




Distributor's ARN/ RIA Code# 24952	Sub-Broker's ARN	Sub-Broker's Code	EUIIN E347831
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***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 EUIIN box is left blank)**

"I/We hereby confirm that the EUIIN 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	 Second Applicant	 Third Applicant
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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. <small>(For Existing Investors)</small>	Application No. <small>(For New Investors, Please attach the application form)</small>	
Sole/ First Applicant	Second Applicant	Third Applicant
Name of Applicant	Name of Applicant	Name of Applicant
PAN	PAN	PAN
E-mail	E-mail	E-mail

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

Systematic Transfer Plan




From	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input checked="" type="checkbox"/> Payout OR <input type="checkbox"/> Re-investment
Scheme _____ Plan _____	Option (Please ✓) Dividend Frequency _____
To	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input checked="" type="checkbox"/> Payout OR <input type="checkbox"/> Re-investment
Scheme _____ Plan _____	Option (Please ✓) Dividend Frequency _____
Transfer Option (Please ✓) <input type="checkbox"/> Fixed Sum OR <input type="checkbox"/> Entire Appreciation	Min. Rs. 1000/-
Frequency (Please ✓) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input style="border: 1px solid red; padding: 2px 10px;"/> Specify Day	No. of Installments <input style="border: 1px solid red; width: 50px;" type="text"/>
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input style="border: 1px solid red; padding: 2px 10px;"/> Specify Date	Transfer Period From <input style="border: 1px solid red; padding: 2px 10px;"/> mm/yyyy
(Please mention any day between Monday to Friday)	Transfer Period To <input style="border: 1px solid red; padding: 2px 10px;"/> mm/yyyy
	OR <input type="checkbox"/> Till further instruction

Systematic Withdrawal Plan

From	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input checked="" type="checkbox"/> Payout OR <input type="checkbox"/> Re-investment
Scheme _____ Plan _____	Option (Please ✓) Dividend Frequency _____
Withdrawal Option (Please ✓) <input type="checkbox"/> Fixed Sum OR <input type="checkbox"/> Entire Appreciation	Min. Rs. 1000/-
Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Commencement Date <input style="border: 1px solid black; padding: 2px 10px;"/> dd/mm/yy
Date <input type="radio"/> 1 st <input type="radio"/> 7 th <input type="radio"/> 14 th <input type="radio"/> 21 st <input type="radio"> 25th</input>	To <input style="border: 1px solid black; padding: 2px 10px;"/> mm/yyyy
	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	 Second Applicant	 Third Applicant
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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 style="border: 1px solid black; width: 20px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 20px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 20px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 20px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 20px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 20px; height: 20px;" type="text"/> <input style="border: 1px solid black; width: 20px; height: 20px;" type="text"/>	<input checked="" type="checkbox"/>
Received from (Investor's Name) _____			Official Acceptance Point Stamp & Sign
Folio Number _____			
Request for <input type="checkbox"/> Extension of STP <input type="checkbox"/> Extension of SWP			