

Investment Advisor's Name & Code	Sub-Broker's Code	EUIN (Mandatory)	Systematic Investment Form <small>Strike off sections that are not applicable</small>
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"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 Applicant			Second Applicant			Third Applicant		
	(To be signed by All Applicants)								

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.

Have you ever invested in any Mutual Fund before? Yes No (For more details, please refer KIM's Checklist on page 18)

Investor's Information	
Folio No. <small>(For Existing Investors)</small>	Application No. <small>(For New Investors, pls. attach the application form)</small>
Name of Sole / First Holder	
PAN <small>PAN Sole / First Applicant</small>	
Enclosed (Please ✓)	<input type="checkbox"/> PAN Proof # <input type="checkbox"/> KYC Compliant Status* <input type="checkbox"/> Yes <input type="checkbox"/> No
(# Please attach PAN Card Copy) / (* KYC allotment letter copy is mandatory)	
Date of Birth	DD/MM/YYYY
E-mail Id	Pls provide your email id for mailing of Account Statement

Third Party Payment Declaration	
Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of FI.	
Name:	Relationship with Applicant:
PAN:	KYC Compliant Status: <input type="checkbox"/> Yes <input type="checkbox"/> No
Declaration: I hereby declare and confirm that the Applicant stated above is the beneficial owner of the investment details mentioned above. I am providing the funds for these investments on account of my natural love and affection or incentive to employee or for & on behalf of fil or as gift from my bank account only.	
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)	
	Signature

I would like to opt Systematic Investment Plan <input type="checkbox"/> SIP <input type="checkbox"/> Micro SIP	
Investors (including joint holders) will submit a photo copy of any one of the documents detailed below along with Micro SIP application as proof of identification in lieu of PAN.	
<input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Driving License <input type="checkbox"/> Government/ Defense identification card <input type="checkbox"/> Passport <input type="checkbox"/> Photo Ration Card <input type="checkbox"/> Photo Debit Card (credit cards not allowed) <input type="checkbox"/> Employee ID cards issued by companies registered with Registrar of Companies <input type="checkbox"/> Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament <input type="checkbox"/> ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks <input type="checkbox"/> Senior Citizen / Freedom Fighter ID card issued by Government <input type="checkbox"/> Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI <input type="checkbox"/> Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by Central Recordkeeping Agency (NSDL) <input type="checkbox"/> Any other photo ID card issued by Central Government / State Governments / Municipal authorities / Government organizations like ESIC / EPFO The Photo Identification document has to be current and valid and also either self attested or attested by an ARN holder	

I would like to opt for Systematic Investment through <input type="checkbox"/> Auto-Debit <input type="checkbox"/> Post Dated Cheques (PDC's)	
Scheme	Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend : <input type="radio"/> Payout <input type="radio"/> Re-investment
Plan	Dividend : Frequency
Investment Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Period* From <input type="text"/> To** <input type="text"/> OR <input type="checkbox"/> Default Date (December 2050)
SIP Tenure (Please ✓) <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs	SIP Instalment Amount* (Rs.)
SIP Date (Please ✓) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st <input type="checkbox"/> 25th	First SIP vide Cheque No. <input type="text"/> Dated <input type="text"/>
Cheque Nos. From <input type="text"/> to <input type="text"/>	Cheque Dated From <input type="text"/> to <input type="text"/>
(Excluding initial investment Cheque)	
Cheque on <input type="text"/> Bank <input type="text"/> City <input type="text"/> Branch <input type="text"/>	

SIP through Auto-Debit	
Bank Account Details (Mandatory)	
Bank	Branch
Name of Bank Account Holder	
Account Number	MICR (9 digit code next to Cheque No.)*
IFSC Code	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others <small>Please Specify</small>

I/We hereby declare that the particulars given above are correct and express my / our willingness to make payments referred above through participation in ECS (Debit Clearing/Direct Debit). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We also hereby authorize bank to debit charges towards verification of this mandate, if any. I/We will not hold Kotak Mahindra Mutual Fund, responsible. I/We will also inform Kotak Mahindra Mutual Fund, about any changes in my bank account immediately. I/We have read and agreed to the terms and conditions mentioned overleaf.

SIGNATURE(S)	Sole / First Account Holder		Second Account Holder		Third Account Holder	
	To be signed by All Bank Account Holders if mode of operation is "Joint". (As in Bank Records)					

BANKER'S ATTESTATION (Mandatory if your First SIP Investment is through a Demand Draft / Pay Order)	Signature of Authorised Official From Bank
Certified that the signature of account holder and the details of Bank Accounts are correct as per our records	Bank Stamp & Date

Standing Instructions for State Bank of India Customers

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document/ SAI/ SID of the Mutual Fund. State Bank of India shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, was, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond reasonable control the State Bank of India and which has the effect of preventing the performance of the contract by State Bank of India. I/We acknowledge that no separate intimation will be received from State Bank of India in case of non-execution of the instructions for any reasons whatsoever.

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)					

* Please ensure utmost care while filling the highlighted column. The form may get rejected in case the details are incomplete.
** Please refer the Instruction & Information of Normal SIP - Point No.13