

COMMON APPLICATION FORM

6th Floor, Kotak Infinity, Building No. 21, Infinity Park, Off. Western Express Highway, Gen.A.K. Vaidya Marg, Malad (E), Mumbai - 400 097. © 022-6638 4400

mink investments. Think Rotak.			<u>∞</u>	mutual@kotak.com www.mutualfund.kotak.com
Investment Advisor's Name & ARN	Sub-Broker's Name & ARN Sub-Broker \ LG Code	Official Acceptance Point	Bank Sr. No.	Appl. CA
ARN-82882				Date: DD / MM / YYYY
Upfront commission shall be paid directly by rendered by the distributor.	the investor to the AMFI registered	distributors based on the inve	stor's assessmen	t of various factors including the service
A. EXISTING UNITHOLDER INFORMA	ATION			[Refer Guideline 2(a)]
If you have, at any time, invested in any Sche Folio Number and PAN details below and pro		d and wish to hold your prese	ent investment in	the same Account, please furnish your Name
Name of Sole / First Holder:			Folio No.:	/
B. NEW APPLICANT'S PERSONAL IN	FORMATION			[Refer Guideline 2]
SOLE/FIRST APPLICANT				Date of Birth**
				DD / MM / YYYY
GUARDIAN (in case Sole / First Applicant is a min	nor)			**Mandatory in case sole/first applicant is minor.
		Re	lationship	Status (Please ✓)
CONTACT PERSON (in case of Non-individu	al applicants)		-1	Resident Individual NRI on Repatriation Basis
		De	signation	NRI on Non-Repatriation Basis HUF Proprietorship
SECOND APPLICANT (Joint Holder 1)				Proprietorship Partnership Firm
				Private Limited Company
GUARDIAN (in case Second Applicant is a minor	-)			Public Limited Company Mutual Fund
				☐ Mutual Fund FOF Scheme ☐ Body Corporate
THIRD APPLICANT (Joint Holder 2)				Registered Society
				PF/Gratuity/Pension/ Superannuation Fund
GUARDIAN (in case Third Applicant is a minor)				Trust AOP / BOI Foreign Institutional Investor On behalf of Minor
MODE OF OPERATION (where there is	more than one applicantly			Other(Please specify)
_	Anyone or Survivor	○ Joint		Occupation (Please ✓) (Mandatory) Business
PAN AND KYC COMPLIANT STATUS DET	- ,			Service
PAN	PAN		PAN	Professional Retired
Sole / First Applicant	Second Applicant			Housewife
KYC Compliant Status* PAN Proof # Yes No	KYC Compliant Status* PAN Proof # Yes No		npliant Status* f # Yes No	Student Agricultur

C. THIRD PARTY PAYMENT DECLARATION	
Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Gua	rdian/ 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 or am providing the funds for these investments on account of my natural love and affection or igift from my bank account only. Declaration (Guardian of minor, as registered in the folio): I confirm that I am the legal guar objection to receiving these funds on behalf of the minor.	ncentive to employee or for & on behalf of fll or as Signature
(Note: Aforeside signature should match with the investment cheque signature)	

ADDRE	SS FOR	COMMUNICATION	(Mandatory)	
City	1		Pin/Zip Co	ode
State			Country	
(Cell)			☎ Tel.	
👍 (Fax)				
⊠ E-mail				

(#Please attach PAN Card Copy) / (*KYC allotment letter copy is mandatory)

	[Refer Guideline 3] olease fill this section. Please note that you can hold nemes (except ETFs and dividend options having b.
NSDL	CDSL
DP Name	DP Name
DP ID	DP ID
Beneficiary Account No.	Beneficiary Account No.

	Kotak [®] Mutual Fund nents. Think Kotak.	(To be filled by reived from application for allotment of units in the following scheme :	
	Investment Details	Instument Details	Amount
Scheme			

Bank & Branch _

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

Plan

Option

ACKNOWLEDGEMENT SLIP

ı	
ı	
ı	
ı	Official Acceptance
ı	Point Stamp & Sign

Appl. CA

Dated DD / MM / YYYY Rs. _



. BANK ACC	COUNT DETAILS (Mandatory, this ac	count details will be con	sidered as defau	•			[R	lefer Guideline
ame of Bank	C'h.		We shall directly cred		IRECT CI emption p		your bank acco	unt if your Bank is a
ranch ccount No.	City		of bank list with which	th we have a tie-up	for direct	credit facility.		
rgs ifsc Code	2		If, however, you w	ish to receive a c	heque p	ayout, pleas	e tick the box	alongside.
EFT IFSC Code								
MICR Code	This is the 9 digit No. next to	o vour Chagua Na						
ccount Type :	Current Savings NRO NRE							
	can register multiple bank account by submit			on given in the form			-	
	ENT DETAILS (Attach separate ch		ent)					Refer Guideline
).	Scheme Name / Frequency	Plan / Option / Sub-option	Frequency Weekly Monthly	Amount Invested (Rs.)		Amount d (Rs.)	Cheque / DD No.	Bank and Bran
		☐ Dividend ○ P ○ R		Less DD Charges				
		☐ Growth ☐ Dividend ○ P ○ R	☐ Weekly ☐ Monthly ☐ Daily	Less DD Charges				
		Growth	☐ Weekly ☐ Monthly	Loss DD Chargos				
		Dividend O P O R P=Payout R=Reinvestment	☐ Daily	Less DD Charges				
ou are an NRI I	Investor, please indicate source of funds for y							
NRE	○ NRO ○ FCNR ○ O	thers						
NOMINA	TION DETAILS (to be filled in by	Individual(s) applying	Singly or Joint	tly)			[R	lefer Guideline
			and					nereby nominate
	lominee to receive the Units to my/our credit in inee and signature of the Nominee acknowled			_ in the event of my/ MC/ Mutual Fund / T		. I/we also und	lerstand that all p	payments and settle
	OF NOMINEE	ignig receipt thereof, shall be a vi	and discharge by the A	ivic/ ividtadi runa/ i	rustee.			
	lame of Nominee	Add	dress	Date Of	Birth	% Share	Signature C	Of Nominee
DETAILS (OF GUARDIAN (to be furnished in case							
	<u> </u>	Nominee is a minor)						
	Name of Guardian	Nominee is a minor)	Address			Tel. No	Signat	ure Of Guardian
	<u> </u>							
	<u> </u>	do hereby confirm that I/		avail the nomination	facility fo			
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E-MAIL	Name of Guardian COMMUNICATION	do hereby confirm that I/	We do not intend to a		a facility for		nent application.	
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