="width: 90%;" type="text"/>	IDCW Frequency <input style="width: 80%;" type="text"/>
Investment Frequency (Please✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
SIP Amount (✓) Rs. <input type="checkbox"/> 20000 <input type="checkbox"/> 10000 <input type="checkbox"/> 5000 <input type="checkbox"/> 1000 <input type="checkbox"/> Any other amount <input style="width: 80%;" type="text"/> Rs.	First SIP vide Cheque No. <input style="width: 80%;" type="text"/> Dated <input style="width: 80%;" type="text"/> DD / MM / YYYY
SIP Date: <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> (Please mention any date of the month between 1st to 31st)	SIP Period: From <input style="width: 20%;" type="text"/> MM / YYYY To <input style="width: 20%;" type="text"/> MM / YYYY OR <input type="checkbox"/> Default Date (31/12/2050)
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DEMAT ACCOUNT DETAILS Please ensure you submit supporting documents evidencing the accuracy of the demat account details mentioned below. Bank details of DP will overwrite the existing details.

In case you wish to hold units in demat, please fill this section. Please note that you can hold units in demat for all open ended schemes (except ETFs and IDCW options having IDCW frequency of less than a month).

NSDL CDSL DP Name DP ID Beneficiary Account No.

Declaration and Signature

I/We have read and understood the contents of the SAV/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 thereto. I/We hereby declare that I am/We are 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.

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)		