

## COMMON APPLICATION FORM

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN	Official Acceptance Point	Appl. CA
ARN- 56003	ARN-	Stamp & Sign	Date : DD / MM / YYYY

### 1. EXISTING UNITHOLDER INFORMATION [Refer Guideline 2(a)]

If you have, at any time, invested in any Scheme of Kotak Mahindra Mutual Fund and wish to hold your present investment in the same Account, please furnish your Name, Account Number and PAN details below and proceed to Section 4.

Name of Sole / First Holder : \_\_\_\_\_ Account No.: \_\_\_\_\_ / \_\_\_\_\_

### 2. NEW APPLICANTS' PERSONAL INFORMATION [Refer Guideline 2]

<b>SOLE/FIRST APPLICANT</b>	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>	Date of Birth
_____		DD / MM / YYYY
First Name Middle Name Last Name		
<b>GUARDIAN (in case Sole / First Applicant is a minor)</b>	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>	<b>Status (Please ✓)</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> HUF <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Body Corporate <input type="checkbox"/> Registered Society <input type="checkbox"/> PF/Gratuity/Pension/ Superannuation Fund <input type="checkbox"/> Trust <input type="checkbox"/> AOP / BOI <input type="checkbox"/> Foreign Institutional Investor <input type="checkbox"/> Others _____ (Please specify)
_____		
First Name Middle Name Last Name		
<b>CONTACT PERSON (in case of Non-individual applicants)</b>	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>	<b>Occupation (Please ✓)</b> <input type="checkbox"/> Business <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trading <input type="checkbox"/> Service <input type="checkbox"/> Government <input type="checkbox"/> Non-Government <input type="checkbox"/> Professional <input type="checkbox"/> Medicine <input type="checkbox"/> Finance <input type="checkbox"/> Engineering <input type="checkbox"/> Legal <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agriculture <input type="checkbox"/> Others _____ (Please specify)
_____		
Name Designation		
<b>SECOND APPLICANT (Joint Holder 1)</b>	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>	
_____		
First Name Middle Name Last Name		
<b>THIRD APPLICANT (Joint Holder 2)</b>	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>	
_____		
First Name Middle Name Last Name		
<b>MODE OF OPERATION (where there are more than one applicants)</b>		
<input type="radio"/> First Holder only <input type="radio"/> Anyone or Survivor <input type="radio"/> Joint		
<b>PAN *</b>	Sole / First Applicant	Second Applicant
Enclosed (please ✓)	<input type="checkbox"/> PAN Proof or <input type="checkbox"/> Form 60 / 61	<input type="checkbox"/> PAN Proof or <input type="checkbox"/> Form 60 / 61
	Third Applicant	
	<input type="checkbox"/> PAN Proof or <input type="checkbox"/> Form 60 / 61	
	* Mandatory for Investment Amount >= Rs. 50,000/- [Refer Guideline 2(d)]	

**ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ State \_\_\_\_\_

(Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

(Off.) \_\_\_\_\_ (Res.) \_\_\_\_\_ (Fax) \_\_\_\_\_

**OVERSEAS ADDRESS (Mandatory for Non-Resident applicants)**      Address for Correspondence (Please ✓)  Indian  Overseas

City \_\_\_\_\_ Zip Code \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Nationality \_\_\_\_\_

To be filled by Applicant  
Received from Mr./Ms. \_\_\_\_\_  
an application for allotment of Units in the following Scheme:

### ACKNOWLEDGEMENT SLIP

Investment Details	Instrument Details	Amount	Appl. CA
Scheme _____	No. _____ Dated DD/MM/YYYY	Rs. _____	Official Acceptance Point Stamp & Sign
Plan _____	Bank & Branch _____		
Option _____			

Please retain this slip duly acknowledged by the Official Acceptance Point till you receive your Account Statement.

### 3. BANK ACCOUNT DETAILS (MANDATORY) [Refer Guideline 3]

Name of Bank			
Branch			
City	(Clearing Circle)		
Account No.			
MICR Code	This is the 9 digit No. next to your Cheque No.		
Account Type :	<input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR <input type="radio"/> Others		

**DIRECT CREDIT**  
 We offer a Direct Credit Facility with the following banks for paying out Dividend and Redemption Proceeds to you faster.
 

• ABN AMRO Bank	• HDFC Bank	• IndusInd Bank
• Centurion Bank of Punjab	• HSB	• Kotak Mahindra Bank
• Citibank	• IICI Bank	• Standard Chartered Bank
• Deutsche Bank	• IDBI Bank	• UTI Bank

 If your bank account is with any of these banks, we will directly credit your dividend / redemption proceeds into the same.  
**If, however, you wish to receive a cheque payout, please tick the box alongside.**

### 4. INVESTMENT DETAILS [Refer Guideline 4]

Scheme			
Plan			
Investment Amount	Rs. <b>A</b>	DD Charges (if applicable)	Rs. <b>B</b>
Net Amount (if applicable)	Rs. <b>A - B</b>		
Mode of Payment	Cheque / Demand Draft / Fund Transfer (Strike off whichever is not applicable)	Instrument No.	dated DD / MM / YYYY
Drawn on	Bank	Branch	City
Cheque / DD to be drawn in favour of specific Scheme / Plan as indicated in last column of Scheme Snapshot Table.			
If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)			
<input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others (Please specify)			

### 5. NOMINATION DETAILS (to be filled in by Individual(s) applying Singly or Jointly) [Refer Guideline 5]

We \_\_\_\_\_ and \_\_\_\_\_ do hereby nominate the undermentioned Nominee to receive the Units to my/our credit in Account No./Application No. \_\_\_\_\_ in the event of my/our death. I/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.

<b>DETAILS OF NOMINEE</b>		<b>DETAILS OF GUARDIAN (to be furnished in case Nominee is a Minor)</b> (Strike off if this section is not applicable to you)	
NAME	Date of Birth DD / MM / YYYY	NAME	
ADDRESS		ADDRESS	
City/Town	Pin	City/Town	Pin
Tel.	Signature of Nominee	Tel.	Signature of Guardian

### 6. KOTAK FACILITIES [Refer Guideline 6]

I / We would like to subscribe to the following facilities offered by Kotak Mahindra Mutual Fund : [Please ✓] <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Transact over the Internet / Telephone</b> (Please fill the enclosed Internet / Phone Transactions Form)</li> <li><input type="checkbox"/> <b>Avail Systematic Investment / Withdrawal / Transfer Plan</b> (Please fill the enclosed Facilities Form)</li> <li><input type="checkbox"/> <b>Avail SIP Auto Debit Facility</b> (Please fill the enclosed SIP Auto Debit Facility Form)</li> </ul>	I / We would like to receive the following communication by E-Mail: [Please ✓] <ul style="list-style-type: none"> <li><input type="checkbox"/> Account Statement</li> <li><input type="checkbox"/> Monthly Update</li> <li><input type="checkbox"/> ECS of Dividends</li> <li><input type="checkbox"/> Transaction Confirmation</li> <li><input type="checkbox"/> Annual Report</li> </ul> Please furnish your Email ID below : Your E-mail ID here
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### 7. DECLARATION AND SIGNATURES [Refer Guideline 7]

I / We have read and understood the contents of the Offer Document(s) of the respective Scheme(s) of Kotak Mahindra Mutual Fund. I / We hereby apply for allotment / purchase of Units in the Scheme(s) indicated in Section 4 above and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that I / We are authorised 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 does not involve 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 authorise Kotak Mahindra Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my / our Investment Advisor and / or my bank(s) / Kotak Mahindra Mutual Fund's bank(s).

I / We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment.  
**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.

SIGNATURE(S)			
	Sole / First Applicant	Second Applicant	Third Applicant
	(To be signed by <b>All Applicants</b> )		

Kotak Mahindra Mutual Fund 91/92, 9th Floor, Sakhar Bhavan, 230, Nariman Point, Mumbai 400 021 ☎ 022-6638 4444 ✉ mutual@kotak.com	Computer Age Management Services Pvt. Ltd. 158, Rayala Towers, 2nd Floor, Anna Salai, Chennai 600 002 ☎ 044 2852 1839 ✉ enq_k@camsonline.com
🌐 www.kotakmutual.com      🌐 www.camsonline.com	
<b>We are at your service on 1800-222-626 from 9.30 a.m. to 6.30 p.m. (Monday to Friday)</b>	