

ARN - 73097 Distributor's ARN/ RIA Code#
Sub-Broker's ARN
Sub-Broker's Code
E 062892

- 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)

_____ Sole / First Applicant _____ Second Applicant _____ Third Applicant

(To be signed by **All Applicants**)

TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading "Guidelines to filling up the form" for details)

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.

- Have you ever invested in any, Mutual Fund before Yes No (for more details, please refer Transaction Charges on page 7)
- Are you a tax resident of any country other than India? Yes No

Existing Unitholder Information (Section I)

If you have, at any time, invested in any Scheme of Kotak Mahindra Mutual Fund and wish to hold your present investment in the same Account, please furnish your Name, Folio Number and PAN details below and proceed to Section Investment Details.

Name of Sole / First Applicant: _____ PAN No.: _____ Folio No.: _____

| New Applicant's Personal Information (Section II) | Sole/ First Applicant | Second Applicant | Third Applicant |
|--|-------------------------|--|-------------------|
| | Name of Applicant | Name of Applicant | Name of Applicant |
| PAN | PAN | PAN | |
| Date of Birth | Date of Birth | Date of Birth | |
| CKYC No. | CKYC No. | CKYC No. | |
| Status* | Status* | Status* | |
| Occupation [^] | Occupation [^] | Occupation [^] | |
| ^ Name shall be as per PAN card. *Please refer to Section V below for Status of All Applicants. ^Please refer to Section VI below for Occupation of All Applicants. | | | |
| Gross Annual Income Details in INR (please tick): <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable | | Gross Annual Income Details in INR (please tick): <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable | |
| Gross Annual Income Details in INR (please tick): <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable | | Gross Annual Income Details in INR (please tick): <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable | |
| *I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management Co. Ltd. immediately in case there is any change in the above information. | | | |

| Guardian/ Contact Person if Non-Individual Applicant (Section III) | Name | PAN | Country of Birth | Nationality | Tax Reference Number (for NRI) |
|--|--|-----|------------------|-------------|--------------------------------|
| | Gross Annual Income Details in INR (please tick): <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable *I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management Co. Ltd. immediately in case there is any change in the above information. | | | | |

| Power of Attorney Holder (PoA) Holder (Section IV) | Name | PAN | Country of Birth | Nationality | Tax Reference Number (for NRI) |
|--|--|-----|------------------|-------------|--------------------------------|
| | Gross Annual Income Details in INR (please tick): <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable *I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management Co. Ltd. immediately in case there is any change in the above information. | | | | |

| | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> HUF | <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Body Corporate <input type="checkbox"/> Registered Society | <input type="checkbox"/> PF/ Gratuity/ Pension/ <input type="checkbox"/> Superannuation Fund <input type="checkbox"/> Trust AOP/ BOI <input type="checkbox"/> Foreign Institutional Investor | <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Other _____ (Please specify) |
|--|---|---|---|---|

| | | | |
|---|---|---|---|
| <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business | <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife | <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other _____ (Please specify) | Mode of Operation (Section VII) Where there is more than one applicant [Please (✓)] <input type="checkbox"/> First Applicant only <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint (Default will be any one or survivor, in case of more than one applicant) |
|---|---|---|---|

(To be filled by Applicant)


An application for allotment of units in the following scheme:

Appl. CA
Instrument Details
Investment Details

 Received from: _____
 No. _____ Dated DD / MM / YYYY Rs. _____
 Bank & Branch _____

 Scheme _____
 Plan _____
 Option _____

Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement

 Official Acceptance
 Point Stamp & Sign

ACKNOWLEDGEMENT SLIP

| Correspondence Details of Sole/ First Applicant (Section VII) | Address for Communication (Full Address Mandatory) | | Overseas Address (Mandatory for NRI/ FI/ Applicants) | |
|---|--|------------------|--|------------------|
| | House/ Flat No | | House/ Flat No | |
| | Street Address | | Street Address | |
| | City/ Town | State | City/ Town | State |
| | Country | Pin Code | Country | Pin Code |
| | Mobile | Tel (Res./ Off.) | Mobile | Tel (Res./ Off.) |
| | Email** | | | |
| <input type="checkbox"/> **Tick here, if you still wish to receive allotment confirmations, consolidated account statement/account statement, annual report/ abridged summary and any statutory/ other information in physical mode | | | | |

In case you wish to hold units in demat, please fill this section. Please note that you can hold units in demat for all open ended schemes (except ETFs and dividend options having dividend frequency of less than a month).

| Demat Account Details (Section VIII) | NSDL | CDSL |
|--|---|-------------------------------|
| | DP Name _____ | DP Name _____ |
| | DP ID _____ Beneficiary Account No. _____ | Beneficiary Account No. _____ |

Please ensure that your demat account details mentioned above are along with supporting documents evidencing the accuracy of the demat account. Bank details of DP will overwrite the existing details.

| Third Party Payment Declaration (Section IX) | Parent/ Grand-Parent/ Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/ Custodian on behalf of FI. | |
|---|---|------------------------------------|
| | Name: _____ | Relationship with Applicant: _____ |
| | PAN: _____ KYC Compliant Status: <input type="radio"/> Yes <input type="radio"/> No | |
| Declaration: I hereby declare and confirm that the Applicant stated above is the beneficial owner of the investment details mentioned above. I am providing the funds for these investments on account of my natural love and affection or incentive to employee or for & on behalf of FI or as gift from my bank account only. | | Signature _____ |
| Declaration (Guardian of minor, as registered in the folio): I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the minor. (Note: Aforeside signature should match with the investment cheque signature) | | |

| Investment & Payment Details (Section X) | Scheme Name | Plan / Option / Sub-option | Frequency | Amount Invested (Rs.) | Payment Details | |
|---|-------------|--|--|-----------------------|---------------------|-----------------|
| | | | | | Cheque/ DD/ UTR No. | Bank and Branch |
| | | <input type="radio"/> Growth <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvestment | <input type="radio"/> D <input type="radio"/> B* <input type="radio"/> W <input type="radio"/> Q <input type="radio"/> F* <input type="radio"/> H <input type="radio"/> M <input type="radio"/> A | | | |
| | | <input type="radio"/> Growth <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvestment | <input type="radio"/> D <input type="radio"/> B* <input type="radio"/> W <input type="radio"/> Q <input type="radio"/> F* <input type="radio"/> H <input type="radio"/> M <input type="radio"/> A | | | |
| | | <input type="radio"/> Growth <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvestment | <input type="radio"/> D <input type="radio"/> B* <input type="radio"/> W <input type="radio"/> Q <input type="radio"/> F* <input type="radio"/> H <input type="radio"/> M <input type="radio"/> 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

If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)

NRE NRO FCNR Others _____ (Please specify)

(Mandatory, this account details will be considered as default account for payout)

| Bank Account Details (Section XI) | Name of Bank _____ |
|--------------------------------------|--|
| | Branch _____ City _____ |
| | Account No. _____ |
| | RTGS IFSC Code _____ NEFT IFSC Code _____ |
| | MICR Code _____ Account Type <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR <input type="radio"/> Others |

This is the 9 digit No. next to your Cheque No.

The Bank Mandate provided in the application will be used for refunding reject cases for investments made in both, Demat and Non-Demat modes

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 | | | | | |
|--------------------|---------|---------------|---------|----------------------|--|
| Name of Nominee | Address | Date Of Birth | % Share | Signature Of Nominee | |
| | | | | | |
| | | | | | |
| | | | | | |

| DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor) | | | |
|--|---------|---------|-----------------------|
| Name of Guardian | Address | Tel. No | Signature Of Guardian |
| | | | |

I/We _____ do hereby confirm that I/We do not intend to avail the nomination facility for this investment application .

For units to be held in Demat Mode, the Nomination details updated in the depository system shall prevail over the details mentioned hereunder.

KOTAK MAHINDRA MUTUAL FUND

6th Floor, Kotak Infinity, Building No. 21, Infinity Park,
Off. Western Express Highway, Gen.A.K. Vaidya Marg,
Malad (E), Mumbai - 400 097.

☎ 022-6115 2100/ 1800-222 626 (Toll-free)

✉ mutual@kotak.com ✨ assetmanagement.kotak.com

Computer Age Management Services Pvt. Ltd.

AVA Tower, Old no. 788 & 789,
Electricity Avenue, New No. 152 & 150,
Anna Salai, Beside Rayala Towers, Chennai - 600002

☎ 044 6110 4034

✉ enq_k@camsonline.com ✨ www.camsonline.com

FATCA & CRS INFORMATION [Please tick (✓)], 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.

| | | | |
|--|---|---|------------------|
| Declaration and Signatures (Section XIII) | <p>I/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 Money 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.</p> <p>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.</p> <p>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.</p> <p>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 abroad through approved banking channels or from funds in my/our NRE / FCNR Account.</p> <p>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).</p> | | |
| | SIGNATURE(S) (To be signed by All Applicants) |  Sole / First Applicant | Second Applicant |
| <p>Please tick if the investment is operated as POA / Guardian <input type="checkbox"/> POA <input type="checkbox"/> Guardian Note : If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.</p> | | | |

| | | | | | | | | |
|--|--|------------------|---------------|------------------|--------------------------|-------------------|------------|---|
| Checklist | <p>Please ensure that:</p> <ul style="list-style-type: none"> ☞ Your Application Form is complete in all respects & signed by all applicants: <ul style="list-style-type: none"> ■ 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. ☞ Application Number is mentioned on the face of the cheque. ☞ A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form. ☞ Documents as listed below are submitted along with the Application form (as applicable to your specific case) | | | | | | | |
| | Document | Companies | Trusts | Societies | Partnership Firms | NRIs/ PIOs | FIS | Investments through Constituted Attorney |
| | 1. Resolution / Authorisation to invest | ✓ | ✓ | ✓ | ✓ | | ✓ | |
| | 2. List of Authorised Signatories with Specimen Signature(s) | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ |
| | 3. Memorandum & Articles of Association | ✓ | | | | | | |
| | 4. Trust Deed | | ✓ | | | | | |
| | 5. Bye-Laws | | | ✓ | | | | |
| | 6. Partnership Deed | | | | ✓ | | | |
| | 7. Notarised Power of Attorney | | | | | | | ✓ |
| | 8. Account Debit / Foreign inward Remittance Certificate from remitting Bank | | | | | ✓ | ✓ | |
| All documents in 1 to 8 above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public | | | | | | | | |

| | | | |
|-------------------------------------|-------------------------|--------------------------|-----------------|
| Distributor's ARN/ RIA Code* | Sub-Broker's ARN | Sub-Broker's Code | EUIN |
| ARN - 73097 | | | E 062892 |

- *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) (To be signed by All Applicants) | | |
| Sole / First Applicant | Second Applicant | Third Applicant |

TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading 'Checklist' for details)

REQUEST FOR:

Registration of SIP + OTM Registration Registration of SIP (for existing OTM) Registration of MICRO SIP Renewal of SIP Change in Bank details

| INVESTOR'S INFORMATION | | |
|------------------------|---|-------------------|
| FOLIO NO. | Application No. <small>(For New Investors, pls. attach the application form)</small> | |
| Sole/ First Applicant | Second Applicant | Third Applicant |
| Name of Applicant | Name of Applicant | Name of Applicant |
| PAN | PAN | PAN |
| Date of Birth | Date of Birth | Date of Birth |
| CKYC No. | CKYC No. | CKYC No. |
| E-mail | E-mail | E-mail |

I would like to opt for Systematic Investment Plan

Scheme Plan Option Growth Dividend : Payout Re-investment
Dividend : Frequency

Investment Frequency (Please✓) Monthly Quarterly

SIP Amount (✓) Rs. 20000 10000 5000 1000 Any other amount Rs. First SIP vide Cheque No. Dated DD / MM / YYYY

SIP Date: (Please mentioned any date of the month between 1st to 31st) SIP Period: From MM / YYYY To MM / YYYY OR Default Date (December 2099)

SIP BOOSTER (Optional) (Please refer instructions overleaf)

Frequency (Please✓) Half Yearly Yearly Fixed Booster Amount (Rs.) 3000 1000 500 Any other amount Rs. (Minimum Rs. 500 and in multiples of Rs. 500 thereof)

Variable Booster Amount (%) 20% 15% 10% Any other percentage % (Minimum 10% and in multiples of 5% thereof)

SIP Booster Cap Amount Rs.

Booster CAP Amount: Investor has an option to freeze the SIP Booster amount once it reaches a fixed predefined amount. The fixed pre-defined amount should be same as the maximum amount mentioned by the investor in the NACH Debit Mandate Form. In case of difference between the CAP Amount & the maximum amount mentioned in NACH Debit Mandate Form, then amount which is lower of the two shall be considered as the default amount of SIP CAP Amount.

Declaration and Signature

I/We have read and understood the contents of the SAI/ SID 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 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. I/We also declare that the ARN Holder has disclosed all commission (in the form of trail commission or any other mode) payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Sole / First Account Holder | <input type="checkbox"/> Second Account Holder | <input type="checkbox"/> Third Account Holder |
|---|--|---|

To be signed by All Applicant's if mode of operation is "Joint". (As in Bank Records)

One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit

UMRN F o r o f f i c e u s e Date

Sponsor Bank Code For Office Use Utility Code For Office Use

TICK (✓)

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

MODIFY

CANCEL

Bank a/c number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qytl 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.