

Investment Advisor's Name & Code ARN 6574	Sub-Broker's Code	EUIN (Mandatory) EUIN E019976	Systematic Investment Form Strike off sections that are not applicable
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"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

SIGNATURE(S)

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

Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor.

Have you ever invested in any, Mutual Fund before? Yes No (For more details, please refer KIM's Checklist on page 18) **New**

Investor's Information	
Folio No. (For Existing Investors)	Application No. (For New Investors, pls. attach the application form)
Name of Sole / First Holder	PAN <small>PAN Sole / First Applicant</small>
Enclosed (Please ✓)	<input type="checkbox"/> PAN Proof # <input type="checkbox"/> KYC Compliant Status* <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(* Please attach PAN Card Copy) / (* KYC allotment letter copy is mandatory)</small>
Date of Birth <small>DD/MM/YYYY</small>	E-mail Id <small>Pls provide your e-mail id for mailing of Account Statement</small>

Third Party Payment Declaration

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: _____ Relationship with Applicant: _____

PAN: _____ KYC Compliant Status: Yes 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: Aforementioned signature should match with the investment cheque signature)

Signature: _____

I would like to opt Systematic Investment Plan SIP Micro SIP

Only for Micro SIP Investors (including joint holders) will submit a photo copy of any one of the documents detailed below along with Micro SIP application as proof of identification in lieu of PAN.

Voter Identity Card Driving License Government/Defense identification card Passport Photo Ration Card Photo Debit Card (credit cards not allowed)

Employee ID cards issued by companies registered with Registrar of Companies Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks Senior Citizen / Freedom Fighter ID card issued by Government Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by Central Recordkeeping Agency (NSDL) Any other photo ID card issued by Central Government / State Governments / Municipal authorities / Government organizations like ESIC / EPFO

The Photo Identification document has to be current and valid and also either self attested or attested by an ARN holder

I would like to opt for Systematic Investment through Auto-Debit Post Dated Cheques (PDC's)

Scheme: _____ Option: Growth Dividend : Payout Re-investment

Plan: _____ Dividend : Frequency _____

Investment Frequency Monthly Quarterly SIP Period* From MM / YYYY To** MM / YYYY OR Default Date (December 2050) SIP Instalment Amount* (Rs.) _____

SIP Tenure (Please ✓) 3 yrs 5 yrs 10 yrs 15 yrs 20 yrs First SIP vide Cheque No. _____ Dated DD / MM / YYYY

SIP Date (Please ✓) 1st 7th 14th 21st 25th Additional dates only for Kotak Select Focus Fund and Kotak Equity Arbitrage Fund (Please ✓) 10th 15th 28th

Cheque Nos. From _____ to _____ Cheque Dated From DD / MM / YYYY to DD / MM / YYYY

(Excluding initial investment Cheque)

Cheque on _____ Bank _____ City _____ Branch _____

SIP BOOSTER (Optional) (Please refer instructions overleaf)

Frequency (Please ✓) Half Yearly Yearly

Booster Amount _____ (Minimum Rs. 500 and in multiples of Rs. 500 thereof)

SIP through Auto-Debit

Bank Account Details (Mandatory)

Bank	Branch	City
Name of Bank Account Holder	MICR (9 digit code next to Cheque No.)*	
Account Number	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others <small>Please Specify</small>	
IFSC Code		

I/We here by declare that the particulars given above are correct and express my / our willingness to make payments referred above through participation in ECS (Debit Clearing/Direct Debit). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We also hereby authorize bank to debit charges towards verification of this mandate, if any. I/We will not hold Kotak Mahindra Mutual Fund, responsible. I/We will also inform Kotak Mahindra Mutual Fund, about any changes in my bank account immediately. I/We have read and agreed to the terms and conditions mentioned overleaf.

SIGNATURE(S)

Sole / First Account Holder _____ Second Account Holder _____ Third Account Holder _____

To be signed by All Bank Account Holders if mode of operation is "Joint". (As in Bank Records)

BANKER'S ATTESTATION
(Mandatory if your First SIP Investment is through a Demand Draft / Pay Order)

Certified that the signature of account holder and the details of Bank Accounts are correct as per our records

Signature of Authorised Official From Bank _____
Bank Stamp & Date _____

Standing Instructions for State Bank of India Customers

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document/ SAI/ SID of the Mutual Fund. State Bank of India shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond reasonable control the State Bank of India and which has the effect of preventing the performance of the contract by State Bank of India. I/We acknowledge that no separate intimation will be received from State Bank of India in case of non-execution of the instructions for any reasons whatsoever.

Declaration and Signature

I/We have read and understood the contents of the SAI/ SID of the above referred Scheme(s) of Kotak Mahindra Mutual Fund. I/We hereby apply for allotment / purchase of Units in the Scheme(s) indicated as above and agree to abide by the terms and conditions applicable there to. I/We hereby declare that I/We authorized to make this investment in the above mentioned Scheme(s) and that the amount invested in the Scheme(s) through legitimate sources only and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by the Government of India from time to time. I/We hereby authorize Kotak Mahindra Mutual Fund, its investment Manager and its agents to disclose details of my investment to my / our Investment Advisor and / or banks. I/We have neither received nor been induced by any rebate or gifts, directly, in making this investment. By ticking micro sip, I/We hereby declare that our total SIP for rolling 12 months or FY April to March does not exceed Rs. 50,000 through this application or any existing SIP in the schemes. I/We also declare that the ARN Holder has disclosed all commission (in the form of trail commission or any other mode) payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.

Sole / First Account Holder _____ Second Account Holder _____ Third Account Holder _____

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

* Please ensure utmost care while filling the highlighted column. The form may get rejected in case the details are incomplete.
** Please refer the Instruction & Information of Normal SIP - Point No.13
* Minimum Amount for Kotak Select Focus Fund and Kotak Equity Arbitrage Fund is Rs. 500/- (Subject to a minimum of 10 SIP installments of Rs. 500/- each)