

Distributor's ARN/ RIA Code*	Sub-Broker's ARN	Sub-Broker's Code	EUIN

- ☐ "By mentioning RIA code, I/ We authorise 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 EUIN box is left blank)
- ☐ "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) (To be signed by All Applicants)		
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:		
<input type="checkbox"/> Registration of SIP + OTM Registration	<input type="checkbox"/> Registration of SIP (for existing OTM)*	<input type="checkbox"/> Registration of Top-up Plan for existing SIP

INVESTOR'S INFORMATION		
FOLIO NO.	Application No. (For New Investors, pls. attach the application form)	
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													
Sponsor Bank Code		For Office Use	Utility Code												
		For Office Use													
TICK (✓) <input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We hereby authorize Kotak Mahindra Mutual Fund to debit (tick ✓) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>SB</td><td>CA</td><td>CC</td><td>SB-NRE</td><td>SB-NRO</td><td>Other</td> </tr> </table>		SB	CA	CC	SB-NRE	SB-NRO	Other							
SB	CA	CC	SB-NRE	SB-NRO	Other										
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 <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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 <table border="1" style="display: inline-table;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> To <table border="1" style="display: inline-table;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>															
		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.															

<input type="checkbox"/> Existing SIP Details for which SIP Top-Up needs to be registered		<input type="checkbox"/> Fresh SIP Registration	
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.	First SIP vide Cheque No. Dated DD / MM / YYYY
SIP Date: (Please mention any date of the month between 1st to 31st)		SIP Period: From	To
* <input type="checkbox"/> Use existing One Time Debit Mandate (if already registered in the Folio)		DD / MM / YYYY	DD / MM / YYYY
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.	(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	% (Minimum 10% and in multiples of 5% thereof)
		SIP TOP UP Cap Amount Rs.	OR Top-Up Cap Month-Year MM / YYYY (Mandatory for Variable SIP Top-Up Plan)

DEMAT ACCOUNT DETAILS <input type="checkbox"/> In case you wish to hold units in demat, please fill this section.		
Please ensure you submit supporting documents evidencing the accuracy of the demat account details mentioned below. 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).		
<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	DP Name	Beneficiary Account No.

Declaration and Signature		
I/We have read and understood the contents of the SAI/ 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 there to. 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)		