

Investment Advisor's Name & Code <b>ARN - 1739</b>	Sub-Broker's Code	EUIIN (Mandatory) <b>E031487</b>
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**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."

**Rupee Cost Averaging - Take the guesswork out of timing the market**

Month	Monthly investment in Rs.	Cost per unit Rs.	No. of units bought	Lumpsum investment in Rs.	No. of units bought
1	5,000	12	417	20,000	1,667
2	5,000	10	500		Average cost per unit Rs.12
3	5,000	11	455		
4	5,000	13	385		
<b>Total Units</b>	<b>20,000</b>		<b>1,757</b>		<b>Average cost per unit Rs.11.4</b>

**SIGNATURE(S)**

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     
  Registration of MICRO SIP     
  Renewal of SIP  
 Change in Bank details     
  Any other request

**Just by investing a little everymonth, you average out the market highs & lows**  
The above illustration is hypothetical & only to explain the concept of Rupee Cost Averaging & should not be construed as expected return or an investment advice

**INVESTOR'S INFORMATION**

Folio No. (For Existing Investors)	Application No. (For New Investors, pls. attach the application form)	
Name of Sole / First Holder		E-mail:
PAN (First Applicant)	Mobile No.	
Enclosed (Please ✓) <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Compliant Status <input type="checkbox"/> Yes <input type="checkbox"/> No		

**I would like to opt for Systematic Investment through**       Auto-Debit       Post Dated Cheques (PDC's)

Scheme  Option  Growth       Dividend :  Payout       Re-investment

Plan  (Please ✓)      Dividend : Frequency

Investment Frequency  Monthly       Quarterly      SIP Period From  MM / YYYY To  MM / YYYY OR  Default Date (December 2099)

SIP Amount (✓) Rs.  20000       10000       5000       3000       Any other amount  Rs.      First SIP vide Cheque No.  Dated  DD / MM / YYYY

SIP Date (✓)  1st       7th       10th       14th       15th       21st       25th       28th

Cheque Nos. From  to       Cheque Dated From  DD / MM / YYYY to  DD / MM / YYYY

(Excluding initial investment Cheque for Post Dated Cheques)

Cheque on  Bank       City       Branch

**SIP BOOSTER** (Optional) (Please refer instructions overleaf)

Frequency (Please ✓)  Half Yearly       Yearly      Booster Amount (Rs.)  3000       1000       500       Any other amount  Rs. (Minimum Rs. 500 and in multiples of Rs. 500 thereof)

**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. By ticking micro sip, I/We hereby declare that our total SIP for rolling 12 months or FY April to March does not exceed Rs. 50,000 through this application or any existing SIP in the schemes. 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.

**SIGNATURE(S)**

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 Bank Records)

**Debit Mandate Form NACH/ ECS/ Direct Debit**

UMRN  F o r o f f i c e u s e      Date

Sponsor Bank Code  For Office Use      Utility Code  For Office Use

**TICK (✓)**

CREATE      I/We hereby authorize  **Kotak Mutual Fund** to debit (tick ✓)  SB       CA       CC       SB-NRE       SB-NRO       Other

MODIFY      Bank a/c number

CANCEL

with Bank  Name of Customers bank      IFSC  or MICR

an amount of Rupees  ₹

**FREQUENCY**       Mthly       Qyly       H-Yrly       Yrly       As & when presented      **DEBIT TYPE**       Fixed Amount       Maximum Amount

Reference 1  Folio Number      Phone No.

Reference 2  Application Number      Email ID

**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.**

**PERIOD**

From

To  3 1 1 2 2 0 9 9

Or  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.