

Distributor's ARN ARN - 0018 Karvy Stock Broking Limited	Sub-Broker's ARN ARN 93178	Sub-Broker's Code 	EUIN (Mandatory) E096358
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Declaration for "Execution-only" transactions (only where EUIN box is left blank)

"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."

SIGNATURE(S) (To be signed by All Applicants)		
Sole / First Applicant	Second Applicant	Third Applicant

TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading "Guidelines to filling up the form" for details)

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.

Unitholder Information (Section I)	If you have, at any time, invested in any Scheme of Kotak Mahindra Mutual Fund and wish to hold your present investment in the same Account, please furnish your Name, Folio Number and PAN details below and proceed to Section Investment Details. Name of Sole / First Applicant: _____ PAN No.: _____ Folio No.: _____
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	Sole/ First Applicant	Second Applicant	Third Applicant
New Applicant's Personal Information (Section II)	Name of Applicant	Name of Applicant	Name of Applicant
	PAN	PAN	PAN
	Date of Birth	Date of Birth	Date of Birth
	Gross Annual Income Details in INR (please tick): <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable	Gross Annual Income Details in INR (please tick): <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable	Gross Annual Income Details in INR (please tick): <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable

*I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management Co. Ltd. immediately in case there is any change in the above information.

Guardian name OR Contact Person name if Non-Individual Applicant / Power of Attorney (PoA) (Section III)	Name	PAN	Date of Birth**
	**applicable for guardian.		
	Gross Annual Income Details in INR (please tick): <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable		
	*I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management Co. Ltd. immediately in case there is any change in the above information.		
For Non Individual Investors (i.e. Company, Partnership, Trust, etc.)			
Is the company a Listed Company or Subsidiary of listed Company or Controlled by Listed Company:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foreign Exchange / Money Charger Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gaming / Gambling / Lottery / Casino Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money Lending / Pawning		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Status of Sole/First Applicant (Section IV(a))	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Mutual Fund <input type="checkbox"/> PF/ Gratuity/ Pension/ Superannuation Fund <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Trust AOP/ BOI <input type="checkbox"/> Other <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Foreign Institutional Investor <input type="checkbox"/> HUF <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Registered Society _____ (Please specify)
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Status of Second Applicant (Section IV(b))	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> On behalf of Minor	Status of Third Applicant (Section IV(c))	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> On behalf of Minor
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Mode of Operation (Section V)	Where there is more than one applicant [Please (✓)] <input type="checkbox"/> First Applicant only <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint
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Occupation of Sole/ First Applicant [Section VI(a)] <input type="checkbox"/> Private Sector <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Public Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government Service <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ <input type="checkbox"/> Business <input type="checkbox"/> Housewife (Please specify)	Occupation of Second Applicant [Section VI(b)] <input type="checkbox"/> Private Sector <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Public Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government Service <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ <input type="checkbox"/> Business <input type="checkbox"/> Housewife (Please specify)
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Occupation of Third Applicant [Section VI(c)] <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other _____ (Please specify)
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Residential Business Registered Office

Correspondence Details of Sole/ First Applicant [Section VII]	Address for Communication (Full Address Mandatory)		Overseas Address	
			Address 1	
			Address 2	
	City/ Town	State	City/ Town	State
	Country	Pin Code	Country	Pin Code
	Mobile	Tel (Res./ Off.)	Mobile	Tel (Res./ Off.)
	Email**			

**All communications including Account Statement & Transaction confirmation shall be communicated to aforesaid E-mail ID.

In case you wish to hold units in demat, please fill this section. Please note that you can hold units in demat for all open ended schemes (except ETFs and dividend options having dividend frequency of less than a month).

Demat Account Details [Section VIII]	NSDL: DP Name: _____ DP ID: _____ Beneficiary Account No.: _____
	CDSL: DP Name: _____ Beneficiary Account No.: _____
Please ensure that your demat account details mentioned above are along with supporting documents evidencing the accuracy of the demat account. Bank details of DP will overwrite the existing details.	
Third Party Payment Declaration [Section IX]	Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of FII.
	Name: <input style="width:400px;" type="text"/> Relationship with Applicant: <input style="width:150px;" type="text"/>
	PAN: <input style="width:150px;" type="text"/> KYC Compliant Status: <input type="radio"/> Yes <input type="radio"/> 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)
<div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;">Signature</div>	

(Mandatory, this account details will be considered as default account for payout)

Bank Account Details [Section X]	Name of Bank			
	Branch	City		
	Account No.			
	RTGS IFSC Code	NEFT IFSC Code		
	MICR Code	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>
			Account Type : <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR <input type="radio"/> Others	
This is the 9 digit No. next to your Cheque No.				

Investment Details [Section XI]	Scheme Name	Plan / Option / Sub-option	Frequency	Amount Invested (Rs.)	Payment Details	
					Cheque / DD No.	Bank and Branch
		<input type="radio"/> Growth	<input type="radio"/> Weekly <input type="radio"/> Monthly			
		<input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="radio"/> Daily			
		<input type="radio"/> Growth	<input type="radio"/> Weekly <input type="radio"/> Monthly			
		<input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="radio"/> Daily			
		<input type="radio"/> Growth	<input type="radio"/> Weekly <input type="radio"/> Monthly			
		<input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="radio"/> Daily			

Note - Attach separate cheque for each Investment

P=Payout R=Reinvestment

If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)

NRE NRO FCNR Others (Please specify)

Nomination Details [Section XII] (to be filled in by individual(s) applying Singly or Jointly)	I/We _____ and _____ do hereby nominate the undermentioned Nominee to receive the Units to my/our credit in Folio No./Application No. _____ in the event of my/our death. I/we also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustee.				
	DETAILS OF NOMINEE				
	Name of Nominee	Address	Date Of Birth	% Share	Signature Of Nominee
DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)					
Name of Guardian	Address	Tel. No	Signature Of Guardian		
I/We _____ do hereby confirm that I/We do not intend to avail the nomination facility for this investment application. <input type="checkbox"/>					
For units to be held in Demat Mode, the Nomination details updated in the depository system shall prevail over the details mentioned hereunder.					

FATCA & CRS INFORMATION [Please tick (✓)], for Individuals (Mandatory). Non Individual investors & HUF should mandatorily fill separate FATCA detail form.

The below information is required for all applicant(s)/guardian

Address Type: Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s) / guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No

If Yes, Please provide the following information [Mandatory]

Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below.

Category	First Applicant/ Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency – 1**			
Tax Payer Ref. ID No. – 1^			
Tax Identification Type – 1 [TIN or Other, please specify]			
Country of Tax Residency – 2**			
Tax Payer Ref. ID No. – 2^			
Tax Identification Type – 2 [TIN or Other, please specify]			
Country of Tax Residency – 3**			
Tax Payer Ref. ID No. – 3^			
Tax Identification Type – 3 [TIN or Other, please specify]			

** To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

Declaration and Signatures (Section XIII)	<p>I/We have read and understood the contents of the Statement of Additional Information/ Scheme Information Document/ Key Information Memorandum of the respective scheme(s) of Kotak Mahindra Mutual Fund. I/We hereby apply for allotment / purchase of Units in the Scheme(s) indicated in Section XI above and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We are authorised to make this investment in the abovementioned Scheme(s) and that the amount invested in the Scheme(s) is through legitimate sources only and does not involve 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 authorise Kotak Mahindra Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my/our Investment Advisor and / or my bank(s) / Kotak Mahindra Mutual Fund's bank(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment.</p> <p>I/ We confirm that the distributor has disclosed all commission (in the form of trail commission or any other mode) payable to the distributor for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.</p> <p>I have examined the information provided by me in this form and to the best of my knowledge and belief it is true, correct, and complete.</p> <p>Applicable to NRIs seeking repatriation of redemption proceeds: I/We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE / FCNR Account.</p> <p>FATCA & CRS Declaration: I/We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/ us on this Form is true, correct, and complete. I/We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer guideline No. 11)</p>		
	SIGNATURES (To be signed by All Applicants)	Sole / First Applicant	Second Applicant

Please tick if the investment is operated as POA / Guardian POA Guardian **Note :** If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.

GUIDELINES FOR FILLING UP THE COMMON APPLICATION FORM

1. GENERAL INFORMATION

- Please fill up the Application Form legibly in English in CAPITAL LETTERS.
- Please read this Memorandum and the respective SAV/ SID carefully before investing. Your application for allotment of units in the Scheme(s) is construed to have been made with a full understanding of the terms and conditions applicable to it and the same is binding on you in respect of your investment in the Scheme(s).
- Application Forms incomplete in any respect or not accompanied by a Cheque/ Demand Draft are liable to be rejected. In case your investment application gets rejected on account of the same being incomplete in any respect, your investment amount would be refunded without interest within 30 days.
- Any correction/ over writing in the application form must be signed by the investor.
- AMC shall not be responsible for direct credit rejects or / payout delays due to incorrect/ incomplete information provided by investor.
- Investor shall pay the upfront commission to the AMFI registered distributor directly, based on his assessment of various factors including the services rendered by distributor.
- The distributor shall disclose all commissions (in the form of trail commission or any other mode) payable to them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to the investor.

2. APPLICANT'S INFORMATION

- If you are already a Unitholder in any scheme of the Fund and wish to make your present

- investment in the same Account, please fill in the Name of Sole/First Holder, PAN & Folio No. in Section I, of the Application Form and then proceed to Section XII. Your personal information and bank account details indicated for your account would also apply to this investment.
- If you are applying for units in Kotak Mahindra Mutual Fund for the first time, please furnish your complete postal address with Pin Code (P.O. Box No. not enough) and your Contact Nos. This would help us reach you faster.
 - Default option (Common to all Schemes)

Indication not made	Default
Scheme Name	As indicated on the Cheque
Dividend/ Growth Option	Growth Option
Sub Options: Dividend Payout / Dividend Reinvestment	Sub Options: Dividend Reinvestment except in case of Kotak Tax Saver it will be Dividend Payout
Mode of holding (based on the number of applicants/ number of signatures on the form)	Single or Joint
Status of First Applicant (Individual, HUF, Company etc.)	Others#

(To be filled by Applicant)



Received from _____ Appl. CA

an application for allotment of units in the following scheme :

Investment Details	Instrument Details	Amount
Scheme _____	No. _____ Dated DD / MM / YYYY Rs. _____	
Plan _____	Bank & Branch _____	
Option _____		

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

Official Acceptance Point Stamp & Sign

#Tax rates (including the tax on dividend distribution) wherever applied on 'others' by Kotak Mutual Fund shall be the same as applicable to a Resident Indian Company

- d) Permanent Account Number (PAN) Information (Mandatory) With effect from January 1, 2009, it is mandatory for all existing and new investors (including joint holders, guardians of minors and NRIs) to enclose a copy of PAN card to the application for investing in mutual fund Schemes.
- e) Know Your Client (KYC)
With reference to SEBI Circular MIRDSD/Cir-26/2011 dated December 23, 2011, investors may kindly note w.e.f. January 1, 2012, it is mandatory for all individual/ non individual investors to be KYC Compliant. Investors can approach any SEBI registered KRA for doing KYC.
In the event of KYC Form being subsequently rejected for lack of information/ deficiency/ insufficiency of mandatory documentation, the investment transaction will be cancelled and the amount may be redeemed at applicable NAV, subject to payment of exit load, wherever applicable.
- f) If you are KYC Compliant, your Change of Address, Change in Name, etc. should be given at KRA for updation.

3. THIRD PARTY PAYMENT

Reference to AMFI Best Practice Guidelines Circular No. 16/2010 -11 on Risk Mitigation process against Third Party Cheques in Mutual Fund Subscriptions will not be accepted by the Scheme. Definition of Third Party Cheques

- Where payment is made through instruments issued from an account other than that of the beneficiary investor, the same is referred to as Third-Party payment.
- In case of a payment from a joint bank account, the first holder of the mutual fund folio has to be one of the joint holders of the bank account from which payment is made. If this criterion is not fulfilled, then this is also construed to be a third party payment.

However, afore-mentioned clause of investment with Third-Party Payment shall not be applicable for the below mentioned exceptional cases.

- a. Payment by Parents/Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs.50,000/- (each regular purchase or per SIP installment) However this restriction will not be applicable for payment made by a guardian whose name is registered in the records of Mutual Fund in that folio.
- b. Payment by Employer on behalf of employee under Systematic Investment Plans or lump sum / one-time subscription, through Payroll deductions. Asset management companies should exercise extra due diligence in terms of ensuring the authenticity of such arrangements from a fraud prevention and KYC perspectives.
- c. Custodian on behalf of an FI or a client.

For pre funded instruments such as DD/Pay order it is the onus of the investor to provide adequate supporting documents to prove that such instruments are issued by debiting the first holders account.

Kotak Mahindra Asset Management Co. Ltd. / Trustee retains the sole and absolute discretion to reject/ not process application and refund subscription money if the subscription does not comply with the specified provisions of Payment Instruments

4. TERMS & CONDITIONS FOR INVESTORS WHO WISH TO HOLD THEIR UNITS IN DEMAT MODE

- a. The Demat Account Details section on the investment application form needs to completely filled
- b. Please ensure that you submit supporting documents evidencing the accuracy of the demat account details. Applications received without supporting documents could be processed under the physical mode.
- c. The units will be credited to the Demat Account only post realisation of payment.
- d. The nomination details as registered with the Depository Participant shall be applicable to unitholders who have opted to hold units in Demat mode.
- e. For units held in demat mode, the bank details mentioned on investment application form shall be replaced with the bank details as registered with the Depository Participant.
- f. For units held in demat form, the KYC performed by the Depository Participant of the applicants will be considered as KYC verification done by the Trustee / AMC. However, if the transfer of unit to demat account is rejected for any reason whatsoever, the transaction will be liable to be rejected if KYC performed by KRA is not attached with the investment application form.
- g. In case of Unit Holders holding units in the demat mode, the Fund will not send the account statement to the Unit Holders. The statement provided by the Depository Participant will be equivalent to the account statement.
- h. If the investor names and their sequence in the investment application form does not match with the Demat Account details provided therein, the units will not be transferred to the Demat Account & units will be held in physical form.
- i. The option of holding units in demat form is not being currently offered for investment in dividend option of schemes/ plans having dividend frequency of less than a month (ie: Investments in all Daily, Weekly and Fortnightly Dividend Schemes cannot be held in Demat mode)
- j. In case the application is rejected post banking your payment instrument, the refund instrument will be sent with the bank details furnished in the investment application form & not as available in the Demat Account, post reconciliation of accounts.

5. BANK ACCOUNT DETAILS

Please furnish the Name of your Bank, Branch and City (i.e clearing circle in which the branch participates), Account Type and Account Number. This is mandatorily required as per SEBI. Applications without this information will be deemed to be incomplete & would be rejected. RTGS IFSC code & NEFT IFSC code would help us serve you better.

6. INVESTMENT DETAILS

- a) Please issue a separate Cheque / Demand Draft for each separate Scheme / Plan.
- b) Cheques should be crossed "A/c Payee Only" and drawn in favour of the Scheme in which you propose to invest.
- c) If you are residing / located in a city / town where we do not have an Official Acceptance Point, please draw a Demand Draft payable at your nearest city / town where we have an Official Acceptance Point.
- d) Payments by Cash, Stockinvests, Outstation Cheques, Non-MICR Cheques will not be accepted. Post dated cheques will not be accepted except for investments made under Systematic Investment Plan.
- e) NRI investors are requested to provide debit certificate from their bank for each investment.

7. NOMINATION DETAILS

- a. With effect from April 1, 2011 nomination shall be mandatory for new folios / accounts opened by individual especially with sole holding and no new folios / accounts for individuals in single holding should be opened without nomination.

- b. The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. Nomination cannot be updated in a folio held on behalf of minor.
- c. Minor(s) can be nominated and in that event, the name, address and signature of the guardian of the minor nominee(s) shall be provided by the unitholder.
- d. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- e. The Nominee shall not be a trust other than religious and charitable trust, society, body corporate, partnership firm, karta of Hindu Undivided Family, a power of Attorney holder. A non-resident Indian can be nominee subject to the exchange control regulations in force, from time to time.
- f. Transfer of unit in favour of Noninee(s) shall be valid discharge by the Asset Management Company against the legal heir.
- g. The cancellation of nomination can be made only by those individuals who hold unit on their behalf singly or jointly.
- h. On cancellation of nomination, the nomination shall stand rescinded and the Asset Management Company shall not be under any obligation to transfer the units in favour of the Nominee(s).
- i. If there is multiple nomination and the percentage is less than 100% then the balance will be re-balanced to the first unitholder. If percentage is greater than 100% then nomination would be rejected.
- j. Nomination in respect of the units stands rescinded upon the transfer of units.
- k. PAN/KYC of POA/Guardian is mandatory, applications without this information will be deemed to be incomplete & would be rejected.

8. KOTAK FACILITIES

- a) If you have an E-Mail address, you can choose to receive E-mail communication from us in lieu of printed communication. Please furnish your E-Mail ID and indicate the nature of communication you wish to receive over E-Mail.
- b) If you wish to view your investments or transact over the Internet/ Telephone, please fill in the Internet/ Phone Transactions Form. You can download the same from www.assetmanagement.kotak.com.

9. TRANSACTION CHARGES

Pursuant to SEBI Circular No. Cir/ IMD/ DF/13/ 2011 dated August 22, 2011, transaction charge per subscription of Rs. 10,000/- and above be allowed to be paid to the distributors of the Kotak Mahindra Mutual Fund products. The transaction charge shall be subject to the following:

1. For existing investors (across mutual funds), the distributor shall be paid Rs. 100/- as transaction charge per subscription of Rs.10,000/- & above.
2. For first time investors, (across Mutual Funds), the distributor shall be paid Rs. 150/- as transaction charge for subscription of Rs.10,000/- & above.
3. The transaction charge shall be deducted by Kotak AMC from the subscription amount & paid to the distributor (will be subject to statutory levies, as applicable) & the balance amount shall be invested.
4. In case of Systematic Investment Plan(s), the transaction charge shall be applicable only if the total commitment through SIPs amounts to Rs.10,000/- & above. In such cases the transaction charge shall be recovered in first 3/4 successful installments.

Transaction charges shall not be deducted/applicable for:

- (a) Transaction other than purchases/subscriptions such as Switch/Systematic Transfer Plan (STP)/ Dividend Transfer Plan (DTP), etc.
- (b) Purchases/Subscriptions made directly with the Fund without any ARN code.
- (c) Transactions carried out through the stock exchange platforms.
- (d) Distributors who have chosen to either 'Opt In' or 'Opt Out' of charging the transaction charge based on type of the product.

With reference to SEBI circular no. Cir/IMD/DF/13/2011 dated August 22, 2011 and KMMF notice dated November 1, 2011; distributors shall now have the option to either opt in or opt out of charging transaction charge based on type of the product.

10. Employee Unique Identification Number (EUIIN): SEBI has made it compulsory for every employee/ relationship manager/ sales person of the distributor of mutual fund products to quote the EUIIN obtained by him/her from AMFI in the Application Form. EUIIN would assist in addressing any instance of mis-selling even if the employee/relationship manager/sales person later leaves the employment of the distributor. Hence, if your investments are routed through a distributor please ensure that the EUIIN is correctly filled up in the Application Form.

However, if your distributor has not given you any advice pertaining to the investment, the EUIIN box may be left blank. In this case you are required to provide the declaration to this effect as given in the form.

11. FATCA and CRS related details: Details under FATCA & CRS The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

12. DECLARATION AND SIGNATURES

- a) Signatures can be in English or in any other Indian language. Thumb impressions must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal.
- b) Applications by minors must be signed on their behalf by their guardians.
- c) If you are investing through your constituted attorney, please ensure that the POA document is signed by you and your Constituted Attorney. The signature in the Application Form, then, needs to clearly indicate that the signature is on your behalf by the Constituted Attorney.

KOTAK MAHINDRA MUTUAL FUND
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Gen.A.K. Vaidya Marg, Malad (E),
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☎ 022-6638 4400
✉ mutual@kotak.com
★ assetmanagement.kotak.com

COMPUTER AGE MANAGEMENT SERVICES PVT. LTD.
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We are at your service on 1800-222-626 from 9.30 a.m. to 6.00 p.m. (Monday to Friday)

Investment Advisor's Name & Code ARN - 0018 Karvy Stock Broking Limited	Sub-Broker's Code ARN-93178	EUIN (Mandatory) E096358
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Declaration for "Execution-only" transactions (only where EUIN box is left blank)

"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

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
 Change in SIP Amount
 Change in SIP Date
 Cancellation of SIP

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 ✓) PAN Proof KYC Compliant Status Yes 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 To OR Default Date (December 2099) SIP Instalment Amount (Rs.)

SIP Tenure (Please ✓) 3 yrs 5 yrs 10 yrs 15 yrs 20 yrs First SIP vide Cheque No. _____ Dated

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

Cheque Nos. From to Cheque Dated From to

(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 (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 _____ 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 _____

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.

TERMS AND CONDITIONS - AUTO DEBITS & NACH

Systematic Investments - Snapshot

Schemes where SIPs are allowed	All open-ended schemes except Kotak Liquid Plan A & Kotak Floater Short Term scheme
Frequency	Monthly or Quarterly
Choice of Dates	1st, 7th, 14th, 21st & 25th for all open ended equity and debt schemes. Additional dates i.e. 10th, 15th & 28th (only for open ended equity schemes).
Minimum Investment	Rs. 1000/- (Rs. 500 incase of Kotak Select Focus Fund and Kotak Equity Arbitrage Fund; Rs. 500 & in multiples of Rs. 500 in case of Kotak Tax Saver).
Minimum Installments	6 (All SIP installments should be for the same amount); 10 (incase of SIP amount being Rs. 500)
First SIP	→ Can be done on any Day of the Month
Second & Subsequent SIPs	→ Only on specified SIP Dates (1st, 7th, 10th, 14th, 15th, 21st, 25th & 28th) after a minimum gap of 28 days from date of first SIP. → Can be through NACH Debit/ Direct debit or Post-Dated Cheque based on your preference.

Instruction & Information of Normal SIP

- Please refer the Key Information Memorandum and Offer Document/ SAI/ SID of the respective scheme(s) for Applicable NAV, Risk Factors, Load Structure and other information before investing.
- (i) Existing unitholders need not fill in the Investment Application Form. However, they must compulsorily mention their Account Number in the Systematic Investment Form.
(ii) New Applicants need to compulsorily fill in all sections in the Investment Application Form in addition to Systematic Investment Form. The Application No. must be compulsorily mentioned in the Systematic Investment Form.
- Irrespective of the investment amount please furnish your PAN details and enclose a photocopy of PAN Card for all applications. In case of minor applicants, please furnish the PAN details and PAN proof of the Guardian.
- KYC compliant is mandatory, irrespective of the amount of investment.
- You can opt for Systematic Investment in the Scheme on a monthly/quarterly basis through post-dated cheques / auto-debit for a pre-defined amount. This facility is available only on specified dates of the month / quarter. Refer to Section "SIP Auto Debit: Terms & Conditions" for location wise dates available for SIP Auto Debit.
- (i) First SIP Installment : Your first SIP can be for any day of the month, however subject to the condition that, there shall be a minimum gap of 28 days between the first and the second SIP.
(ii) Second & subsequent SIP Installment : Your second and subsequent SIPs are available only on above specified dated of the month. You can choose only one of these dates for the purpose of SIP. In case the chosen date turns out to be a non-working day for the scheme, the SIP will be processed on the immediately following working day.
- We would send you an Account Statement confirming your systematic investment within 10 working days from the date of your first systematic investment transaction. Confirmation for subsequent Systematic Investments would be sent to you as CAS (Consolidated Account Statement) on monthly basis.
- Modification / Cancellation of SIP : You can request for a modification / cancellation of your SIP at any time. Your modification/ cancellation request should be submitted 30 days prior the next Auto Debit Date. Any modification request should be accompanied by :
(i) A new SIP Form duly filled in and carrying the revised SIP request details.
(ii) A written and signed confirmation for discontinuance of the existing SIP.
- Extension of SIP needs to be accompanied with a cancelled cheque leaf.
- If four consecutive SIPs fail, your SIP will automatically stand terminated.
- Incorrect, incomplete, ambiguous forms will not be accepted and will be returned to the investor within 30 days of their receipt.
- An investor has an option to choose the 'End Date' of the SIP by filling the date or by selecting the Default Date i.e. December 2099. In case no end date is selected the default end date will be considered as end date.

SIP Auto - Debit: Terms & Conditions

- Our SIP Auto - Debit Facility is offered to you using RBI's Electronic Clearing Service (ECS) for effecting SIP payment. By opting for this facility you agree to abide by the terms and conditions of NACH Facility of Reserve Bank of India.
- This facility is offered to investors having bank accounts in select cities. List of cities qualifying for ECS debit MICR clearing is available on www.rbi.org.in and assetmanagement.kotak.com. The bank account provided for ECS (debit clearing) should participate in local MICR clearing. The cities in the list may be modified / updated/ changed / removed at any time in future entirely at the discretion of Kotak Mahindra Mutual Fund without assigning any reasons or prior notice.
- Direct Debit Facility is available across all the branches of Axis Bank, Bank of Baroda, Bank of India, Dhanalakshmi Bank, Federal Bank, HDFC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, Punjab National Bank, State Bank of India & UCO Bank.
- Your Bank Branch through which you want your SIP Auto-Debit to take place should participate in local MICR Clearing. In case your bank decides to cross-verify the ECS auto-debit mandate with you as the Bank's customer, you would need to promptly do the same. Kotak Mahindra Mutual Fund, its Investment Manager, Registrar and other service providers will not be liable for any transaction failures due to rejection of the transaction by your bank / branch or its refusal to register the SIP mandate.
- You will not hold Kotak Mahindra Mutual Fund, its Investment Manager, Registrar and other service providers responsible if the transaction is delayed or not effected or your bank account is debited in advance or after the specific SIP date due to various clearing cycles of ECS. Kotak Mahindra Mutual Fund, its Investment Manager, Registrar and other service providers responsible and liable for any damages / compensation for any loss, damage, etc. incurred by you as a result of use of this facility by you.
- If you have not indicated any of your SIP preference completely in the form, or incase of any discrepancy, we would presume the same as below :
SIP Frequency : Monthly; SIP Date : 7th; Default end date: December 2099; Scheme Name : same as mentioned on SIP form, SIP Amount : same as mentioned on SIP form.

SIP Booster Facility: Terms & Conditions

- SIP Booster Facility is a facility whereby an investor has an option to increase the amount of the SIP Installment by a fixed amount at pre-defined interval of Half Yearly and/or Yearly basis, i.e. on completion of 6 months/1 year from the commencement of the first SIP.

SIP Frequency	SIP Booster Frequency	Default	Minimum Amount
Monthly	Half Yearly/Yearly	Yearly	Rs. 500 & in multiples of Rs. 500 thereof
Quarterly	Half Yearly/Yearly	Yearly	Rs. 500 & in multiples of Rs. 500 thereof

- SIP Booster Facility shall be available with fresh registration of SIP only. If an existing investor wants to opt for SIP Booster facility, the existing SIP is required to be cancelled and a fresh SIP investment with SIP Booster Facility is required to be submitted.
- SIP Frequency vis-à-vis SIP Booster Frequency :

SIP Frequency	SIP Booster Frequency	Details
Monthly	Half-yearly	Increase shall happen after every 6th - SIP instalment
Monthly	Yearly	Increase shall happen after every 12th - SIP instalment
Quarterly	Half-yearly	Increase shall happen after every 2nd - SIP instalment

Checklist

Please ensure that:

- If you are an existing investor, you have quoted your Account No. with Kotak Mahindra Mutual Fund on the Systematic Investment Form.
- If you are a new investor, your Application Number is quoted on the Systematic Investment Form.
- Scheme (Plan) - Option in which you wish to do your systematic investments is clearly indicated in the Systematic Investment Form.
- The SIP Amount, the Frequency, your preferred Date and Period are clearly indicated.
- There is minimum gap of 28 days between your first & second SIP.

TRANSACTION CHARGES

Pursuant to SEBI Circular No. Cir/IMD/DF/13/2011 dated August 22, 2011, transaction charge per subscription of Rs. 10,000/- and above is allowed to be paid to the distributors of the Kotak Mahindra Mutual Fund products. The transaction charge shall be subject to the following:

- For existing investors (across mutual funds), the distributor shall be paid Rs. 100/- as transaction charge per subscription of Rs. 10,000/- & above.

Debit Mandate Form NACH/ ECS/ Direct Debit (Instructions)

Instructions To Fill Auto Debit Form and Terms and Conditions

- Following fields need to be filled mandatorily:-
 - Date: In format DD/MM/YYYY
 - Bank A/C Type: Tick the relevant box
 - Fill Bank Account Number
 - Fill name of Destination Bank
 - IFSC / MICR code: Fill respective code
 - Default is maximum amount
 - Reference 1: Mention Folio Number
 - Reference 2: Mention Application Number
 - Period: Starting date of NACH registration (in format DD/MM/YYYY)
 - Telephone Number (Optional)
 - Email ID
 - Signature as per bank account
 - Name: Mention Holder Name as Per Bank Record
- Auto Debit Bank Mandate can be used for both SIP and Lump Sum Purchase.
- Investors are allowed to perform Lump sum purchase and SIP on a same day provided the Auto Debit bank account has the adequate funds to honor multiple debits.
- Auto Debit Bank Mandate is applicable for both Individual and Non-Individual
 - Registration of Multiple Auto Debit forms is acceptable with different Bank and Accounts.
 - Per transaction limit should be less than or equal to the amount as mentioned in Auto Debit Form already registered or submitted, if not registered.
 - For cancelling / updating an Auto Debit mandate. Investor has to use a separate form - "Auto Debit Cancellation/ Update Form". Update option is only for updating the "Debit Amount"
 - Investors are required to submit "New Auto Debit / ECS Mandate" registration first and only after successful registration an existing "Auto Debit Mandate" associated with a SIP can be cancelled.
 - Auto Debit Mandate request will be accepted only if the "Bank" mentioned in the request form is listed in the NACH banks list. Please contact Kotak Mutual ISC / visit www.assetmanagement.kotak.com for updated list of banks eligible for Auto Debit Facility.
 - Submitting NACH form does not confirm your investments in KMMF unless supported by SIP Investment Form or Common Transaction forms
 - Kotak Mutual will initiate debit instructions to the investor bank account only on receipt of valid investment instruction from the investor.
 - For other Terms and Conditions governing NACH Auto Debit

- payments please refer KIM or www.assetmanagement.kotak.com
- Auto Debit bank mandate is applicable only for investments via debit instructions
- By submitting the Auto Debit mandate the investor authorizes Kotak Mutual to utilize the information provided herein for the purpose of his/her investments in Kotak Mutual Mutual Fund, including creation of a folio
- Investors are deemed to have read and understood the requirements and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) and all other scheme related documents

The following applications will be considered as 'not in good order' (NIGO) and are liable to be rejected:

- If folio number mentioned in the Fresh / Additional Purchase, SIP Auto Debit form, Switch, STP, SWP & NCT request does not match Folio Number mentioned in Auto Debit registration mandate Form.
- If the folio number mentioned in the Auto Debit mandate registration form does not match with our record, the NACH mandate will not be registered.
- If the SIP period mentioned in SIP via Auto Debit form is beyond the Auto Debit Mandate validity period or Auto Debit validity period expired.

SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

Name of the entity													
Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office									
PAN			Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y
City of incorporation													
Country of incorporation													
ADDITIONAL KYC INFORMATION													
Gross Annual Income (Rs.) [Please tick (✓)]	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1 - 5 Lacs	<input type="checkbox"/> 5 - 10 Lacs	<input type="checkbox"/> 10 - 25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore							

OR

Net-worth	Rs. _____ as on _____ (Not older than 1 year)
	DD MM YYYY
Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable
Non-Individual Investors involved/ providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above

*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

FATCA & CRS Declaration	
Please tick the applicable tax resident declaration -	

1. Is "Entity" a tax resident of any country other than India Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number*	Identification Type (TIN or Other ^o , please specify)
1.			
2.			
3.			

* In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN _____ Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ _____
GIIN not available (please tick as applicable)	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category _____ (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE _____ (Mention code – refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)
 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN [†]			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID [‡]			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			

* To include US, where controlling person is a US citizen or green card holder
 † If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.
 ‡ In case Tax Identification Number is not available, kindly provide functional equivalent
 § Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

† It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Kotak Asset Management Company Limited/ Kotak Mahindra Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

Name	
Designation	

<input type="text"/>	<input type="text"/>	<input type="text"/>	Place _____
Signature	Signature	Signature	Date ____ / ____ / ____