

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN	Official Acceptance Point Stamp & Sign	Appl. CA/798
ARN-0032			Date : DD / MM / YYYY

1. EXISTING UNITHOLDER INFORMATION [Refer Guideline 2(a)]

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 and Account Number below and proceed to Section 4.

Name of Sole / First Holder : _____ Account No.: _____ / _____

2. NEW APPLICANTS' PERSONAL INFORMATION [Refer Guideline 2]

SOLE/FIRST APPLICANT			Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	Date of Birth	
_____							DD / MM / YYYY	
First Name	Middle Name	Last Name						
GUARDIAN (in case Sole / First Applicant is a minor)			Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	Status (Please ✓) <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/Superannuation Fund <input type="checkbox"/> Trust <input type="checkbox"/> AOP / BOI <input type="checkbox"/> Foreign Institutional Investor <input type="checkbox"/> Others _____ (Please specify)	

First Name	Middle Name	Last Name						
CONTACT PERSON (in case of Non-individual applicants)			Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>		
_____			Designation				Occupation (Please ✓) <input type="checkbox"/> Business <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trading <input type="checkbox"/> Service <input type="checkbox"/> Government <input type="checkbox"/> Non-Government <input type="checkbox"/> Professional <input type="checkbox"/> Medicine <input type="checkbox"/> Finance <input type="checkbox"/> Engineering <input type="checkbox"/> Legal <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agriculture <input type="checkbox"/> Others _____ (Please specify)	
Name								
SECOND APPLICANT (Joint Holder 1)			Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>		

First Name	Middle Name	Last Name						
THIRD APPLICANT (Joint Holder 2)			Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>		

First Name	Middle Name	Last Name						
MODE OF OPERATION (where there are more than one applicants)								
<input type="radio"/> First Holder only <input type="radio"/> Anyone or Survivor <input type="radio"/> Joint								
PAN *		_____		_____		_____		
Sole / First Applicant		Second Applicant		Third Applicant				
* Mandatory for Investment Amount >= Rs. 50,000								
Unique Identification No. (UIN) of Sole / First Applicant								

ADDRESS								

City	Pin Code		State					
(Cell) _____	E-mail _____							
(Off.) _____	(Res.) _____		(Fax) _____					
OVERSEAS ADDRESS (Mandatory for Non-Resident applicants)								

City	Zip Code		State					
Country	Nationality							

Annual Household Income <input type="checkbox"/> < 5 Lacs <input type="checkbox"/> 5 to 10 Lacs <input type="checkbox"/> 10 to 25 Lacs <input type="checkbox"/> > 25 Lacs	Educational Qualification <input type="checkbox"/> Non-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others (Pl. specify) _____
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To be filled by Applicant

ACKNOWLEDGEMENT SLIP

Received from Mr./Ms. _____
an application for allotment of Units in the following Scheme(s):

Investment Details	Instrument Details	Amount
i) Scheme _____ Plan _____ Option _____	No. _____ Dated DD/MM/YYYY Bank & Branch _____	Rs. _____
ii) Scheme _____ Plan _____ Option _____	No. _____ Dated DD/MM/YYYY Bank & Branch _____	Rs. _____

Appl. CA/798

Official Acceptance Point Stamp & Sign

Please retain this slip duly acknowledged by the Official Acceptance Point till you receive your Account Statement.

3. BANK ACCOUNT DETAILS (MANDATORY)

[Refer Guideline 3]

Name of Bank _____
 Branch _____
 City _____ (Clearing Circle)
 Account No. _____
 MICR Code _____
This is the No. next to your Cheque No.
 Account Type : Current Savings NRO NRE FCNR Others

DIRECT CREDIT

We offer a Direct Credit Facility with the following banks for paying out Dividend and Redemption Proceeds to you faster.

- ABN AMRO Bank
- Citibank
- Deutsche Bank
- HDFC Bank
- HSBC
- ICICI Bank
- IDBI Bank
- Kotak Mahindra Bank
- Standard Chartered Bank
- UTI Bank

If your bank account is with any of these banks, we will directly credit your dividend / redemption proceeds into the same.

If, however, you wish to receive a cheque payout, please tick the box alongside.

4. INVESTMENT DETAILS

[Refer Guideline 4]

i) Scheme _____ Option Growth Bonus
 Plan _____ (Please ✓) Dividend : Payout Re-investment
 Frequency _____
 Investment Amount _____ DD Charges (if applicable) _____ Net Amount (if applicable) _____
 Rs. **A** Rs. **B** Rs. **A - B**
 Mode of Payment: Cheque / Demand Draft / Fund Transfer Instrument No. _____ dated DD / MM / YYYY
(Strike off whichever is not applicable)
 Drawn on Bank _____ Branch _____ City _____
Cheque / DD to be drawn in favour of specific Scheme / Plan as indicated in last column of Scheme Snapshot Table.
 If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)
 NRE NRO FCNR Others _____ (Please specify)

ii) Scheme _____ Option Growth Bonus
 Plan _____ (Please ✓) Dividend : Payout Re-investment
 Frequency _____
 Investment Amount _____ DD Charges (if applicable) _____ Net Amount (if applicable) _____
 Rs. **A** Rs. **B** Rs. **A - B**
 Mode of Payment: Cheque / Demand Draft / Fund Transfer Instrument No. _____ dated DD / MM / YYYY
(Strike off whichever is not applicable)
 Drawn on Bank _____ Branch _____ City _____
Cheque / DD to be drawn in favour of specific Scheme / Plan as indicated in last column of Scheme Snapshot Table.
 If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)
 NRE NRO FCNR Others _____ (Please specify)

5. KOTAK FACILITIES

I / We would like to subscribe to the following facilities offered by Kotak Mahindra Mutual Fund : [Please ✓]

- Transact over the Internet / Telephone**
(Please fill the enclosed Internet / Phone Transactions Form)
- Register a Nominee for my Investments**
(Please fill the enclosed Nomination Form)
- Avail Systematic Investment / Withdrawal / Transfer Plan**
(Please fill the enclosed Facilities Form)

E-MAIL COMMUNICATION [Refer Guideline 5]

I / We would like to receive the following communication by E-Mail: [Please ✓]

- Account Statement Monthly Update
- Transaction Confirmation Annual Report

Please furnish your Email ID below :

6. DECLARATION AND SIGNATURES

[Refer Guideline 6]

I / We have read and understood the contents of the Offer Document(s) 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 4 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 above-mentioned 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 confirm that in the event I / We have mentioned "Not Applicable" or "Not An Assessee" in this Application Form, I / We am / are not required to obtain a Permanent Account Number (PAN) as per the provisions of the Income Tax Act, 1961. 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.

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.

SIGNATURE(S)

Sole / First Applicant

Second Applicant

Third Applicant

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

Kotak Mahindra Mutual Fund
 5A, 5th Floor, Bakhtawar, 229, Nariman Point, Mumbai 400 021
 ☎ 91-22-5638 44 44
 ✉ mutual@kotak.com 🌐 www.kotakmutual.com

Computer Age Management Services Pvt. Ltd.
 158, Rayala Towers, 1st Floor, Anna Salai, Chennai 600 002
 ☎ 1600 44 2267
 ✉ enq_k@camsonline.com 🌐 www.camsonline.com

You can also get in touch with your nearest **CAMS INVESTOR SERVICE CENTRE** at the following locations on:

1901-44-1234

Ahmedabad Bangalore Bhubaneshwar Chandigarh Chennai Coimbatore Indore Jaipur Kanpur Kochi Kolkata Lucknow Ludhiana Mangalore Mumbai Nagpur NewDelhi Panaji Patna Pune Secunderabad Surat Vadodara Visakhapatnam

NOMINATION FORM

(to be filled in by Individual(s) applying Singly or Jointly)

Date : DD / MM / YYYY

I/We _____ and _____
do hereby nominate the person more particularly described hereunder / and / cancel the nomination made by me / us on the _____ day of _____ in respect of units held by me / us under Application / Account No. _____.

(* strike off if not applicable)

NAME & ADDRESS OF NOMINEE		TO BE FURNISHED IN CASE NOMINEE IS A MINOR (Delete if this section is not applicable to you)	
NAME		NAME OF GUARDIAN	Date of Birth of Nominee DD / MM / YYYY
ADDRESS		ADDRESS	
City/Town	Pin	City/Town	Pin
Tel.		Tel.	
E-mail	Signature of Nominee	E-mail	Signature of Guardian
Name of Sole/First Applicant		Name of Second Applicant	
Address of Sole/First Applicant		Address of Second Applicant	
City	Pin	City	Pin
Signature of Sole/First Applicant		Signature of Second Applicant	
(To be signed by All Applicants if units are applied for Jointly)			

INTERNET / PHONE TRANSACTIONS FORM

Date : DD / MM / YYYY

I / We, being unitholder(s) of Kotak Mahindra Mutual Fund ("KMMF") do hereby apply for the facility to effect transactions over the internet and/or the telephone with respect to my/our unitholder account with you. I / We have read and understood the terms and conditions applicable to this facility and confirm that I / We shall be bound by them. I / We have no objection to Kotak Mahindra Asset Management Company Limited ("KMAMC" - the Investment Managers to KMMF) or Computer Age Management Services Pvt. Ltd. ("CAMS" - the Registrar for KMMF) checking my / our identity before effecting any transaction over the internet and/or telephone, and for this purpose, I / We give below my/our personal details and signatures :

Or *

I / We being unitholders of Kotak Mahindra Mutual Fund ("KMMF") would like to apply for the facility to effect transactions over the internet and / or the telephone with respect to my/our unitholder(s) account with you. I / We hereby authorise Mr. / Ms. _____ as the designated person to so transact on my / our behalf. I / We have read and understood the terms and conditions applicable to this facility and confirm that I / We shall be bound by them. I / We understand that Kotak Mahindra Asset Management Company Limited ("KMAMC" - the Investment Managers to KMMF) or Computer Age Management Services Pvt. Ltd. ("CAMS" - the Registrar for KMMF) may, as a measure of security, check the designated person's identity before effecting any transaction over the internet and/or the telephone, and for this purpose, I / We give below the personal details and signature of the above person :

NAME OF APPLICANT (who would operate the facility)	Application / Account No(s).	Date of Birth of Applicant / Designated Person DD / MM / YYYY
Mother's maiden name of Applicant / Designated Person (who would operate the facility)		
SIGNATURE(S)	SIGNATURE(S)	SIGNATURE(S)
Sole/First Applicant	Second Applicant	Third Applicant
(To be signed by All Applicants if units are applied for Jointly)		
Date	DD / MM / YYYY	
Place		
INCOMPLETE FORMS ARE LIABLE TO BE REJECTED (TERMS AND CONDITIONS OVERLEAF)		Signature of Designated Person

* Please strike off whichever is not applicable

0155