

| Distributor's ARN | Sub-Broker's Code | Sub-Broker's ARN | EUIN (Mandatory) |
|-------------------|-------------------|------------------|------------------|
| ARN-6136          |                   |                  | E033574          |

☐ "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)<br>(To be signed by All Applicants) |                        |                  |                 |
|                                                  | Sole / First Applicant | Second Applicant | Third Applicant |

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.

|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Unitholder Information<br>(Section I)                                                                                                                                                                                                                             | <b>A) Have you ever invested in any Mutual Fund before</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (For more details, please refer guidelines, point 9 transaction charges)<br><b>B) 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.</b><br><b>Name of Sole / First Applicant:</b> _____ <b>PAN No.:</b> _____ <b>Folio No.:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| New Applicant's Personal Information<br>(Section II)                                                                                                                                                                                                              | <b>Sole/ First Applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Second Applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | <b>Third Applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                   | Name of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Name of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | Name of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                   | PAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | PAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | PAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                   | Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                   | <b>Gross Annual Income Details in INR (please tick):</b><br><input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac<br><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<br>or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)<br>Please tick, if applicable,<br><input type="checkbox"/> <b>Politically Exposed Person (PEP)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> <b>Related to a Politically Exposed Person (PEP)*</b><br><input type="checkbox"/> <b>Not applicable</b>                                                                                                                                                                                                                                                       |  | <b>Gross Annual Income Details in INR (please tick):</b><br><input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac<br><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<br>or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)<br>Please tick, if applicable,<br><input type="checkbox"/> <b>Politically Exposed Person (PEP)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> <b>Related to a Politically Exposed Person (PEP)*</b><br><input type="checkbox"/> <b>Not applicable</b> |                  | <b>Gross Annual Income Details in INR (please tick):</b><br><input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac<br><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<br>or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)<br>Please tick, if applicable,<br><input type="checkbox"/> <b>Politically Exposed Person (PEP)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> <b>Related to a Politically Exposed Person (PEP)*</b><br><input type="checkbox"/> <b>Not applicable</b> |
| <i>*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.</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Guardian/ Contact Person if Non-Individual Applicant / Power of Attorney (PoA)<br>(Section III)                                                                                                                                                                   | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | PAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Country of Birth | Nationality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                   | Tax Reference Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Status of Sole/ First Applicant<br>(Section IV)                                                                                                                                                                                                                   | <b>Gross Annual Income Details in INR (please tick):</b> <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<br>or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)<br>Please tick, if applicable, <input type="checkbox"/> <b>Politically Exposed Person (PEP)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Related to a Politically Exposed Person (PEP)*</b> <input type="checkbox"/> <b>Not applicable</b><br><i>*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.</i> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Resident Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Mutual Fund <input type="checkbox"/> PF/ Gratuity/ Pension/ <input type="checkbox"/> On behalf of Minor<br><input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Superannuation Fund <input type="checkbox"/> Other _____<br><input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust AOP/ BOI _____<br><input type="checkbox"/> HUF <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Registered Society <input type="checkbox"/> Foreign Institutional Investor (Please specify) _____                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Occupation of Sole/ First Applicant<br>(Section V)                                                                                                                                                                                                                | <input type="checkbox"/> Private Sector <input type="checkbox"/> Professional <input type="checkbox"/> Student<br><input type="checkbox"/> Public Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer<br><input type="checkbox"/> Government Service <input type="checkbox"/> Retired <input type="checkbox"/> Other _____<br><input type="checkbox"/> Business <input type="checkbox"/> Housewife (Please specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Mode of Operation (Section VI)</b><br><b>Where there is more than one applicant [Please (✓)]</b><br><input type="checkbox"/> First Applicant only <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

|                                                                                                                      |                                                                                                                                                                                     |  |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------|
| ACKNOWLEDGEMENT SLIP                                                                                                 | (To be filled by Applicant)                                                                                                                                                         |  |                                                                                 |
|                                                                                                                      |  Received from _____ Appl. CA<br>an application for allotment of units in the following scheme : |  |                                                                                 |
|                                                                                                                      | Investment Details                                                                                                                                                                  |  | Instrument Details                                                              |
|                                                                                                                      | Scheme _____<br>Plan _____<br>Option _____                                                                                                                                          |  | Amount _____<br>No. _____ Dated DD / MM / YYYY Rs. _____<br>Bank & Branch _____ |
| Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement |                                                                                                                                                                                     |  | Official Acceptance Point Stamp & Sign                                          |

☐ Residential ☐ Business ☐ Registered Office

|                                                              |                                                    |                  |                  |                  |
|--------------------------------------------------------------|----------------------------------------------------|------------------|------------------|------------------|
| Correspondence Details of Sole/First Applicant (Section VII) | Address for Communication (Full Address Mandatory) |                  | Overseas Address |                  |
|                                                              |                                                    |                  | Address 1        |                  |
|                                                              |                                                    |                  | Address 2        |                  |
|                                                              | City/ Town                                         | State            | City/ Town       | State            |
|                                                              | Country                                            | Pin Code         | 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 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 IX) | NSDL: | DP Name: | DP ID:                   | Beneficiary Account No.: |
|                                    | CDSL: | DP Name: | 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 X) | Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of FII.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |
|                                             | Name: <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Relationship with Applicant: <input type="text"/>                        |
|                                             | PAN: <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 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 fil or as gift from my bank account only. 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) |                                                                          |

Signature

(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.

|                                                                                |                                                                                |                                                            |           |                       |                 |                 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------|-----------|-----------------------|-----------------|-----------------|
| Investment Details (Section XII)                                               | Scheme Name                                                                    | Plan / Option / Sub-option                                 | Frequency | Amount Invested (Rs.) | Payment Details |                 |
|                                                                                |                                                                                |                                                            |           |                       | Cheque / DD No. | Bank and Branch |
|                                                                                | <input type="radio"/> Growth                                                   | <input type="radio"/> Weekly <input type="radio"/> Monthly |           |                       |                 |                 |
|                                                                                | <input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R | <input type="radio"/> Daily                                |           |                       |                 |                 |
| <input type="radio"/> Growth                                                   | <input type="radio"/> Weekly <input type="radio"/> Monthly                     |                                                            |           |                       |                 |                 |
| <input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R | <input type="radio"/> Daily                                                    |                                                            |           |                       |                 |                 |

Note - Attach separate cheque for each Investment P=Payment R=Reinvestment

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

☐ NRE ☐ NRO ☐ FCNR ☐ Others (Please specify)

|                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                 |         |               |                       |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|-----------------------|----------------------|
| Nomination Details (Section XIII) (to be filled in by Individuals) applying Singly or Jointly                                                   | 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. <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                 |         |               |                       |                      |
| For units to be held in Demat Mode, the Nomination details updated in the depository system shall prevail over the details mentioned hereunder. |                                                                                                                                                                                                                                                                                                                                                                                 |         |               |                       |                      |

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                  |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|
| Declaration and Signatures (Section XIV) | 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 XII 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. 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. 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. |                        |                  |
|                                          | 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) (To be signed by All Applicants)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sole / First Applicant | Second Applicant |

Please tick if the investment is operated as POA / Guardian ☐ POA ☐ Guardian **Note :** If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.

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.  
☎ 022-6638 4400  
✉ mutual@kotak.com  
★ assetmanagement.kotak.com

COMPUTER AGE MANAGEMENT SERVICES PVT. LTD.  
178/ 10, M G R Salai,  
Nungambakkam,  
Chennai – 600034.  
☎ 044 3047 7000  
✉ enq\_k@camsonline.com  
🌐 www.camsonline.com

We are at your service on 1800-222-626 from 9.30 a.m. to 6.00 p.m. (Monday to Friday)

# GUIDELINES FOR FILLING UP THE COMMON APPLICATION FORM

## 1. GENERAL INFORMATION

- Please fill up the Application Form legibly in English in CAPITAL LETTERS.
- Please read this Memorandum and the respective SAI/ 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 incorrect/ 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.

## 2. APPLICANT'S INFORMATION

- 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.
- 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#                                                                                         |

#Tax rates (including the tax on dividend distribution) wherever applied on 'others' by Kotak Mutual Fund shall be the same as applicable to a Resident Indian Company

- Permanent Account Number (PAN) Information (Mandatory) With effect from January 1, 2009, it is mandatory for all existing and new investors (including joint holders, guardians of minors and NRIs) to enclose a copy of PAN card to the application for investing in mutual fund Schemes.
- Know Your Client (KYC)  
With reference to SEBI Circular MIRSD/Cir-26/2011 dated December 23, 2011, investors may kindly note w.e.f. January 1, 2012, it is mandatory for all individual/ non individual investors to be KYC Compliant. Investors can approach any SEBI registered KRA for doing KYC.  
In the event of KYC Form being subsequently rejected for lack of information/ deficiency/ insufficiency of mandatory documentation, the investment transaction will be cancelled and the amount may be redeemed at applicable NAV, subject to payment of exit load, wherever applicable.
- If you are KYC Complaint, your Change of Address, Change in Name, etc. should be given at KRA for updation.

## 3. THIRD PARTY PAYMENT

Reference to AMFI Best Practice Guidelines Circular No. 16/2010 -11 on Risk Mitigation process against Third Party Cheques in Mutual Fund Subscriptions will not be accepted by the Scheme.

Definition of Third Party Cheques

- Where payment is made through instruments issued from an account other than that of the beneficiary investor, the same is referred to as Third-Party payment.
- In case of a payment from a joint bank account, the first holder of the mutual fund folio has to be one of the joint holders of the bank account from which payment is made. If this criterion is not fulfilled, then this is also construed to be a third party payment.

However, afore-mentioned clause of investment with Third-Party Payment shall not be applicable for the below mentioned exceptional cases.

- Payment by Parents/Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs.50,000/- (each regular purchase or per SIP installment) However this restriction will not be applicable for payment made by a guardian whose name is registered in the records of Mutual Fund in that folio.
- Payment by Employer on behalf of employee under Systematic Investment Plans or lump sum / one-time subscription, through Payroll deductions. Asset management companies should exercise extra due diligence in terms of ensuring the authenticity of such arrangements from a fraud prevention and KYC perspectives.
- Custodian on behalf of an FII or a client.

For pre funded instruments such as DD/Pay order it is the onus of the investor to provide adequate supporting documents to prove that such instruments are issued by debiting the first holders account.

Kotak Mahindra Asset Management Co. Ltd. / Trustee retains the sole and absolute discretion to reject/ not process application and refund subscription money if the subscription does not comply with the specified provisions of Payment Instruments

## 4. TERMS & CONDITIONS FOR INVESTORS WHO WISH TO HOLD THEIR UNITS IN DEMAT MODE

- The Demat Account Details section on the investment application form needs to be completely filled
- Please ensure that you submit supporting documents evidencing the accuracy of the demat account details. Applications received without supporting documents could be processed under the physical mode.
- The units will be credited to the Demat Account only post realisation of payment.
- The nomination details as registered with the Depository Participant shall be applicable to unitholders who have opted to hold units in Demat mode.
- For units held in demat mode, the bank details mentioned on investment application form shall be replaced with the bank details as registered with the Depository Participant.
- For units held in demat form, the KYC performed by the Depository Participant of the applicants will be considered as KYC verification done by the Trustee / AMC. However, if the transfer of unit to demat account is rejected for any reason whatsoever, the transaction will be liable to be rejected if KYC performed by KRA is not attached with the investment application form.
- In case of Unit Holders holding units in the demat mode, the Fund will not send the account statement to the Unit Holders. The statement provided by the Depository Participant will be equivalent to the account statement.
- If the investor names and their sequence in the investment application form does not match with the Demat Account details provided therein, the units will not be transferred to the Demat Account & units will be held in physical form.
- The option of holding units in demat form is not being currently offered for investment in dividend option of schemes/ plans having dividend frequency of less than a month (ie: Investments in all Daily, Weekly and Fortnightly Dividend Schemes cannot be held in Demat mode)
- In case the application is rejected post banking your payment instrument, the refund instrument will be sent with the bank details furnished in the investment application form & not as available in the Demat Account, post reconciliation of accounts.

## 5. BANK ACCOUNT DETAILS

Please furnish the Name of your Bank, Branch and City (i.e clearing circle in which the branch participates), Account Type and Account Number. This is mandatorily required as per SEBI. Applications without this information will be deemed to be incomplete & would be rejected. RTGS IFSC code & NEFT IFSC code would help us serve you better.

## 6. INVESTMENT DETAILS

- Please issue a separate Cheque / Demand Draft for each separate Scheme / Plan.
- Cheques should be crossed "A/c Payee Only" and drawn in favour of the Scheme in which you propose to invest.
- If you are residing / located in a city / town where we do not have an Official Acceptance Point, please draw a Demand Draft payable at your nearest city / town where we have an Official Acceptance Point.
- Payments by Cash, Stockinvests, Outstation Cheques, Non-MICR Cheques will not be accepted. Post dated cheques will not be accepted except for investments made under Systematic Investment Plan.
- NRI investors are requested to provide debit certificate from their bank for each investment.

## 7. NOMINATION DETAILS

- a. With effect from April 1, 2011 nomination shall be mandatory for new folios / accounts opened by individual especially with sole holding and no new folios / accounts for individuals in single holding should be opened without nomination.
- b. The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. Nomination cannot be updated in a folio held on behalf of minor.
- c. Minor(s) can be nominated and in that event, the name, address and signature of the guardian of the minor nominee(s) shall be provided by the unitholder.
- d. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- e. The Nominee shall not be a trust other than religious and charitable trust, society, body corporate, partnership firm, karta of Hindu Undivided Family, a power of attorney holder. A non-resident Indian can be nominee subject to the exchange control regulations in force, from time to time.
- f. Transfer of unit in favour of Noninee(s) shall be valid discharge by the Asset Management Company against the legal heir.
- g. The cancellation of nomination can be made only by those individuals who hold unit on their behalf singly or jointly.
- h. On cancellation of nomination, the nomination shall stand rescinded and the Asset Management Company shall not be under any obligation to transfer the units in favour of the Nominee(s).
- i. If there is multiple nomination and the percentage is less than 100% then the balance will be re-balanced to the first unitholder. If percentage is greater than 100% then nomination would be rejected.
- j. Nomination in respect of the units stands rescinded upon the transfer of units.
- k. PAN/KYC of POA/Guardian is mandatory, applications without this information will be deemed to be incomplete & would be rejected.

## 8. KOTAK FACILITIES

- If you have an E-Mail address, you can choose to receive E-mail communication from us in lieu of printed communication. Please furnish your E-Mail ID and indicate the nature of communication you wish to receive over E-Mail.
- If you wish to view your investments or transact over the Internet / Telephone, please fill in the Internet/ Phone Transactions Form. You can download the same from [www.assetmanagement.kotak.com](http://www.assetmanagement.kotak.com).

## 9. TRANSACTION CHARGES

Pursuant to SEBI Circular No. Cir/ IMD/ DF/13/ 2011 dated August 22, 2011, transaction charge per subscription of Rs. 10,000/- and above be allowed to be paid to the distributors of the Kotak Mahindra Mutual Fund products. The transaction charge shall be subject to the following:

1. For existing investors (across mutual funds), the distributor shall be paid Rs. 100/- as transaction charge per subscription of Rs.10,000/- & above.
2. For first time investors, (across Mutual Funds), the distributor shall be paid Rs. 150/- as transaction charge for subscription of Rs.10,000/- & above.
3. The transaction charge shall be deducted by Kotak AMC from the subscription amount & paid to the distributor (will be subject to statutory levies, as applicable) & the balance amount shall be

invested.

4. In case of Systematic Investment Plan(s), the transaction charge shall be applicable only if the total commitment through SIPs amounts to Rs.10,000/- & above. In such cases the transaction charge shall be recovered in first 3/4 successful installments.

**Transaction charges shall not be deducted/applicable for:**

- (a) Transaction other than purchases/subscriptions such as Switch/Systematic Transfer Plan (STP)/ Dividend Transfer Plan (DTP), etc.
- (b) Purchases/Subscriptions made directly with the Fund without any ARN code.
- (c) Transactions carried out through the stock exchange platforms.
- (d) Distributors who have chosen to either 'Opt In' or 'Opt Out' of charging the transaction charge based on type of the product.

With reference to SEBI circular no. Cir/MD/DF/13/2011 dated August 22, 2011 and KMMF notice dated November 1, 2011; distributors shall now have the option to either opt in or opt out of charging transaction charge based on type of the product.

- 10. Employee Unique Identification Number (EUIIN):** SEBI has made it compulsory for every employee/ relationship manager/ sales person of the distributor of mutual fund products to quote the EUIIN obtained by him/her from AMFI in the Application Form. EUIIN would assist in addressing any instance of mis-selling even if the employee/relationship manager/sales person later leaves the employment of the distributor. Hence, if your investments are routed through a distributor please ensure that the EUIIN is correctly filled up in the Application Form.

However, if your distributor has not given you any advice pertaining to the investment, the EUIN box may be left blank. In this case you are required to provide the declaration to this effect as given in the form.

- 11.FATCA related details:** Details under FATCA / Foreign Tax Laws: Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please consult your tax advisor.

Further if you are a Citizen or resident or green card holder or tax resident other than India, please include all such countries in the tax resident country information field along with your Tax Identification Number or any other relevant reference ID / Number. Should there be any change in information provided, please ensure that you advise us promptly within 30 days.

Non Individual investors should fill and provide details in separate form i.e. FATCA Form for Non Individual

## 12. DECLARATION AND SIGNATURES

- Signatures can be in English or in any other Indian language. Thumb impressions must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal.
- Applications by minors must be signed on their behalf by their guardians.
- If you are investing through your constituted attorney, please ensure that the POA document is signed by you and your Constituted Attorney. The signature in the Application Form, then, needs to clearly indicate that the signature is on your behalf by the Constituted Attorney.

## CHECKLIST

Please ensure that:

- Your Application Form is complete in all respects & signed by all applicants :
- Name, Address and Contact Details are mentioned in full.
  - Bank Account Details are entered completely and correctly. 9 digit MICR code / IFSC code / RTGS code of your bank is mentioned in the Application Form.
  - Permanent Account Number (PAN) of all Applicants is mentioned and necessary documents [refer Guidelines 2(d)] are enclosed.
  - Appropriate Investment Option is selected. If the Dividend Option is chosen,

Dividend Payout or Re-investment and Dividend Frequency is Indicated.

- If units are applied for Jointly, Mode of Operation of account is indicated.
- ☞ Your Investment Cheque / DD is drawn in favour of Scheme / Plan, dated and signed.
- ☞ Please write the Application Number / Folio Number on the face of the cheque (eg. Kotak Opportunities - 12345/67)
- ☞ A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the same account.
- ☞ Documents as listed below are submitted along with the Application Form (as applicable to your specific case)

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