




Investment Advisor's Name & Code	Sub-Broker's Name & Code	EUIN (Mandatory)	FOLIO NO.	DATE
ARN-53321		E054731		DD / MM / YYYY

☐ "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)	 Sole/First Holder	 Second Holder	 Third Holder
	(To be signed by All Unitholders if mode of operation is 'Joint')		

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.

NAME OF SOLE/ FIRST HOLDER : _____


NAME OF SECOND HOLDER : _____


NAME OF THIRD HOLDER : _____



PAN	Sole / First Holder	Second Holder	Third Holder
MOBILE NO.			This mobile no. will not get updated in the folio.

APPLICANT'S OTHER DETAILS (Mandatory)

- A) Place of Birth _____ B) Country of Tax Residency other than India _____
- C) Occupation Details [Please tick ☒] ☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Services ☐ Student ☐ Business
- ☐ Agriculture ☐ Proprietorship ☐ Professional ☐ Retired ☐ Housewife ☐ Others _____ (please specify)
- D) Gross Annual Income (Rs.) [Please tick ☒] ☐ <1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs ☐ <1 Crore ☐ >1 Crore
- E) Net worth (Mandatory for Non-individual) Rs. _____ as on DD / MM / YYYY (Not older than 1 year)
- F) Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole-time Directors)
- ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

PURCHASE		Refer Checklist I
Scheme _____	Option (Please ✓) <input type="checkbox"/> Dividend  <input type="radio"/> Payout OR <input type="radio"/> Reinvestment	
Plan _____	Dividend Frequency _____	
Plan your Life Goal. You can assign this investment for your life's important milestones. <input type="checkbox"/> Your Dream House <input type="checkbox"/> Child Education <input type="checkbox"/> Child Wedding <input type="checkbox"/> Retirement		
Investment Mode <input type="checkbox"/> Cheque / DD / Pay order <input type="checkbox"/> RTGS/NEFT/Fund Transfer/ Online Transfer		
Investment : Rs. _____ Chq./ DD No. _____ dated DD / MM / YYYY		
drawn on _____ Name of Bank _____ Branch _____ City _____		
(Please mention your folio on the face of your investment cheque)		
We hereby confirm having initiated the Transfer/RTGS for transfer of Rs. _____ from our account no. _____ with _____ Bank to your account no. _____ with _____ Bank.		

REDEMPTION		Refer Checklist II
Scheme _____	Plan _____	Option (Please ✓) <input type="checkbox"/> Dividend  <input type="radio"/> Payout OR <input type="radio"/> Reinvestment
Amount (Rs.) _____ OR No. Of Units _____ OR All Units (✓) _____ OR All Units Free from Exit Load (✓) _____		Dividend Frequency _____
		<input type="checkbox"/> Growth <input type="checkbox"/> Bonus

SWITCH		Refer Checklist III
From: Scheme _____	Plan _____	Option (Please ✓) <input type="checkbox"/> Dividend  <input type="radio"/> Payout OR <input type="radio"/> Reinvestment
To: Scheme _____	Plan _____	Dividend Frequency _____
Amount (Rs.) _____ OR No. Of Units _____ OR All Units (✓) _____ OR All Units Free from Exit Load (✓) _____		<input type="checkbox"/> Growth <input type="checkbox"/> Bonus
		<input type="checkbox"/> Dividend  <input type="radio"/> Payout OR <input type="radio"/> Reinvestment
		Dividend Frequency _____
		<input type="checkbox"/> Growth <input type="checkbox"/> Bonus

For investors who have REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY in the above folio




The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us:

Name of Bank _____ Bank A/c No. _____

Branch _____ Bank City _____

Important Note: If the bank account mentioned above is different from those already registered in your folio, prescribed supporting documents have to be submitted. If bank account details are not filled above OR incorrect/incomplete supporting documents are submitted for a new bank account, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. Kotak Mutual Fund or Kotak Mahindra Asset Management Company Ltd. will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.

Declaration: I/We have read and understood the contents of the Statement of Additional Information/ Scheme Information Document/ offer Document(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in executing this transaction.

SIGNATURE(S)	 Sole/First Holder	 Second Holder	 Third Holder
	(To be signed by All Unitholders if mode of operation is 'Joint')		

Important Alert: In case there is any change to your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency.

