

Distributor's ARN/ RIA Code [*]	Sub-Broker's ARN	Sub-Broker's Code	EUIN
ARN-181211			E

- ☐ *By mentioning RIA code, I/We authorize you to share with the Distributor, 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

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																								
I/We hereby authorize Kotak Mahindra 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 <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qytl <input checked="" type="checkbox"/> H Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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 <table border="1" style="display: inline-table; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td>1</td><td>1</td><td>2</td></tr> <tr><td>2</td><td>0</td><td>9</td><td>9</td></tr> </table> To <table border="1" style="display: inline-table; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								3	1	1	2	2	0	9	9												
3	1	1	2																								
2	0	9	9																								
Or <input checked="" type="checkbox"/> Until Cancelled																											
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.																											

INVESTOR'S INFORMATION		
FOLIO NO.	Application No. (For New Investors, pls. attach the application form)	
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 Investment Plan	
Scheme <table border="1" style="display: inline-table; width: 80%;"></table> Plan <table border="1" style="display: inline-table; width: 80%;"></table>	Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW: <input type="radio"/> Payout <input type="radio"/> Re-investment IDCW Frequency <table border="1" style="display: inline-table; width: 80%;"></table>
Investment Frequency (Please✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
SIP Amount (✓) Rs. <input type="checkbox"/> 20000 <input type="checkbox"/> 10000 <input type="checkbox"/> 5000 <input type="checkbox"/> 1000 <input type="checkbox"/> Any other amount	Rs. <table border="1" style="display: inline-table; width: 80%;"></table> First SIP vide Cheque No. <table border="1" style="display: inline-table; width: 80%;"></table> Dated <table border="1" style="display: inline-table; width: 80%;"></table>
SIP Date: <table border="1" style="display: inline-table; width: 80%;"></table> (Please mention any date of the month between 1st to 31st)	SIP Period: From <table border="1" style="display: inline-table; width: 80%;"></table> To <table border="1" style="display: inline-table; width: 80%;"></table> OR <input type="checkbox"/> Default Date (December 2099)
<input type="checkbox"/> Use existing One Time Debit Mandate (if already registered in the Folio)	
Bank Name <table border="1" style="display: inline-table; width: 80%;"></table>	Bank A/c No. <table border="1" style="display: inline-table; width: 80%;"></table>
<input type="checkbox"/> SIP TOP UP (Optional) (Please refer instructions overleaf)	
Frequency (Please✓) <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Fixed TOP UP Amount (Rs.) <input type="checkbox"/> 3000 <input type="checkbox"/> 1000 <input type="checkbox"/> 500 <input type="checkbox"/> Any other amount Rs. <table border="1" style="display: inline-table; width: 80%;"></table> (Minimum Rs. 500 and in multiples of Rs. 500 thereof) Variable TOP UP Amount (%) <input type="checkbox"/> 20% <input type="checkbox"/> 15% <input type="checkbox"/> 10% <input type="checkbox"/> Any other percentage <table border="1" style="display: inline-table; width: 80%;"></table> % (Minimum 10% and in multiples of 5% thereof) SIP TOP UP Cap Amount Rs. <table border="1" style="display: inline-table; width: 80%;"></table>
TOP UP CAP Amount: Investor has an option to freeze the SIP TOP UP 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.	

DEMAT ACCOUNT DETAILS		
Please ensure you submit supporting documents evidencing the accuracy of the demat account details mentioned below. Bank details of DP will overwrite the existing details.		
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 IDCW options having IDCW frequency of less than a month).		
<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	DP Name <table border="1" style="display: inline-table; width: 80%;"></table>	DP ID <table border="1" style="display: inline-table; width: 80%;"></table> Beneficiary Account No. <table border="1" style="display: inline-table; width: 80%;"></table>

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 am/We are 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. 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.		
SIGNATURE(S)	Sole / First Account Holder	Second Account Holder
	Third Account Holder	
To be signed by All Applicant's if mode of operation is "Joint". (As in Bank Records)		