

Investment Advisor's Name & Code ARN-82793	Sub-Broker's Code	EUIN (Mandatory) E068403	Systematic Transfer / Withdrawal Form Strike off sections that are not applicable
<input type="checkbox"/> "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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."			

Sole/Frist Applicant	Second Applicant	Third Applicant
To be signed by All Applicants 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.

Investor's Information

Folio No. <i>(For Existing Investors)</i>	Application No. <i>(For New Investors, Please attach the application form)</i>
Name of Sole/ First Holder	
E-Mail Id Pls. Provide your e-mail id for mailing of account Statement	

I would like to opt for **Systematic Transfer Plan** **Systematic Withdrawal Plan**

Scheme _____ Plan _____ Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Bonus <i>(available only in Kotak Bond Regular)</i> <input type="checkbox"/> Dividend <input checked="" type="checkbox"/> Payout OR <input type="checkbox"/> Re-investment
Dividend Frequency _____	

Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly <i>(Available only for STP)</i>	Commencement Date dd/mm/yy
Date <input type="radio"/> 1 st <input type="radio"/> 7 th <input type="radio"/> 14 th <input type="radio"/> 21 st <input type="radio"/> 25 th	Period From mm/yyyy To mm/yyyy

Systematic Transfer Plan (STP)

To	<input type="checkbox"/> Growth <input type="checkbox"/> Bonus <i>(available only in Kotak Bond Regular)</i> <input type="checkbox"/> Dividend <input checked="" type="checkbox"/> Payout OR <input type="checkbox"/> Re-investment
Scheme _____ Plan _____ Option (Please ✓)	Dividend Frequency _____

Transfer Option (Please ✓) <input type="checkbox"/> Fixed Sum Min. Rs. 1000/- OR <input type="checkbox"/> Entire Appreciation	Check List →	Minimum Criteria Transfers: 6 Amount: Rs. 1000/-
		<input type="checkbox"/> Your choice of transfer option is clearly indicated. <input type="checkbox"/> STP period, date & frequency is mentioned above. <input type="checkbox"/> Scheme (Plan) - Option from & to which you wish to transfer is clearly indicated.

PAN # & KYC*	Sole/ First Holder	Second Holder	Third Holder
Enclosed (Please ✓)	<input type="radio"/> PAN Proof KYC Compliance Status <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> PAN Proof KYC Compliance Status <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> PAN Proof KYC Compliance Status <input type="checkbox"/> Yes <input type="checkbox"/> No
(# Please attach PAN card copy) (* KYC Acknowledgement letter copy is Mandatory)			

Systematic Withdrawal Plan (SWP)

Withdrawal Option (Please ✓) <input type="checkbox"/> Fixed Sum Min. Rs. 1000/- OR <input type="checkbox"/> Entire Appreciation	Check List →	Minimum Criteria Withdrawal: 6 Amount: Rs. 1000/-
		<input type="checkbox"/> Your choice of withdrawal option is clearly indicated. <input type="checkbox"/> SWP period, date & frequency is mentioned above.

Declaration and Signatures

I/We have read and understood the contents of the SID/ SAI 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.

Sole/Frist Applicant	Second Applicant	Third Applicant
To be signed by All Applicants if mode of operation is "Joint"		