

APPLICATION FORM FOR CHANGE IN BANK ACCOUNT DETAILS

Please read documentation requirement & terms and conditions overleaf

Please fill in the information below legibly in English and in CAPITALS.

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Please send my Account Statement Newsletters Annual Report Other Statutory Information by email of physical documents. / We declare that the Email address and Mobile number provided in this form belongs to (tick one option) Self (or) Family Member, and approve the usage of these contact details for any communication with KMAMC. INIT HOLDER(S) SIGNATURE(S) / We hereby declare that particulars given above are correct and express my willingness to receive credit of Dividend / Redemption proceeds through the mod ndicated above. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. If We would not hold Kotak Mutual Fund/ Kotaksett Management Company Limited, its registrars and other service providers responsible. If We will also inform Kotak Mutual Fund/ Kotak Assett Managemer Company Limited, any changes in myl our above bank account. SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint') ACKNOWLEDGEMENT SLIP (To be filled by Applicant) DATE DD MM YYYY Westor's Name	NEW CONTACT	DETAI	LS	1																											
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