

COMMON APPLICATION FORM

Appl. CA

Date : DD / MM / YYYY

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN	Official Acceptance Point
net brokers pvt.ltd. ARN - 39107	ARN-	Stamp & Sign

1. EXISTING UNITHOLDER INFORMATION

[Refer Guideline 2(a)]

If you have, at any time, invested in any Scheme of Kotak Mahindra Mutual Fund and wish to hold your present investment in the same Account, please furnish your Name, Account Number and PAN details below and proceed to Section 4.

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

2. NEW APPLICANTS' PERSONAL INFORMATION

[Refer Guideline 2]

SOLE/FIRST APPLICANT			Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>	Date of Birth	
_____				DD / MM / YYYY	
First Name	Middle Name	Last Name			
GUARDIAN (in case Sole / First Applicant is a minor)			Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>	Status (Please ✓) <input type="checkbox"/> Resident Individual <input type="checkbox"/> INRI on Repatriation Basis <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> HUF <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Body Corporate <input type="checkbox"/> Registered Society <input type="checkbox"/> PF/Gratuity/Pension/ <input type="checkbox"/> Superannuation Fund <input type="checkbox"/> TrustAOP / BOI <input type="checkbox"/> Foreign Institutional Investor <input type="checkbox"/> Others _____ (Please specify)	

First Name	Middle Name	Last Name			
CONTACT PERSON (in case of Non-individual applicants)			Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>		

Name			Designation		
SECOND APPLICANT (Joint Holder 1)			Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/>	Occupation (Please ✓) (Mandatory) <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agriculture <input type="checkbox"/> Others _____ (Please specify)	

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

First Name			Middle Name		
MODE OF OPERATION (where there are more than one applicants)					
<input type="radio"/> First Holder only <input type="radio"/> Anyone or Survivor <input type="radio"/> Joint					
PAN*	Sole / First Applicant		Second Applicant		
Enclosed (please ✓)	<input type="checkbox"/> PAN Proof or <input type="checkbox"/> Form 60 / 61 / 49A		<input type="checkbox"/> PAN Proof or <input type="checkbox"/> Form 60 / 61 / 49A		
	<input type="checkbox"/> PAN Proof or <input type="checkbox"/> Form 60 / 61 / 49A		<input type="checkbox"/> PAN Proof or <input type="checkbox"/> Form 60 / 61 / 49A		
* Mandatory for all Investors (Indian & NRI) irrespective of the investment amount.					

RESIDENTIAL ADDRESS (Mandatory)

City _____ Pin Code _____ State _____ (Cell) _____
 ☒ E-mail _____ ☎ Tel. _____ ☎ (Fax) _____

OFFICE ADDRESS

City _____ Pin Code _____ State _____ (Cell) _____
 ☒ E-mail _____ ☎ Tel. _____ ☎ (Fax) _____

OVERSEAS ADDRESS (Mandatory for Non-Resident applicants)

Address for Correspondence (Please ✓) Indian Overseas

City _____ Zip Code _____ State _____
 Country _____ Nationality _____

To be filled by Applicant

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

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

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

ACKNOWLEDGEMENT SLIP

Appl. CA

Official Acceptance Point Stamp & Sign

3. BANK ACCOUNT DETAILS (MANDATORY)**[Refer Guideline 3]**

Name of Bank

Branch

City (Clearing Circle)

Account No.

MICR Code

This is the 9 digit No. next to your Cheque No.

Account Type : Current Savings NRO NRE FCNR Others

DIRECT CREDIT

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

- | | | |
|----------------------------|--------------|---------------------------|
| • ABN AMRO Bank | • HDFC Bank | • IndusInd Bank |
| • Centurion Bank of Punjab | • HSBC | • Kotak Mahindra Bank |
| • Citibank | • ICICI Bank | • Standard Chartered Bank |
| • Corporation Bank | • IDBI Bank | • AXIS Bank |
| • Deutsche Bank | | |

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

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

4. INVESTMENT DETAILS**[Refer Guideline 4]**

Scheme Option Growth Bonus (available only in Kotak Bond Regular)

Plan (Please ✓) Dividend : Payout Re-investment

Frequency

Investment Amount	DD Charges (if applicable)	Net Amount (if applicable)
Rs. <input type="text"/> A	Rs. <input type="text"/> B	Rs. <input type="text"/> A - B

Mode of Payment Cheque / Demand Draft / Fund Transfer Instrument No. dated DD / MM / YYYY

(Strike off whichever is not applicable)

Drawn on Bank Branch City

Cheque / DD to be drawn in favour of specific Scheme / Plan as indicated in last column of Scheme Snapshot Table.

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

NRE NRO FCNR Others (Please specify)

5. NOMINATION DETAILS (to be filled in by Individual(s) applying Singly or Jointly)**[Refer Guideline 5]**

I/We _____ and _____ do hereby nominate the undermentioned Nominee to receive the Units to my/our credit in Account 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 Date of Birth DD / MM / YYYY

ADDRESS

City/Town Pin

Tel.

Signature of Nominee

DETAILS OF GUARDIAN (to be furnished in case Nominee is a Minor)

(Strike off if this section is not applicable to you)

NAME

ADDRESS

City/Town Pin

Tel.

Signature of Guardian

6. E-MAIL COMMUNICATION**[Refer Guideline 6]**

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

- Account Statement Monthly Update ECS of Dividends Transaction Confirmation Annual Report

Please furnish your Email ID below :

Your E-mail ID here

7. DECLARATION AND SIGNATURES**[Refer Guideline 7]**

I/We have read and understood the contents of the Offer Document(s) of the respective Scheme(s) of Kotak Mahindra Mutual Fund. I/We hereby apply for allotment / purchase of Units in the Scheme(s) indicated in Section 4 above and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that I / We are authorised to make this investment in the above-mentioned scheme(s) and that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by the Government of India from time to time. I / We hereby authorise Kotak Mahindra Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my / our Investment Advisor and / or my bank(s) / Kotak Mahindra Mutual Fund's bank(s).

I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment.

Applicable to NRIs seeking repatriation of redemption proceeds: I / We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my/our NRE / FCNR Account.

SIGNATURE(S)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Sole / First Applicant	Second Applicant	Third Applicant

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

Kotak Mahindra Mutual Fund
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We are at your service on 1800-222-626 from 9.30 a.m. to 6.30 p.m. (Monday to Friday)