

## COMMON APPLICATION FORM

Nerror         Stamp & Sign         Date :: Do / MM / YYYY           Nerror         Stamp & Sign         Date :: Do / MM / YYYY           1. EXISTING UNITHOLDER INFORMATION         Refer Guideline 2(a)           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 fundish your Name, Account Numer and PAN details below and proceed to Section 4.         Account No. :         /           Name of Sole / First Holder:         Account No. :         /         /         Date of Birth           SOLE/FIRST APPLICANT         Mr Ms Mrs         Dr         Date of Birth         DI         Date of Birth           SOLE/FIRST APPLICANT         Mr Ms Mrs         Dr         Date of Birth         DI         Date of Birth           First Name         Middle Name         Last Name         Of         M / YYYY           First Name         Middle Name         Last Name         Of         M / YYYY           Second AppLicant (in case Sole / First Applicant is a minor)         Mr Ms Mrs         Mrs         Dr         Date of Birth           First Name         Middle Name         Last Name         Dr         Designation         Designation           Second AppLicant (Joint Holder 1)         Mr Ms Mrs         Dr         Dr         Designation         Designation <th>Investment</th> <th>Advisor's Name</th> <th>Sub-Broker's Name &amp; A</th> <th>ARN Off</th> <th>icial Acceptance P</th> <th>oint</th> <th>LG - Code</th> <th>Bank</th> <th>c Sr. No.</th> <th>Appl.CA</th>	Investment	Advisor's Name	Sub-Broker's Name & A	ARN Off	icial Acceptance P	oint	LG - Code	Bank	c Sr. No.	Appl.CA
EXISTING UNITHOLDER INFORMATION       Refer Guideline 2(a)]         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, Account Number and PAN details below and proceed to Section 4.       //         Ame of Sole / First Holder :       //         SOLE/FIRST APPLICANTS' PERSONAL INFORMATION       [Refer Guideline 2]         SOLE/FIRST APPLICANT       Mr       Mr       Date of Birth         GUARDIAN (in case Sole / First Applicant is a minor)       Mr       Mr       Mr       Date of Birth         First Name       Middle Name       Last Name       Date of Birth       Date of Birth         GUARDIAN (in case Sole / First Applicant is a minor)       Mr       Mr       Mr       Dr       Date of Birth         First Name       Middle Name       Last Name       Dr       Date of Birth       Date of Birth       Dr       Date of Birth       Date of Birth       Date of Core Coccont       Date of Coccont										
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, Account No / / / / / / / / / / / / / / / / / /					Stamp & Sign					1
please furnish your Name, Account Number and PAN details below and proceed to Section 4. Name of Sole / First Applicant S' PERSONAL INFORMATION  SolE/FIRST APPLICANTS' PERSONAL INFORMATION  GUARDIAN (in case Sole / First Applicant is a minor)  First Name  CONTACT PERSON (in case of Non-individual applicants)  Name  Designation  SECOND APPLICANT (ioint Holder 1)  First Name  Middle Name Last Name  Contract person (in case of Non-individual applicants)  Name Designation  SECOND APPLICANT (ioint Holder 1)  First Name Middle Name Last Name  Contract person (in case of Non-individual applicants)  First Name Middle Name Last Name  Person (in case of Non-individual applicants)  First Name Middle Name Last Name  Person (in case of Non-individual applicants)  First Name Middle Name Last Name  Person (in case of Non-individual applicants)  First Name Middle Name Last Name  Person (in case of Non-individual applicants)  First Name Middle Name Last Name  Person (in case of Non-individual applicants)  First Name Middle Name Last Name Middle Name Middle Name Last Name Middle Name										
2. NEW APPLICANTS' PERSONAL INFORMATION       [Refer Guideline 2]         SOLE/FIRST APPLICANT       Mr       Ms       Mrs       Dr       Date of Birth         GUARDIAN (in case Sole / First Applicant is a minor)       Mr       Ms       Mrs       Dr       Def       MM / YYYY         GUARDIAN (in case Sole / First Applicant is a minor)       Mr       Ms       Mrs       Dr       Bade of Birth         GUARDIAN (in case of Non-individual applicants)       Mr       Ms       Mrs       Dr       Bade with Firm Partial on Base         Name       Designation       Bade with Firm Partial on Base       Bade with Firm Partial on Base       Bade with Firm Partial on Base         Name       Designation       Bade with Firm Partial on Base       Bade with Firm Partial on Base       Bade with Firm Partial on Base         SECOND APPLICANT (Joint Holder 1)       Mr       Ms       Mrs       Dr       Made with Firm Partial on Base         First Name       Middle Name       Last Name       Middle Name       Last Name       Bade with Partial One Partia One Partia One Partial One Partial One Partial One Pa									resent inve	stment in the same Account
SOLE/FIRST APPLICANT     Mr     Mr     Mr     Dr     Date of Birth       First Name     Midle Name     Last Name     DI     MMI     YYYY       GUARDIAN (in case Sole / First Applicant is a minor)     Mr     Ms     Mrs     Dr     Bate of Birth       First Name     Midle Name     Last Name     Bate of Non-individual applicants)     Mr     Ms     Mrs     Dr     Propression Participant Par								Account	No.:	/
First Name       Middle Name       Last Name         GUARDIAN (in case Sole / First Applicant is a minor)       Mr       Mr       Mr       Mr       Product Tubefold         First Name       Middle Name       Last Name       Product Tubefold       Product Tubefold         CONTACT PERSON (in case of Non-individual applicants)       Mr       Mr       Mr       Dr       Product Tubefold         Second ApplicAnt (Joint Holder 1)       Mr       Mr       Mr       Mr       Dr       Product Tubefold       Product Tubefold         First Name       Middle Name       Last Name       Product Tubefold       Product Tubefold </td <td>2. NEW /</td> <td>APPLICANTS</td> <td>S' PERSONAL INI</td> <td></td> <td>TION</td> <td></td> <td></td> <td></td> <td></td> <td></td>	2. NEW /	APPLICANTS	S' PERSONAL INI		TION					
First Name       Middle Name       Last Name         GUARDIAN (in case Sole / First Applicant is a minor)       Mr       Ms       Mrs       Dr         First Name       Middle Name       Last Name       High on Non-Repatrision Bass         First Name       Middle Name       Last Name       High on Non-Repatrision Bass         CONTACT PERSON (in case of Non-individual applicants)       Mr       Ms       Mrs       Dr         Mame       Designation       Bass Reference       Body Corporate         SECOND APPLICANT (Joint Holder 1)       Mr       Ms       Mrs       Dr         First Name       Middle Name       Last Name       Basines       Body Corporate         First Name       Middle Name       Last Name       Basines       Body Corporate         First Name       Middle Name       Last Name       Basines       Body Corporate         First Name       Middle Name       Last Name       Basines       Body Corporate         OFIER Holder Only       Anyone or Survivor       Joint       Contact Strate Strate       Contact Strate Strate         PAN*       Sole / First Applicant       Second Applicant       Basines       Basines       Basines         First Name       Middle Name       Last Name       Contact Str	SOLE/FIRS	T APPLICANT				Mr 🗖	Ms 🗌	Mrs 🗌	Dr 🗖	
GUARDIAN (in case Sole / First Applicant is a minor)       Mr       Mr       Mr       Dr       State Floate - A         First Name       Middle Name       Last Name       HI       Nr       Mr       Mr       Nr       Nr       Provide the floated and the state of th		First Namo		Middle Name			Last N	lamo		DD / MM / YYYY
First Name       Middle Name       Last Name         CONTACT PERSON (in case of Non-individual applicants)       Mr       Ms       Mrs       Dr         Name       Designation       Besignation       Besignation         SECOND APPLICANT (Joint Holder 1)       Mr       Ms       Mrs       Dr         First Name       Middle Name       Last Name       Besignation         First Name       Middle Name       Last Name       Besignation         First Name       Middle Name       Last Name       Besignation         First Name       Middle Name       Last Name       Othes         First Name       Mr Mr Ms       Mr Ms       Mr Ms       Othes         O First Holder only       Anyone or Survivor       Joint       Othes       Executing O Toting         PAN*       Sole / First Applicant       Second Applicant       Third Applicant       O Mon-Governme         PAN*       Sole / First Applicant       Execond Ap	GUARDIAN		/ First Applicant is a n			Mr			Dr 🗌	
First Name       Middle Name       Last Name       Huf         CONTACT PERSON (in case of Non-individual applicants)       Mr       Ms       Mrs       Dr         Name       Designation       Mutual Fund       Mutual Fund       Mutual Fund         Name       Designation       Mutual Fund       Mutual Fund       Mutual Fund       Mutual Fund         SECOND APPLICANT (Joint Holder 1)       Mr       Ms       Mrs       Dr       Bisinession         First Name       Middle Name       Last Name       Middle Name       Last Name       Bisinession         THIRD APPLICANT (Joint Holder 2)       Mr       Ms       Mrs       Dr       Generation Fund         First Name       Middle Name       Last Name       One       Generation Ford       Generation Fund         MDDE OF OPERATION (where there are more than one applicants)       O joint       O Manufacturing O Trading       O Manufacturing O Trading         PAN*       Sole / First Applicant       Second Applicant       Third Applicant       Housewrife       Housewrife         Teclosed       (please ~)       PAN Proof or Teom 60 / 61 / 49A       PAN Proof or Teom 60 / 61 / 49A       PRA Proof are for med for form       Other for fact are for the investment amount.         Restred       (Cell)       Teol       <		•								INRI on Repatriation Basis
CONTACT PERSON (in case or Non-Individual applicants)       Mil       Mil       Mil       Mil       Mil       Private Linited Company Pladic Linited Company Pladic Million (Context)         SECOND APPLICANT (Joint Holder 1)       Mr       Ms       Mrs       Dr         First Name       Middle Name       Last Name       Body Corporate Preforative Preforative		First Name		Middle Nan	ne		Last Name			<ul> <li>☐ HUF</li> <li>☐ Proprietorship</li> </ul>
Name     Designation       SECOND APPLICANT (Joint Holder 1)     Mr     Ms       First Name     Middle Name     Last Name       THRD APPLICANT (Joint Holder 2)     Mr     Ms       THRD APPLICANT (Joint Holder 2)     Mr     Ms       MODE OF OPERATION (where there are more than one applicants)     Occuration (Please specify)       O First Holder only     Anyone or Survivor     Joint       PAN*     Sole / First Applicant     Second Applicant       Enclosed     PAN Proof or _ Form 60 / 61 / 49A     PAN Proof or _ Form 60 / 61 / 49A       * Mandatory for all Investors (Indian & NRI) irrespective of the Investment amount.     Cell       Reside     (Cell)       Bismail     Trel       OFFICE ADDRESS (Mandatory)     Cell	CONTACT	PERSON (in ca	ase of Non-individua	al applica	nts)	Mr 🗖	Ms 🗖	Mrs 🗌	Dr 🗖	Private Limited Company
SECOND APPLICANT (Joint Holder 1)       Mr       Mr       Mr       Dr         First Name       Middle Name       Last Name       Program Statuton Fund         THIRD APPLICANT (Joint Holder 2)       Mr       Ms       Mrs       Dr         First Name       Middle Name       Last Name       Program Statuton Fund         MDEE OF OPERATION (where there are more than one applicants)       O First Holder only       O Anyone or Survivor       O Joint         PAN*       Sole / First Applicant       Second Applicant       Third Applicant       Professional         PAN*       Sole / First Applicant       Second Applicant       PAN Proof or @ form 60 / 61 / 49A       PAN Proof or @ form 60 / 61 / 49A       PAN Proof or @ form 60 / 61 / 49A         PAN*       Sole / First Applicant       PAN Proof or @ form 60 / 61 / 49A       PAN Proof or @ form 60 / 61 / 49A       PAN Proof or @ form 60 / 61 / 49A         * Mandatory       * Mandatory for all Investors (Indian & NRI) irrespective of the Investment amount.       (Please specify)         City       Pin Code       State       (Cell)         Bi-mail       Tel.       (Fax)         OFFICE ADDRESS       (Mandatory for Non-Resident applicants)       Address for Correspondence (Please        ) Indian       Overseas <td></td> <td></td> <td>Namo</td> <td>_</td> <td></td> <td>1</td> <td>Designation</td> <td></td> <td></td> <td><ul> <li>Mutual Fund</li> <li>Mutual Fund FOF Scheme</li> </ul></td>			Namo	_		1	Designation			<ul> <li>Mutual Fund</li> <li>Mutual Fund FOF Scheme</li> </ul>
First Name       Middle Name       Last Name       Superamutation Fund         THIRD APPLICANT (Joint Holder 2)       Mr       Ms       Mrs       Dr         First Name       Middle Name       Last Name       (Plase specify)         Octros       First Name       Middle Name       Last Name       (Plase specify)         MODE OF OPERATION (where there are more than one applicants)       O Joint       Service       O Geremment Okon-Governmer         O First Holder only       O Anyone or Survivor       J Joint       Paneto for 6 form 60 / 61 / 49A       Paneto for 6 form 60 / 61 / 49A         PAN*       Sole / First Applicant       Second Applicant       Third Applicant       PetredNon-Governmer         PAN*       Sole / First Applicant       Second Applicant       Third Applicant       Sudent         PAN Proof or Form 60 / 61 / 49A       PAN Proof or Form 60 / 61 / 49A       Pane Proof or Form 60 / 61 / 49A       Others         * Mandatory for all Investors (Indian & NRI) irrespective of the investment amount.       (Please specify)       Others         City       Pin Code       State       (Cell)       (Please specify)         @ E-mail       Third Applicant       (Tax)       OVerseas         OVERSEAS ADDRESS (Mandatory for Non-Resident applicants)       Address for Correspondence (Please *)       <							_	Mrs 🗖	Dr 🗖	Registered Society
First Name       Middle Name       Last Name       Foreign Institutional Investor         THIRD APPLICANT (Joint Holder 2)       Mr       Ms       Mrs       Dr         First Name       Middle Name       Last Name       Business       Occupation (Please yoild)         MODE OF OPERATION (where there are more than one applicants)       O Joint       Device of the second Applicant       Business       O Monufacturing O Trading         PAN*       Sole / First Applicant       Second Applicant       Third Applicant       Device of the investment amount.       Device of the second or inance         PAN*       Sole / First Applicant       Second Applicant       Third Applicant       Betred       O Generation (O / 61 / 49A         PAN *       Sole / First Applicant       Second Applicant       Third Applicant       Sole / First Applicant       Sole / First Applicant       Sole / First Applicant       Oversee of the investment amount.       O Herse of the investore of the investment amount.       Others of the investore of the investment amount.       Others of the investore of the investore of the investment amount.       Others of the investore of the	SECOND P		int holder ly							Superannuation Fund
THIRD APPLICANT (Joint Holder 2)       Mr       Ms       Mrs       Dr         First Name       Middle Name       Last Name       Definition (Please *)         First Name       Middle Name       Last Name       Definition (Please *)         OFFINE       First Name       Middle Name       Last Name         MODE OF OPERATION (where there are more than one applicants)       O First Holder only       O Anyone or Survivor       J Joint         PAN*       Sole / First Applicant       Second Applicant       Third Applicant       Professional       Definition (Please *)         PAN*       Sole / First Applicant       Second Applicant       Third Applicant       Professional       Definition (Please *)         PAN*       Sole / First Applicant       Second Applicant       Third Applicant       Professional       Definition (Please *)         * Mandatory for all Investors (Indian & NRI) irrespective of the investment amount.       (Please specify)       RESIDENTIAL ADDRESS (Mandatory)       (Please specify)         Grity       Pin Code       State       (Cell)       (Cell)       (Please specify)         Grity       Pin Code       State       (Cell)       (Cell)       (Cell)       (Cell)         @ E-mail       Third       Third       Third       (Cell)       (Cell)		First Name		Middle Nan	ne		Last N	lame		<ul> <li>Foreign Institutional Investor</li> <li>Others</li> </ul>
First Name     Middle Name     Last Name       MODE OF OPERATION (where there are more than one applicants) O First Holder only     Anyone or Survivor     Joint       PAN*     Sole / First Applicant     Second Applicant     Third Applicant       Enclosed (please $\checkmark$ )     PAN Proof or $\square$ Form 60 / 61 / 49A     PAN Proof or $\square$ Form 60 / 61 / 49A     PAN Proof or $\square$ Form 60 / 61 / 49A     PAN Proof or $\square$ Form 60 / 61 / 49A       * Mandatory for all Investors (Indian & NRI) irrespective of the investment amount.     Clean       RESIDENTIAL ADDRESS (Mandatory)     State       City     Pin Code     State       City	THIRD AP	PLICANT (Joint	t Holder 2)			Mr 🗌	Ms 🗌	Mrs 🗌	Dr	Occupation (Please ✓)
MODE OF OPERATION (where there are more than one applicants)       Service       Gervinent Oxon-Government         O First Holder only       Anyone or Survivor       Joint       Gevernment Oxon-Government         PAN*       Sole / First Applicant       Second Applicant       Third Applicant       Certain Control or Conteract or Control or Control or Control or Control or Control or C		First Namo			20		Lact N	lamo		Business
PAN*       Sole / First Applicant       Second Applicant       Third Applicant       O Medicine O Finance         Enclosed (please v)       PAN Proof or Form 60 / 61 / 49A       PAN Proof or Form 60 / 61 / 49A       PAN Proof or Form 60 / 61 / 49A       PAN Proof or Form 60 / 61 / 49A         * Mandatory for all Investors (Indian & NRI) irrespective of the investment amount.       PAN Proof or Form 60 / 61 / 49A       Pane of the investment amount.       Pane of the investment amount.         RESIDENTIAL ADDRESS (Mandatory)       Pin Code       State       (Cell)       Pin Code         City       Pin Code       State       (Cell)       Pin Code       (Cell)         E-mail       Pin Code       State       (Cell)       Pin Code       Pin Code         City       Pin Code       State       (Cell)       Pin Code       Pin Code       Pin Code         City       Pin Code       State       (Cell)       Pin Code       Pin Code </td <td>MODE OF</td> <td></td> <td>where there are mo</td> <td></td> <td></td> <td></td> <td></td> <td>Name</td> <td></td> <td>□ Service</td>	MODE OF		where there are mo					Name		□ Service
PAN* Sole / First Applicant Second Applicant Third Applicant Retired   Enclosed PAN Proof or form 60 / 61 / 49A PAN Proof or form 60 / 61 / 49A PAN Proof or form 60 / 61 / 49A PAN Proof or form 60 / 61 / 49A   * Mandatory for all Investors (Indian & NRI) irrespective of the investment amount. Others Others   (Please specify) (Please specify) (Please specify) (Please specify) (Please specify) (Please specify) (Cell)	O First Hol	der only	O Anyone	e or Survivo	or		O Joint			O Medicine O Finance
(please ) PAN Proof or Form 60 / 61 / 49A PAN Proof or Form 60 / 61 / 49A PAN Proof or Form 60 / 61 / 49A   * Mandatory for all Investors (Indian & NRI) irrespective of the investment amount. City City Pin Code   City Pin Code State (Cell)   @ E-mail City Pin Code State   OFFICE ADDRESS     City Pin Code State   @ E-mail City Pin Code   OFFICE ADDRESS   OFFICE ADDRESS   OVERSEAS ADDRESS (Mandatory for Non-Resident applicants)   Address for Correspondence (Please <)		Sole / Firs	st Applicant	Seco	nd Applicant		Thir	d Applicant		Retired
Mandatory for all Investors (Indian & NRI) irrespective of the investment amount.		PAN Proof or	Form 60 / 61 / 49A	PAN Proof	or 🔲 Form 60 / 61	/ 49A	PAN Proof c	or Form 60	/ 61 / 49A	Student
City Pin Code State (Cell) E-mail Tel. (Cell) OFFICE ADDRESS City Pin Code State (Cell) E-mail (Cell) E-mail (Cell) E-mail (Cell) City Pin Code State (Cell) E-mail (Cell) Address for Correspondence (Please ) Indian Overseas		* Mandato	ory for all Investors (I	ndian & NI	RI) irrespective	of the ir	ivestment a	nount.		Others
	RESIDENT	IAL ADDRESS	(Mandatory)							
	City			de		State				
City       Pin Code       State       (Cell)         Imail       Imail       Imail       Imail       Imail         OVERSEAS ADDRESS (Mandatory for Non-Resident applicants)       Address for Correspondence (Please ✓)       Indian       Overseas			1111 20						8	
WE-mail       Tel.         OVERSEAS ADDRESS (Mandatory for Non-Resident applicants)       Address for Correspondence (Please ✓) Indian         Overseas	OFFICE AI	DDRESS								
WE-mail       Tel.         OVERSEAS ADDRESS (Mandatory for Non-Resident applicants)       Address for Correspondence (Please ✓) Indian         Overseas										
WE-mail       Tel.         OVERSEAS ADDRESS (Mandatory for Non-Resident applicants)       Address for Correspondence (Please ✓) Indian         Overseas	City		Pin Co	de		State			<b>الله (</b> (مال)	
									9	
City Zip Code State	OVERSEA	S ADDRESS (N	landatory for Non-R	lesident a	pplicants)	Ad	dress for Co	orresponder	nce (Please	<ul> <li>✓) □ Indian □ Overseas</li> </ul>
City Zip Code State										
	City	Zip Code			State	2				
Country Nationality	-									
To be filled by Applicant ACKNOW/I EDGEMENT SUB			<u>~</u>		To be filled b	v Annlie	ant		A CI/N	
Received from Mr./Ms	<b>kot</b>									OWLEDGEINIENT SLIP
App. CA					g Scheme		Appl. CA			
Investment Details Instrument Details Amount		Investment Deta	ails	Inst	rument Details		An	nount		
Scheme         No.         Dated DD/MM/YYYY         Rs.	Scheme		No		Dated DD/	//////////////////////////////////////	V Rc			
Plan	Plan									
Option Bank & Branch	Option		Ban	k & Bran	ch					

Please retain this slip duly acknowledged by the Official Acceptance Point till you receive your Account Statement.

Official Acceptance Point Stamp & Sign

3. BANK ACCOUNT DETAILS (MAN	DATORY)		[Refer Guideline 3]										
Name of Bank		DIRECT CREDIT											
Branch		We offer a Direct Credit Facility with the following banks for paying out <u>Dividend</u> and <u>Redemption Proceeds</u> to you faster.											
City (Clearing Circ	le)	ABN AMRO Ba     AXIS Bank	•	Deutsche Ban HDFC Bank	<ul> <li>IndusInd Bank</li> </ul>								
Account No.		Centurion Bank of Punjab     HSBC     Citibank     C											
MICR Code		• Corporation Bank If your bank account is with any of these banks, we will directly credit your dividend/											
This is the 9 digit No. next		redemption proce If, however, yo			payout, please tick the box								
Account Type : OCurrent OSavings ONRO ONRE OFCNR OOthers alongside.													
4. INVESTIMENT DETAILS													
SI. Scheme Name	Plan/Option/	Amount	Net Amount	Payment Detail									
No.	Sub-option	Invested (Rs.)	Paid (Rs.)	Cheque/ DD No.	Bank and Branch								
1.													
		Less DD Charges											
2.		Less DD Charges											
3.													
If you are an NRI Investor, please indicate	source of funds for y	Less DD Charges											
NRE ONRO OFCNR	Others	our investment	(Please V) (Please s	pecify)									
5. NOMINATION DETAILS (to be filled	in by Individual(s) applyir	a Sinaly or Joint	(v)		[Refer Guideline 5]								
I/We		and	-		do hereby nominate the								
undermentioned Nominee to receive the Units to my/our cred and settlements made to such Nominee and signature of the	it in Account No./Application No	D	in the event of										
DETAILS OF NOMINEE	Nominee acknowledging receip		5,		ed in case Nominee is a Minor)								
NAME	Date of Birth		his section is not	applicable to y	you)								
	DD / MM / YYYY	NAME											
ADDRESS		ADDRESS											
City/Town Pin		City/Town		D	in								
		Tel.											
	Signature of Nominee	ici.			Signature of Guardian								
6. E-MAIL COMMUNICATION 🗡 [Refer Guideline 6]													
I / We would like to receive the following comr		ease ✓]											
Account Statement Monthly Update	ECS of Dividends	Transact	tion Confirmation	Ann	iual Report								
Please furnish your Email ID :	Your E-m	nail ID here											
7. DECLARATION AND SIGNATURE	5				[Refer Guideline 7]								
I / We have read and understood the contents of the C	Offer Document(s) of the rest	pective Scheme(s) of	Kotak Mahindra I	Mutual Fund. I /	We hereby apply for allotment /								
purchase of Units in the Scheme(s) indicated in Section 4 thorised to make this investment in the above-mentior volve and is not designed for the purpose of any cont	ed scheme(s) and that the a rayention of any	amount invested in Act. Rules, Regulatio	the Scheme(s) is t	hrough legitimat	te sources only and does not in-								
Anti Money Laundering Act, Anti Corruption Act or any o tual Fund, its Investment Manager and its agents to disclo	ther applicable laws enacted b	y the Government of	f India from time to	time. I / We here	by authorise Kotak Mahindra Mu-								
I / We have neither received nor been induced by any rel Applicable to NRIs seeking repatriation of redemptio				an Nationality / O	rigin and that L/ We have remitted								
funds from abroad through approved banking channels or fi				an reaction and y ? o									
Sole / First Applicant													
				~~~									
Sole / First Applicant	Secon (To be signed by <u>A</u>	d Applicant I <b>I Applicants</b> )		Iniro	d Applicant								
Kotak Mahindra Mutual Fund		<b>6</b>											
91/92, 9th Floor, Sakhar Bhavan, 230,			r Age Managerr Ia Towers, 4th F		vt. Ltd. lai, Chennai 600 002								
Nariman Point, Mumbai 400 021  2 022-6638 4400		<b>1</b> 044	2852 1596										
🖬 mutual@kotak.com 🛛 🖄 www.kotak	mutual.com	🔀 enq_	k@camsonline.	com 💇 w	ww.camsonline.com								
We are at your service on 1800-222-626 from 9.30 a.m. to 6.30 p.m. (Monday to Friday)													