

# COMMON APPLICATION FORM

Appl. CA Date: DD / MM / YYYY

□ <sup>‡</sup> Bu m	Distributor's ARN/ R		Sub-Broker's ARN	Sub-Broker's Code	EUIN				
Kota	k Mahindra Mutual Fund. Dec	laration for"Execution-only	' transactions (only where EUI	rtfolio Manager the details of my/ou IN box is left blank) Ited without any interaction or advice by th Iby the employee/relationship manager/sale					
SIGNATURE(S)	Sole / First Applicant	t	Second Applicant		Third Applicant				
TRANSA	CTION CHARGES for Application	ons routed through distribut	(To be signed by All Applicants) cor/agents only (Kindly refer T	ransaction Charges under the headir	g "Guidelines to filling up the				
Existing Unitholder Information (Section I)		in any Scheme of Kotak Mahindra		nent of various factors including the service render r present investment in the same Account, p					
Exi Uniti Inforr (Sec	Name of Sole / First Applicant:		PAN No	.:	Folio No.:				
	Name of Sole/ First Applican	nt:			^ Name shall be as per PAN card.				
	PAN/ PEKRN:	Date of Incorpor		Ү Ү скүс:					
	Gross Annual Income Details			O 10 - 25 lac O 25 lac - 1 cr O 1 cr	5  cr O 5 cr - 10 cr O > 10 cr (should not be older than 1 year)				
	Please tick, if applicable, O Poli			Politically Exposed Person (PEP)* O N					
tory)	O Publ	ate Sector Service O Bus olic Sector/ O Pro vernment Service O Age	iness O Retired fessional O Housewife riculturist O Business	O Professional O Forex O Agriculturist O Other O Student (Please sp					
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 (NI O HUF	O Proprietorship O Partnership Firm IRO) O Private Limited Company O Public Limited Company		e O Superannuation Fund O	Foreign Institutional Investor On behalf of Minor Other (Please specify)				
l Inforr ion II)	LEI Number (Legal Entity Identifier For Non individuals only:	ier) –		Valid till	D D M M Y Y Y Y				
ersona (Secti	Name of Second Applicant:				^ Name shall be as per PAN card.				
ant's P	PAN/ PEKRN:	Date of Incorpor		Ү Ү СКҮС:					
Applic	Gross Annual Income Details			O 10 - 25 lac O 25 lac - 1 cr O 1 cr	5  cr O 5 cr - 10 cr O > 10 cr (should not be older than 1 year)				
New	Please tick, if applicable, O Politically Exposed Person (PEP) UYES ON O Related to a Politically Exposed Person (PEP)* O Not applicable								
	Name of Third Applicant: ^ Name shall be as per PAN card.								
	PAN/ PEKRN:	Date of Incorpor		Ү Ү СКҮС:					
	Gross Annual Income Details in INR (please tick): O < 1 lac O 1 - 5 lac O 5 - 10 lac O 10 - 25 lac O 25 lac - 1 cr O 1 cr - 5 cr O 5 cr - 10 cr O > 10 cr								
	or Net-worth as on (date) DD / MM / YYYY Rs (should not be older than 1 year) Please tick, if applicable, O Politically Exposed Person (PEP) I YES I NO O Related to a Politically Exposed Person (PEP)* O Not applicable								
	*I declare that the information is to the best of r	my knowledge and belief, accurate and comple	ete. lagree to notify Kotak Mahindra Mutual Fund	VKotak Mahindra Asset Management Co. Ltd. immediately i	case there is any change in the above information.				
(Section III)		re is more than one applicant [Plo							
		Anyone or Survivor O J	OINT (Default will be any one or si	urvivor, in case of more than one applicant)					
ontact on- plicant V)	. Name			ntry of Birth Nationality	Tax Reference Number (for NRI)				
lian/ Cc son if N lual Ap	Gross Annual Income Details in INR (please tick): O < 1 lac O 1 - 5 lac O 5 - 10 lac O 10 - 25 lac O 25 lac - 1 cr O 1 cr - 5 cr O 5 cr - 10 cr O > 10 cr O								
Guardian/ Contact Person if Non- Individual Applicant (Section IV)	*I declare that the information is Co. Ltd. immediately in case there		d belief, accurate and complete. I ad	gree to notify Kotak Mahindra Mutual Fund					
	Nam			ntry of Birth Nationality	Tax Reference Number (for NRI)				
Power of Attorney (PoA) Holder (Section V)	Gross Annual Income Details in or Net-worth as on (date) DD / W Please tick, if applicable, O Politi *I declare that the information is Co. Itd. immediately in case ther	IMM / YYYY Rs ically Exposed Person (PEP)	(should not be older to a Police ■ YES □ NO ○ Related to a Police belief, accurate and complete. Lace	0 10 - 25 lac O 25 lac - 1 cr O 1 cr than 1 year) tically Exposed Person (PEP)* O Not app gree to notify Kotak Mahindra Mutual Fund	licable				
	<u>_</u>								
SLIP	<b>kotak</b> °		(To be filled by Applic	ant)					
ACKNOWLEDGEMENT SLIP	Mutual Fund An appl	olication for allotment of units in th ent Details	e following scheme:	Investment Details	Appl. CA				
EDGEI	Received from:		Scheme						
IMON	No Dated DD . Bank & Branch	/ MM / YYYY Rs	Plan Option		Official Acceptance				
U Č PI	ease retain this silp, duly acknowledged by the (	Official Collection Center till you receive your	Account Statement		Point Stamp & Sign				

	Address for Communicat	ion (Full Address Mandatory)	Overseas Address (Mandatory for NRI/ FII Applicants)				
	Hous	e/ Flat No	House/ Flat No				
of	Stree	t Address	Street Address				
cant	City/ Town	State	City/ Town	State			
ce Detail: Applicant n VI)	Country	Pin Code	Country	Pin Code			
ondence // First Ap (Section	Mobile: Mobile belongs to: O Self O Spouse O Guardian (for Minor investment) O Dependent Children O Dependent Parents O Dependent Siblings O Custodian O POA O PMS						
Correspor Sole/ F (S	Email:		Tel (Res./ Off.)				
CO	Email Address belongs to: O Self O Spouse	O Guardian (for Minor investment) O Dependen	t Children O Dependent Parents O Dependent Sibling	s O Custodian O POA O PMS			
	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, and We approve the usage of these contact details for any communication with KMAMC. Please note all kinds of investor communication, Transaction Information, Statement of 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 & CRS INFORMATION [Please tick (1)], 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	First Applicant/ Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency – 1**			
Tax Payer Ref. ID No. – 1^			
Tax Identification Type – 1 [TIN or Other, please specify]			
Country of Tax Residency – 2**			
Tax Payer Ref. ID No. – 2^			
Tax Identification Type – 2 [TIN or Other, please specify]			
Country of Tax Residency – 3**			
Tax Payer Ref. ID No. – 3^			
Tax Identification Type – 3 [TIN or Other, please specify]			

\*\* To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

	I/ We and do hereby nominate the undermentioned Nominee to receive the Units to my/our credit in Folio 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.								
	DETAILS OF NOMINEE Please tick any of the following: Proof of Identity: PAN Addhaar Date of Birth Others								
8		Name & Address of Nominee	Relationship	Proc	of of Identity	% Share	Signature Of Nominee		
idator									
(Man II(s)									
vidua ointly									
/ Indi									
<b>i (Se</b> in by	DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)								
tion Details (Section VII) (Mandatony) (to be filled in by Individual(s) applying Singly or Jointly)	N	PAN Relation:		Relationship	hip with Minor Signature Of Guardian				
<b>Nomination</b> (to b ap	<ul> <li>If We have read and understood the instructions on nomination and I/ 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.</li> <li>If 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.</li> </ul>								
	POA holder cannot nominate. Hence, sole/ all joint holder applicants must sign.	First/ Sole Unitholder: Signature	Unitholde	er 2: Signat	ure	Unit	holder 3: Signature		
		Name:	Name:			Name:			

### KOTAK MAHINDRA MUTUAL FUND

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

## Computer Age Management Services Ltd.

ails II)	NSDL		CDSL			
imat it Deti on VII	DP Name		DP Name			
De ccoun (Secti	DP ID	Beneficiary Account No.	DP ID	Beneficiary Account No.		

					Amount		Payment Details	
- <u>-</u>	Scheme Name	Plan	Option/ Sub-option	Frequency	Invested (Rs.)	Cheque No./ DD No./ OTM/ UTR No.(RTGS/NEFT)	Bank and Branch	Source Account No.
& Payment ection IX)		O Regular O Direct	<ul> <li>Growth</li> <li>IDCW Payout</li> <li>IDCW Reinvestment</li> </ul>	<ul> <li>○ D ○ B*</li> <li>○ W ○ Q</li> <li>○ F* ○ H</li> <li>○ M ○ A</li> </ul>				
nvestment { Details (Se		O Regular O Direct	<ul> <li>Growth</li> <li>IDCW Payout</li> <li>IDCW Reinvestment</li> </ul>	0 D 0 B* 0 W 0 Q 0 F* 0 H 0 M 0 A				
<u> </u>		O Regular O Direct	<ul> <li>Growth</li> <li>IDCW Payout</li> <li>IDCW Reinvestment</li> </ul>	0 D 0 B* 0 W 0 Q 0 F* 0 H 0 M 0 A				

D = Daily, W = Weekly, F = Fortnightly, M = Monthly, B = Bi-monthly, Q = Quarterly, H = Half Yearly, A = Annually \*This facility is available in Kotak Equity Arbitrage Fund only

○ Others

lf v	ou are an NRI Investor.	please indicate so	ource of funds for vo	our investment (Please -	

~	~	-
O NRE		○ FCNR

Please e	enclose a cancelled	cheque leaf of this Bank in case your investment cheque is not from this	s account, else b	ank details	of investmer	nt cheque	shall be	updated f	or payout
ails	Name of Bank								
()	Branch		City						
unt ion )	Account No.								
Accol (Section	RTGS IFSC Code		NEFT IFSC Code						
Bank	MICR Code	This is the 9 digit No. next to your Cheque No.	Account Type	O Current	○ Savings				<b>Others</b>

We have read and understood the contents of the Statement of Additional Information/Scheme Information Document/ Key Information Memorandum 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 XI 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 abovementioned 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 Momenta 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.

Declaration and Signatures (Section XI) 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 oad 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 guideline No. 11).

sIGNATURE(S) (To be signed by All Applicants)				
All ⊖ SI	Sole / First Applicant	Secon	d Applicant	Third Applicant
Please ti	k if the investment is operated as POA / Guardian	POA Guardian	<b>Note :</b> If the application is inc the application is liable to be	omplete and any other requirements is not fulfilled, rejected.

Please ensure that:

Checklist

- 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.

- For an interaction of the formation of the f

Document	Companies	Trusts	Societies	Partnership Firms	NRIs/ PIOs	FIS	Investments through Constituted Attorney
1. Resolution / Authorisation to invest	~	<ul> <li>✓</li> </ul>	~	~		~	
2. List of Authorised Signatories with Specimen Signature(s)	~	~	~	1		~	√
3. Memorandum & Articles of Association	~						
4. Trust Deed		1					
5. Bye-Laws			~				
6. Partnership Deed				~			
7. Notarised Power of Attorney							~
8. Account Debit / Foreigin inward Remittance Certificate from remitting Bank					~	~	
All documents in 1 to 8 above should be originals / true copie	es certified by th	e Director	/ Trustee / Co	mpany Secretary	/ Authoris	sed Sig	natory / Notary Public