

COMMON APPLICATION FORM

Ividtdai i dild			
Investment Advisor's Name & ARI	N Sub-Broker's Name & ARN Sub-Broker \ LG Code	EUIN (Mandatory)	Appl. CA
			Date : DD / MM / YYYY
"I/We hereby confirm that the EL	JIN box has been intentionally left blank by me	e/us as this transaction is executed without any intera g the advice of in-appropriateness, if any, provided	action or advice by the employee/relationship
manager/sales person of the ab person of the distributor/sub bro	ove distributor/sub broker or notwithstanding ker."	g the advice of in-appropriateness, if any, provided	by the employee/relationship manager/sales
SIGNATURE(S)			
INATU			
Sole / First Ap	1	Second Applicant	Third Applicant
Unfront commission shall be paid direc		e signed by All Applicants) ors based on the investor's assessment of various factors in	ocluding the service rendered by the distributor
A. UNITHOLDER INFORMAT		sis sased on the investor of assessment of various factors in	[Refer Guideline 2(a)]
		or more details, please refer guidelines on page 13, p	
	ed in any Scheme of Kotak Mahindra Mutual I	Fund and wish to hold your present investment in th	
Name of Sole / First Holder:	in and proceed to seedon	Folio No.:	/
B. NEW APPLICANT'S PERS	ONAL INFORMATION		[Refer Guideline 2]
SOLE/FIRST APPLICANT			Date of Birth**
GUARDIAN (in case Sole / First Appl	icant is a minor)	Relationship	**Mandatory in case sole/first applicant is minor.
			Status (Please ✓) Resident Individual
CONTACT PERSON (in case of Non-	-individual applicants)	Designation	NRI on Repatriation Basis NRI on Non-Repatriation Basis
			HUF Proprietorship
SECOND APPLICANT (Joint Hold	ler 1)		Partnership Firm Private Limited Company
CHARRIAN #			Public Limited Company Mutual Fund
GUARDIAN (in case Second Applicat	nt is a minor)		Mutual Fund FOF Scheme Body Corporate
TUIDD ADDITION (Initiat Helden	. 2)		Registered Society PF/ Gratuity/ Pension/
THIRD APPLICANT (Joint Holder	2)		Superannuation Fund
GUARDIAN (in case Third Applicant	is a minor)		Trust AOP/ BOI Foreign Institutional Investor
			On behalf of Minor Other
MODE OF OPERATION (where	e there is more than one applicant)		(Please specify)
First Holder only	Anyone or Survivor	O Joint	Occupation (Please ✓) (Mandatory) ☐ Private Sector ☐ Agriculturist
PAN AND KYC COMPLIANT ST	PAN	PAN	Public Sector Retired Government Service Housewife
Sole / First Applicant	Second Applicant	Third Applicant	Business Student Professional Others
KYC Compliant Status* ☐ PAN Proof # ☐ Yes ☐ N	KYC Compliant Status* Io PAN Proof # Yes N	NO KYC Compliant Status* No □ PAN Proof # □ Yes □ No	(Please specify)
(#Please attach PAN Card Copy)	/ (*KYC allotment letter copy is mandatory)		
C. THIRD PARTY PAYMENT DE			
Parent/Grand-Parent/Guardian of N Name:	Minor/ Related Person Other than the Register	r Guardian/ Employer on behalf of Employee (SIP or Relationship with Applicant	
PAN:	KYC Compliant Status: Yes	□ No	
Declaration: I hereby declare and confirm funds for these investments on account of	that the Applicant stated above is the beneficial owner my natural love and affection or incentive to employee o	of the investment details mentioned above. I am providing the r for & on behalf of fill or as gift from my bank account only, the Minor, registered in folio and have no objection to receiving	
Declaration (Guardian of minor, as register these funds on behalf of the minor. (Note: Aforeside signature should match	red in the folio): I confirm that I am the legal guardián of : n with the investment cheque signature)	the Minor, registered in folio and have no objection to receiving	Signature
	CATION* (*Fields are Mandatory)	D. DEMAT ACCOUNT DETAILS	[Refer Guideline 3]
		In case you wish to hold units in demat, pleas units in demat for all open ended scheme	e fill this section. Please note that you can hold s (except ETFs and dividend options having
		dividend frequency of less than a month).	
		NSDL	CDSL
City*	Pin/Zip Code*	DP Name	DP Name
State*	Country*	DRID	מו מת
(Cell)*	☎ Tel.*	DP ID	DP ID
☐ (Fax)		Beneficiary Account No.	Beneficiary Account No.
⊠ E-mail*		Please ensure that your demat account details mer evidencing the accuracy of the demat account. Bar	ntioned above are along with supporting documents the details of DP will overwrite the existing details.
kotak ®	(To be		CKNOWLEDGEMENT SLIP
Mutual Fund Think Investments. Think Kotak.	Received from an application for allotment of units in the following	ng scheme . Appl. CA	
Investment Details	Instument Details	Amount	Application write the foliation Number of the key Number
Scheme	No Dated DD / MM /	YYYY Rs.	on the Number

Bank & Branch _

Please retain this silp, duly acknowledged by the Official Collection Center till you receive your Account Statement

Official Acceptance Point Stamp & Sign

	UNT DETAILS (Mandatory, this ac	count c	details will be co				IRECT C	REDIT		[Refer Guideline
Name of Bank	Cit.			We shall directly cred		idend/rede	mption	payments in		count if your Bank is
Account No.	City			included in Bank list						
RTGS IFSC Code				If, however, you w	vish to re	ceive a ch	neque p	payout, plea	ase tick the bo	ox alongside.
NEFT IFSC Code										
MICR Code										
	This is the 9 digit No. next to			ote: Investor can regis		le bank ac	count by	y submitting	Bank registratio	n form, please read t
Account lype : (Current Savings NRO NRE	FCNR		struction given in the						
F. INVESTMENT	T DETAILS - MODE OF INVEST	MENT ((Please ✓) -	Cheque/ DD	Fund	Transfe	r			[Refer Guideline
SI.	Scheme Name / Frequency		Plan / Option /	Frequency	Amo			Amount	Pa Cheque /	yment Details Bank and Bra
No.			Sub-option Growth	- Westle - Neath	Investe	eu (NS.)	Pd	id (Rs.)	DD No.	Dank and Did
1			Dividend O P O I	Weekly Monthly Daily		Charges				
2			Growth	Weekly Monthly	Less DD	Charges				
			☐ Dividend ○ P ○ I	Daily Weekly Monthly						
3			Dividend O P O I	- -		Charges				
te - Attach separate	e cheque for each Investment		P=Payout R=Reinvestm	ent				<u> </u>		'
	estor, please indicate source of funds for y		tment (Please ✓)							
) NRE	NRO FCNR O	Others								
G. NOMINATIO	ON DETAILS (to be filled in by	/ Indivi	dual(s) applying	Singly or Join	tly)					[Refer Guideline
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	ninee to receive the Units to my/our credit in							h. I/we also ui	nderstand that a	ll payments and settle
DETAILS OF	e and signature of the Nominee acknowled NOMINEE	aging rece	ipi mereor, shall be a	railu uiscriarge by the A	NIVIC/ IVIUTU	ai runu / li	ustee.			
	ne of Nominee		Ad	Idress		Date Of E	Birth	% Share	Signature	Of Nominee
DETAILS OF	GUARDIAN (to be furnished in case	Nomine	ee is a minor)							
Nar	me of Guardian								C:	ature Of Guardian
				Address				Tel. No	Sign	ature Of Guardian
H. E-MAIL CO	OMMUNICATION eceive all communication by E-mail includ		,	/We do not intend to		omination	facility t		tment applicatio	n
H. E-MAIL CO			unt statement & trans	/We do not intend to		omination	facility t		tment applicatio	n
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