

Distributor's ARN/ RIA Code <sup>†</sup>	Sub-Broker's ARN	Sub-Broker's Code	EUIN
<b>24863</b>			<b>E043887</b>

**"By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund. Declaration for "Execution-only" transactions (only where EUIN box is left blank)**

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

**TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading "Guidelines to filling up the form" for details)**

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.


<b>Unitholder Information (Section I)</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 Folio Number and CKYC Number below and proceed to Section 'Investment Details'. <b>Folio No.:</b> _____ <b>CKYC No.:</b> _____
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	Sole/ First Applicant	Second Applicant	Third Applicant	
<b>New Applicant's Personal Information (Section II)</b>	Name of Applicant <sup>†</sup>	Name of Applicant <sup>†</sup>	Name of Applicant <sup>†</sup>	
	PAN	PAN	PAN	
	Date of Birth	Date of Birth	Date of Birth	
	Aadhar No.	Aadhar No.	Aadhar No.	
	CKYC No.	CKYC No.	CKYC No.	
	Status <sup>†</sup>	Status <sup>†</sup>	Status <sup>†</sup>	
	Occupation <sup>†</sup>	Occupation <sup>†</sup>	Occupation <sup>†</sup>	
^ Name shall be as per PAN/Aadhaar card. <sup>†</sup> Please refer to Section IV below for Status of All Applicants. <sup>†</sup> Please refer to Section V below for Occupation of All Applicants.				
<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 or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) 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>			<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 or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) 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>	<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 or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) 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>
*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.				

<b>Guardian OR Contact Person name if Non-Individual / Power of Attorney (Section III)</b>	Name	PAN	Aadhaar Number
	CKYC No.	Date of Birth**	**applicable for guardian.
<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 or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) 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>			
*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.			

<b>Status of Applicants (Section IV)</b>	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> HUF	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Mutual Fund <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Body Corporate <input type="checkbox"/> Registered Society	<input type="checkbox"/> PF/ Gratuity/ Pension/ <input type="checkbox"/> Superannuation Fund <input type="checkbox"/> Trust AOP/ BOI <input type="checkbox"/> Foreign Institutional Investor (Please specify)	<input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Other _____
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<b>Occupation of Applicants (Section V)</b>	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife	<input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other _____ (Please specify)	<b>Mode of Operation (Section VI)</b>	<b>Where there is more than one applicant [Please (✓)]</b> <input type="checkbox"/> First Applicant only <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint
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<b>ACKNOWLEDGEMENT SLIP</b>		<b>(To be filled by Applicant)</b>		
	Received from _____		<b>Appl. CA</b>	
	an application for allotment of units in the following scheme :			
	Scheme	Investment Details	Instrument Details	Amount
	Plan	Option	No. _____ Dated DD / MM / YYYY Rs. _____	Bank & Branch _____
Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement			Official Acceptance Point Stamp & Sign	