

Distributor's ARN/ RIA Code#	Sub-Broker's ARN	Sub-Broker's Code	EUIN
24952			E347831

*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. 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)	<input checked="" type="checkbox"/> Sole/Frist Applicant	<input type="checkbox"/> Second Applicant	<input type="checkbox"/> Third Applicant
	To be signed by All Applicants 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.

Investor's Information

Folio No. <i>(For Existing Investors)</i>	Application No. <i>(For New Investors, Please attach the application form)</i>	
Sole/ First Applicant	Second Applicant	Third Applicant
Name of Applicant	Name of Applicant	Name of Applicant
PAN	PAN	PAN

I would like to opt for **Systematic Transfer Plan** **Systematic Withdrawal Plan**

Systematic Transfer Plan

From	Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment
Scheme _____		
To	Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment
Scheme _____		
Transfer Option (Please ✓) <input type="checkbox"/> Fixed Sum OR <input type="checkbox"/> Entire Appreciation	Min. Rs. 1000/-	
IDCW Frequency (Please ✓) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="text" value="Specify Day"/>	No. of Installments <input type="text"/>	
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="text" value="Specify Date"/>	Transfer Period From <input type="text" value="mm/yyyy"/> Transfer Period To <input type="text" value="mm/yyyy"/> OR <input type="checkbox"/> Till further instruction	

Systematic Withdrawal Plan


From	Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment
Scheme _____		
Withdrawal Option (Please ✓) <input type="checkbox"/> Fixed Sum OR <input type="checkbox"/> Entire Appreciation	Min. Rs. 1000/-	
IDCW Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Commencement Date	dd/mm/yy To mm/yyyy
Date <input type="radio"/> 1 st <input type="radio"/> 7 th <input type="radio"/> 14 th <input type="radio"/> 21 st <input type="radio"/> 25 th	No. of Installments	

Declaration and Signatures

I/We have read and understood the contents of the SID/SAI 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/We 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.

SIGNATURE(S)	<input checked="" type="checkbox"/> Sole/Frist Applicant	<input type="checkbox"/> Second Applicant	<input type="checkbox"/> Third Applicant
	To be signed by All Applicants if mode of operation is "Joint"		

Acknowledgement Slip (To be filled by Applicant)

 Please retain this Acknowledgement Slip for future reference	DATE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/> Official Acceptance Point Stamp & Sign	
	Received from (Investor's Name)	_____		
	Folio Number	_____		
	Request for	<input type="checkbox"/> STP <input type="checkbox"/> SWP		