

Distributor's ARN/ RIA Code*	Sub-Broker's ARN	Sub-Broker's Code	EUIIN
ARN-98471			E115901

☐ \*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 EUIIN box is left blank)**

☐ "I/We hereby confirm that the EUIIN 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 'Checklist' for details)

**REQUEST FOR:**

☐ Registration of SIP + OTM Registration  
 ☐ Registration of SIP (for existing OTM)  
 ☐ Registration of MICRO SIP  
 ☐ Renewal of SIP  
 ☐ Change in Bank details

## One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit

UMRN	F o r o f f i c e u s e	Date																			
<b>TICK (✓)</b>	<b>Sponsor Bank Code</b>	<b>For Office Use</b>	<b>Utility Code</b>																		
<input checked="" type="checkbox"/> <b>CREATE</b>																					
<input type="checkbox"/> <b>MODIFY</b>	I/We hereby authorize <b>Kotak Mutual Fund</b>		to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other																		
<input type="checkbox"/> <b>CANCEL</b>	Bank a/c number																				
with Bank																					
		IFSC	or MICR																		
an amount of Rupees		₹																			
<b>FREQUENCY</b>		<b>DEBIT TYPE</b>																			
<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qytr <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount																			
Reference 1	Folio Number	Phone No.																			
Reference 2	Application Number	Email ID																			
<b>I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.</b>																					
<b>PERIOD</b> From <table border="1" style="display: inline-table; text-align: center;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td>1</td><td>1</td><td>2</td><td>2</td><td>0</td></tr> <tr><td>9</td><td>9</td><td></td><td></td><td></td><td></td></tr> </table>										3	1	1	2	2	0	9	9				
3	1	1	2	2	0																
9	9																				
Or <input checked="" type="checkbox"/> Until Cancelled																					
Signature Primary Account holder      Signature of Account holder      Signature of Account holder																					
1. Name as in Bank records      2. Name as in Bank records      3. Name as in Bank records																					
This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.																					

INVESTOR'S INFORMATION											
FOLIO NO.	Application No. (For New Investors, pls. attach the application form)										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Sole/ First Applicant</th> <th style="width:33%;">Second Applicant</th> <th style="width:33%;">Third Applicant</th> </tr> <tr> <td>Name of Applicant</td> <td>Name of Applicant</td> <td>Name of Applicant</td> </tr> <tr> <td>PAN</td> <td>PAN</td> <td>PAN</td> </tr> </table>			Sole/ First Applicant	Second Applicant	Third Applicant	Name of Applicant	Name of Applicant	Name of Applicant	PAN	PAN	PAN
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PAN	PAN	PAN									

SIP Details																																
Scheme Name/ Plan/Options Sub-option	SIP Installment Amount(Rs.)	SIP Date (Please refer Terms & Conditions)	SIP Frequency	SIP Start Month & Year and SIP End month & Year	SIP BOOSTER (OPTIONAL) Fixed Booster Amount (Rs) OR Variable Booster Percentage(%)	SIP Booster Frequency																										
	Rs.	<table border="1" style="display: inline-table; text-align: center;"> <tr><td>D</td><td>D</td></tr> </table>	D	D	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<table border="1" style="display: inline-table; text-align: center;"> <tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td colspan="6">to</td></tr> <tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	M	M	Y	Y	Y	Y	to						M	M	Y	Y	Y	Y	Rs. _____ OR _____ % Booster Cap Amt Rs. _____ OR Booster End Period: <table border="1" style="display: inline-table; text-align: center;"> <tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	M	M	Y	Y	Y	Y	<input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly
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First SIP Transaction via Cheque No.	Cheque Dated	<table border="1" style="display: inline-table; text-align: center;"> <tr><td>D</td><td>D</td></tr> <tr><td>M</td><td>M</td></tr> <tr><td>Y</td><td>Y</td></tr> <tr><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	Amount, Rs.	The first cheque amount should be same as each/ total SIP Amount
D	D											
M	M											
Y	Y											
Y	Y											

**DEMAT ACCOUNT DETAILS** Please ensure you submit supporting documents evidencing the accuracy of the demat account details mentioned below. Bank details of DP will overwrite the existing details.

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 IDCW options having IDCW frequency of less than a month).

☐ NSDL  
 ☐ CDSL  
 DP Name \_\_\_\_\_  
 DP ID \_\_\_\_\_  
 Beneficiary Account No. \_\_\_\_\_

**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) is 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. 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.

I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosure of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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 AMC Records)		