COMMON APPLICATION FORM

kotak®

Sub-Broker's Name & ARN
Investment Advisor's Name & ARN
Sub-Broker \ LG Code
FINN (Ma

Please retain this silp, duly acknowledged by the Official Collection Center till you receive your Account Statement

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	onanza - 0186	s been intentional	y left blank by me	e/us as this tr	ransaction is	executed witho	ut any interacti		te: DD / MM / YYYY by the employee/relationsh	
ana erso	hereby confirm that the EUIN box ha ger/sales person of the above distrib n of the distributor/sub broker."	outor/sub broker o	r notwithstanding	g the advice	of in-approp	riateness, if an	y, provided by	the employee	e/relationship manager/sa	
	Sole / First Applicant		Second Applicant				Third Applicant			
nt c	commission shall be paid directly by the ir	waster to the AMEL		signed by All		coccment of var	ious factors include	ding the conje	so randored by the distributor	
(Section I)	A) Have you ever invested in any, B) If you have, at any time, investe your Name, Folio Number and PAN Name of Sole / First Applicant:	Mutual Fund befo	ore Yes	No (For a Mutual Fu	more details,	please refer go to hold your p	uidelines on pag	ge 13, point in the san	9) ne Account, please furnish	
			Constant A			Folio No.:				
	Sole/ First Applicar		Second A	Applicant			Third A	applicant		
	Name of Applicant	Name of Applica	ant			Name of Applicant				
	PAN	PAN				PAN				
	Date of Birth	Date of Birth				Date of Birth				
	Country of Birth	Country of Birth				Country of Birth				
new Applicant's Personal Information (Section II)	Nationality	Nationality				Nationality				
	Tax Reference Number	Tax Reference Nu	umber			Tax Reference Number				
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In case you	u wish t	o hold units in d	emat, please fill this section. Please not	e that y	ou can hold units in dema	at for all open end	ed schemes (except ETFs an	d divide	nd options havi	ng dividend freque	ncy of less than a month).	
<u>s</u>	NSDL						CDSL						
Demat Account Details (Section IX)							2011						
nt D	DP Name				DF	DP Name							
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	Pare	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.											
ţion	Nan	Name:					Relationship with Applicant:						
Σ ara ₹													
Third Party Payment Declaration (Section X)	PAN	PAN: KYC Compliant Status: O Yes O No											
Third ent Sec	Decla	ration: I hereby	ation: I hereby declare and confirm that the Applicant stated above is the beneficial owner of the investment details mentioned above. I am providing the										
aym (aration: I nereby declare and confirm that the Applicant stated above is the beneficial owner of the investment details mentioned above. I am providing the is for these investments on account of my natural love and affection or incentive to employee or for & on behalf of fill or as gift from my bank account only. Signature											
~		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)											
(Manda			letails will be considered as def			icit circque sigii	rture)						
(Manaa	Ė		etans win be considered as ach	uuit u	ecount for payout,								
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Bank Account Details (Section XI)	Bran	ch					City						
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Investment Details (Section XII)	140.				O Growth	0.10/==11.00::		.s.cu (NS.)	Γ.	aid (No.)	DD No.		
nt D	1				O Dividend O P O R	○ Weekly ○ Mo	Less	DD Charges					
mer	2				O Growth	O Weekly O Mo	nthly less	DD Charges					
vest (Se					O Dividend O P O R	O Daily							
드	3				O Growth	O Weekly O Mo	nthly Less	DD Charges					
Note Att	ach co	narata chaqua	for each Investment		P=Payout R=Reinvestmen	O Daily							
			ase indicate source of funds for you	r invos	· ·	ıı							
O NRE	Z GITTNI	O NRO	FCNR Oth		arient (riease 🗸 /			(Please s	specify)			
ion XIII) lual(s) ntly)		and settlements made to such Nominee and signature of th DETAILS OF NOMINEE Name of Nominee			our credit in Folio No./Application No. ne Nominee acknowledging receipt thereof, shall be a valid control of the Nominee acknowledging receipt thereof.			lid discharge l		AMC/Mutual F % Share		Signature Of Nominee	
Nomination Details (Section XIII) (to be filled in by Individual(s) applying Singly or Jointly)		DETAILS OF	CHADDIAN (to be furnished in	5350	Nominos is a minor								
(fc (a)		DETAILS OF C	GUARDIAN (to be furnished in	case	Nominee is a minor)								
Z		Name of Guardian			Address					Tel. No	Signat	Signature Of Guardian	
	I/We				•						or this investment	application.	
		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) Kotak Mahindra Mutual Fund. I /We hereby apply for allotment/ purchase of Units in the Scheme(s) indicated in Section F 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 source 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 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, 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 receive 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 an 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. 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.												
Declaration (SIGNATURE(S)				Second Appli	**				Third Applicant			
	(To be signed by , Please tick if the investment is operated as POA / Guardian POA Guardian					Guardian N	Note: If the application is incomplete and any other requirements is not fulfilled,						
			investment is operated as PO/	- / GL	IGIUIAII PUA			n is liable to					
	_ =		 INDRA MUTUAL FUND				COMPUTE		IACEN :	MENIT CEDVICE			
	8	6th Floor, Ko Infinity Park,	tak Infinity, Building No. 21, Off. Western Express Highway, dya Marg, Malad (E), 0 097.	COMPUTER AGE MANAGEMENT SERVICES PVT. LTD. 178/ 10, M G R Salai, Nungambakkam, Chennai – 600034. 104 3047 7000 20 eng_k@camsonline.com									
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