


Distributor's ARN/ RIA Code <sup>#</sup>	Sub-Broker's Name & Code	EUIN	FOLIO NO.	DATE
24952		E347831		DD / MM / YYYY

"By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund.  
 "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)**   Sole/First Holder  Second Holder  Third Holder

(To be signed by **All Unitholders** if mode of operation is 'Joint')

Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor.

NAME OF SOLE/ FIRST HOLDER : \_\_\_\_\_  
 NAME OF SECOND HOLDER : \_\_\_\_\_  
 NAME OF THIRD HOLDER : \_\_\_\_\_

PAN	Sole / First Holder	Second Holder	Third Holder
Aadhaar Number	Sole / First Holder	Second Holder	Third Holder

Note: Name shall be as per PAN/ Aadhaar card only

MOBILE NO. \_\_\_\_\_ This mobile no. will not get updated in the folio.

### APPLICANT'S OTHER DETAILS (Mandatory)

- A) Place of Birth \_\_\_\_\_ B) Country of Tax Residency other than India \_\_\_\_\_
- C) Occupation Details [Please tick ]  Service  Private Sector  Public Sector  Government Services  Student  Business  
 Agriculture  Proprietorship  Professional  Retired  Housewife  Others \_\_\_\_\_ (please specify)
- D) Gross Annual Income (Rs.) [Please tick ]  <1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs  <1 Crore  >1 Crore
- E) Net worth (Mandatory for Non-individual) Rs. \_\_\_\_\_ as on DD / MM / YYYY (Not older than 1 year)
- F) Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole-time Directors)  
 I am PEP  I am Related to PEP  Not Applicable

### ONE TIME MANDATE REGISTRATION FORM

UMRN \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Bank Code \_\_\_\_\_ For Office Use Utility Code \_\_\_\_\_ For Office Use

**TICK (✓)**  
 CREATE  MODIFY  CANCEL

I/We hereby authorize \_\_\_\_\_ Kotak Mutual Fund to debit (tick ✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank a/c number \_\_\_\_\_

with Bank \_\_\_\_\_ IFSC \_\_\_\_\_ or MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_ ₹

FREQUENCY  Mthly  Qyly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  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 \_\_\_\_\_  
 To **3 1 1 2 2 0 9 9**  
 Or  Until Cancelled

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.



### ACKNOWLEDGEMENT SLIP

(To be filled by Applicant)

DATE \_\_\_\_\_  
 DD MM YYYY

Folio Number \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Amount \_\_\_\_\_  
 Bank Account No. \_\_\_\_\_

Official Acceptance Point  
Stamp & Sign

Please retain this Acknowledgement Slip for future reference