

COMMON APPLICATION FORM

Appl. CA Date: DD / MM / YYYY

	Distributor's ARN		Sub-Broker's Al	RN	Sub-	Broker's	Code	EUIN (Mandatory)
	on for"Execution-only" transactions (only where EU e hereby confirm that the EUIN box has been inter oyee/relationship manager/sales person of the abo oyee/relationship manager/sales person of the distrib			this transac withstandin	ction is o g the ac	execute dvice of	d without any in-appropriat	y interaction or advice by the eness, if any, provided by the
IGNATURE(S) to be signed by II Applicants)								
ੱ ਦੋ ਵ TRANSA	Sole / First Applicant CTION CHARGES for Applications routed through dis	tributor/ad	Second Applica ents only (Kindly refe) Charge	s under		rd Applicant Guidelines to filling up the
form" fo	r details) ommission shall be paid directly by the investor to the AM	-					-	5.
distributo								
Unitholder Information (Section I)	If you have, at any time, invested in any Scheme of k your Name, Folio Number and PAN details below and	proceed to	ndra Mutual Fund and N Section Investment De	wish to hold tails.	your pre	sent invo	estment in the	same Account, please furnish
n fi s)	Name of Sole / First Applicant:		PA	N No.:			F	olio No.:
	Sole/ First Applicant		Second Applica	int			Thi	rd Applicant
nation	Name of Applicant	Name of A	Applicant			Name o	of Applicant	
nforn	PAN	PAN				PAN		
onal I								
s Pers ection	Date of Birth Date of Birth					Date of Birth		
New Applicant's Personal Information (Section II)	Gross Annual Income Details in INR (please tick): Gross Annual Income Details in INR (please tick): < 1 lac 1 - 5 lac 5 - 10 lac 10 - 25 lac 2 5 lac - 1 cr 1 cr - 5 cr 5 - 10 lac 10 - 25 lac < 2 5 lac - 1 cr 1 cr - 5 cr 5 - 10 lac 10 - 25 lac < 1 lac 1 - 5 lac 5 - 10 lac 10 - 25 lac < 1 lac 1 - 5 lac 5 - 10 lac 10 - 25 lac			- 25 lac 0 cr e older] NO P)*	25 lac □ < 1 lac □ 1 - 5 lac □ 5 - 10 lac □ 1 - 25 lac cr □ 25 lac - 1 cr □ 1 cr - 5 cr □ 5 cr - 10 cr ⊃ 10 cr or Net-worth as on (date) DD / MM / YYYY Rs.			
PoA)	Na						PAN	Date of Birth**
Guardian name OR Contact Person name if Non-Individual Applicant / Power of Attorney (PoA) (Section III)	**applicable for guardian. Gross Annual Income Details in INR (please tick): < 1 lac 1 - 5 lac 5 - 10 lac 10 - 25 lac 25 lac - 1 cr 1 cr - 5 cr 5 cr - 10 cr > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. Please tick, if applicable, Politically Exposed Person (PEP) YES NO Related to a Politically Exposed Person (PEP)* 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.							
e OR C licant (Sect	For Non Individual Investors (i.e. Company, Partne	ership, Trus	t, etc.)		_			
name I App	Is the company a Listed Company or Subsidiary of liste	d Company	or Controlled by Listed	Company:	ΠY	′es	□ No	
rdian vidua	Foreign Exchange / Money Charger Services				ΠY	′es	□ No	
Gua n-Indi	Gaming / Gambling / Lottery / Casino Services				ΠY	′es	□ No	
Ň	Money Lending / Pawning				ΠY	′es	□ No	
Status of Sole/ First Applicant [Section IV(a)]	Resident Individual Proprietorship NRI on Repatriation Basis Partnership Firm NRI on Non-Repatriation Basis Private Limited C HUF Public Limited Cc	ompany	Mutual Fund Mutual Fund FOF Sch Body Corporate Registered Society	eme 🗆 Su 🗆 Tru	/ Gratuity perannua ust AOP/ preign Inst	ation Fui BOI	nd 🗆	On behalf of Minor Other Pase specify)
Status of Second Applicant [Section IV(b)]	Resident Individual NRI on Non-Repat NRI on Repatriation Basis On behalf of Minc		Status of Status of Third Applicant [Section IV(c)]	□ Resident □ NRI on Re				Non-Repatriation Basis half of Minor
Mode of Operation (Section V)	Where there is more than one applicant [Please (\checkmark)] 🗆 Fir	st Applicant only	□ Anyone d	or Surviv	vor E	Joint	

17

Image of the sector Image of the sector<	호 중 음 원	୍ଥି ଦୁନ୍ତି କ୍ରି କ୍ରି 🗋 Government Service 🗆 Retired 🛛 Other
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Occupation of Third Applicant [Section VI(c)]	Private Sector Public Sector Government Service	 ☐ Business ☐ Professional ☐ Agriculturist 	□ Retired □ Housewife □ Student	Forex Dealer Other	(Please specify)
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□ Residential □ Business □ Registered Office Address for Communication (Full Address Mandatory) **Overseas Address** Sole/ First Appli (Section VII) City/ Town State Country Pin Code Mobile Tel (Res./ Off.) Mobile Tel (Res./ Off.) Email**

**All communications including Account Statement & Transaction confirmation shall be communicated to aforesaid E-mail ID.

In case you	u 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 an	d dividend options having dividend frequency of less than a month).
at Int VIII)	NSDL:	DP Name: DP ID:	Beneficiary Account No.:
Jema ccou Detai	CDSL:	DP Name: Beneficiary Account No.:	
	Please ensu	re that your demat account details mentioned above are along with supporting documents evidencing the accuracy of the d	lemat account. Bank details of DP will overwrite the existing details.
	Parent/Gr	and-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf	of Employee (SIP only)/Custodian on behalf of FII.
/ ation	Name:	Relations	ship with Applicant:
d Party Declara tion IX)	PAN:	KYC Compliant Status: O Yes O No	
Third Payment D (Section	above. I am behalf of fII guardian of	I hereby declare and confirm that the Applicant stated above is the beneficial owner of the investment details mentioned providing the funds for these investments on account of my natural love and affection or incentive to employee or for & on or as gift from my bank account only. Declaration (Guardian of minor, as registered in the folio): I confirm that I am the legal i the Minor, registered in folio and have no objection to receiving these funds on behalf of the minor. (Note: Aforeside ould match with the investment cheque signature)	Signature

(Manda	tory, this account d	etails will be considered as default account for payout)
s	Name of Bank	
Details ()	Branch	City
ion)	Account No.	
Account Det (Section X)	RTGS IFSC Code	NEFT IFSC Code
Bank	MICR Code	Account Type : O Current O Savings O NRO O NRE O FCNR O Others
		This is the 9 digit No. next to your Cheque No.

		Plan / Option /		Amount	Payment Details		
tails	Scheme Name	Sub-option	Frequency	Invested (Rs.)	Cheque / DD No.	Bank and Branch	
XI)		O Growth	O Weekly O Monthly				
o u		O Dividend O P O R	O Daily				
estment l (Section		O Growth	O Weekly O Monthly				
/est (Se		O Dividend O P O R	O Daily				
Ē		O Growth	O Weekly O Monthly				
		O Dividend O P O R	O Daily				

Note - Attach separate cheque for each Investment

P=Payout R=Reinvestment If you are an NRI Investor, please indicate source of funds for your investment (Please (

If you are an	INRI Investor, please	e indicate source of i	unds for your investme	It (Please 🗸)
O NRE	O NRO	○ FCNR	Others	

	rmentioned Nominee to receive the Units to my	and /our credit in Folio No./Application No the Nominee acknowledging receipt thereof, shall b				
DET	AILS OF NOMINEE					
ltly)	Name of Nominee	Address	Date Of Birth	% Share	Signature Of Nominee	
or Joir						
ylpin						
ving Si						
	DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)					
	Name of Guardian			Tel. No	Signature Of Guardian	
I/We	· · · · · · · · · · · · · · · · · · ·	do hereby confirm that I/We do not	intend to avail the nomin	ation facility for	this investment application.	

FATCA & CRS INFORMATION [Please tick (1)], 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

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.

	IWe 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.						
l Signatures XIII)	I / We confi Mutual Fun	rm that the distributor has disclosed all commission (in the ds from amongst which the Scheme is being recommended	form of trail commission or I to me / us.	any other mode) payable to the	e distributor for the different competing Schemes of various		
(III)	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.						
and S tion X	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.						
Declaration and () (Section)	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)						
Ded	SIGNATURE(S) (To be signed by All Applicants)						
	all ⊖ s	Sole / First Applicant	Second	Applicant	Third Applicant		
	Please ti	ck if the investment is operated as POA / Guardian	POA Guardian	Note : If the application is inc the application is liable to be	complete and any other requirements is not fulfilled, rejected.		

GUIDELINES FOR FILLING UP THE COMMON APPLICATION FORM

1. **GENERAL INFORMATION**

- a) b)
- NERAL INFORMATION Please fill up the Application Form legibly in English in CAPITAL LETTERS. Please read this Memorandum and the respective SAV SID carefully before investing. Your application for allotment of units in the Scheme(s) is construed to have been made with a full understanding of the terms and conditions applicable to it and the same is binding on you in respect of your investment in the Scheme(s). Application Forms incomplete in any respect or not accompanied by a Cheque/Demand Draft are liable to be rejected. In case your investment application gets rejected on account of the same being incomplete in any respect, your investment amount would be refunded without interest within 30 days. Any correction / over writing in the application form must be signed by the investor. AMC shall not be responsible for direct credit rejects or / payout delays due to incorect/ investor shall pay the upfront commission to the AMFI registered distributor directly, based on c)
- e)
- f)
- incomplete information provided by investor. Investor shall pay the upfront commission to the AMFI registered distributor directly, based on his assessment of various factors including the services rendered by distributor. The distributor shall disclose all commissions (in the form of trail commission or any other mode) payable to them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to the investor. g)

- 2. APPLICANT'S INFORMATION a) If you are already a Unitholder in any scheme of the Fund and wish to make your present
- investment in the same Account, please fill in the Name of Sole/First Holder, PAN & Folio No. in Section I, of the Application Form and then proceed to Section XII. Your personal information and bank account details indicated for your account would also apply to this investment. If you are applying for units in Kotak Mahindra MUtual Fund for the first time, please furnish your complete postal address with Pin Code (P.O. Box No. not enough) and your Contact Nos. This would help us reach you faster.
- b)

c) Default option (Common to all Schemes)			
Indication not made	Default		
Scheme Name	As indicated on the Cheque		
Dividend/ Growth Option	Growth Option		
Sub Options: Dividend Payout / Dividend Reinvestment	Sub Options: Dividend Reinvestment except in case of Kotak Tax Saver it will be Dividend Payout		
Mode of holding (based on the number of applicants/ number of signatures on the form)	Single or Joint		
Status of First Applicant (Individual, HUF, Company etc.)	Others#		

SLIP	(To be filled by Applicant)					
IENT SI	kotak [®] Mutual Fund	Received from an application for allotment of units in th	Appl. CA			
GEM		Investment Details	Instument Details	Amount		
ä	Scheme		No Dated DD / MM / V	YYYY Rs		
ž	Plan		Bank & Branch			
Š	Option				Official Acceptance	
AC	Please retain this silp, duly acknowledged by the Official Collection Center till you receive your Account Statement				Point Stamp & Sign	