

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN Sub-Broker \ LG Code	Official Acceptance Point	Bank Sr. No.	Appl. CA
ARN-28191		LG	Stamp & Sign	
				Date : DD / MM / YYYY

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.

## 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 furnish your Name, Folio Number and PAN details below and proceed to Section 4.

Name of Sole / First Holder:  Folio No.:  /

## 2. NEW APPLICANT'S PERSONAL INFORMATION [Refer Guideline 2]

<b>SOLE/FIRST APPLICANT</b>		Date of Birth
<input type="text"/>		DD / MM / YYYY
GUARDIAN (in case Sole / First Applicant is a minor)		<b>Status</b> (Please ✓) <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> HUF <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Body Corporate <input type="checkbox"/> Registered Society <input type="checkbox"/> PF/Gratuity/Pension/ Superannuation Fund <input type="checkbox"/> Trust AOP / BOI <input type="checkbox"/> Foreign Institutional Investor <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Other _____ (Please specify)
CONTACT PERSON (in case of Non-individual applicants)		
<input type="text"/>		<b>Occupation</b> (Please ✓) (Mandatory) <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agricultural <input type="checkbox"/> Other _____ (Please specify)
Designation		
<b>SECOND APPLICANT (Joint Holder 1)</b>		
<input type="text"/>		
GUARDIAN (in case Second Applicant is a minor)		
<input type="text"/>		
<b>THIRD APPLICANT (Joint Holder 2)</b>		
<input type="text"/>		
GUARDIAN (in case Third Applicant is a minor)		
<input type="text"/>		
<b>MODE OF OPERATION (where there is more than one applicant)</b> <input type="radio"/> First Holder only <input type="radio"/> Anyone or Survivor <input type="radio"/> Joint		
<b>PAN AND KYC COMPLIANCE STATUS DETAILS (Mandatory)</b>		
PAN Sole / First Applicant KYC Compliance Status* <input type="checkbox"/> PAN Proof # <input type="checkbox"/> Yes <input type="checkbox"/> No	PAN Second Applicant KYC Compliance Status* <input type="checkbox"/> PAN Proof # <input type="checkbox"/> Yes <input type="checkbox"/> No	PAN Third Applicant KYC Compliance Status* <input type="checkbox"/> PAN Proof # <input type="checkbox"/> Yes <input type="checkbox"/> No
(#Please attach PAN Card Copy) / (*KYC allotment letter copy is mandatory for investment => Rs. 50,000/-)		

## 3. THIRD PARTY PAYMENT DECLARATION (Third Party Payment should not exceed Rs. 50,000/-)

Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of Fil.

Name:  Relationship with Applicant:

PAN:  KYC Compliance Status:  Yes  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.

Signature

(Note: Aforeside signature should match with the investment cheque signature)

**ADDRESS FOR COMMUNICATION (Mandatory)**

City  Pin/Zip Code  State  (Cell)

Country  Tel.  (Fax)

E-mail

Investment Details	Instrument Details	Amount
Scheme <input type="text"/>	No. _____ Dated DD / MM / YYYY Rs. _____	
Plan <input type="text"/>	Bank & Branch _____	
Option <input type="text"/>		

Official Acceptance Point Stamp & Sign



