


| 1. NEW APPLICANT'S PERSONAL INFORMATION | | | | | | | | |
|--|--|--|------------------------|------------------|-----------------|--|--|--|
| SOLE/FIRST APPLICANT | | Category Please (Tick ✓) Retail Individual Investor(s) <input type="checkbox"/> Non-Individual Investor(s) <input type="checkbox"/> | | | | | | |
| <input style="width:100%;" type="text"/> <small>GUARDIAN (in case Sole / First Applicant is a minor)</small> | | | | | | | | |
| <input style="width:100%;" type="text"/> <small>CONTACT PERSON (in case of Non-individual applicants)</small> | | | | | | | | |
| <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/> <small>Designation</small> | | | | | | | | |
| SECOND APPLICANT (Joint Holder 1) | | | | | | | | |
| <input style="width:100%;" type="text"/> | | | | | | | | |
| THIRD APPLICANT (Joint Holder 2) | | | | | | | | |
| <input style="width:100%;" type="text"/> | | | | | | | | |
| MODE OF OPERATION (where there is more than one applicant) <input type="radio"/> First Holder only <input type="radio"/> Anyone or Survivor <input type="radio"/> Joint | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">SOLE / FIRST APPLICANT</th> <th style="width:33%;">SECOND APPLICANT</th> <th style="width:33%;">THIRD APPLICANT</th> </tr> <tr> <td> PAN No. (Irrespective of Size of the investment) (Application without this information are liable to be rejected) </td> <td> <input style="width:100%;" type="text"/> </td> <td> <input style="width:100%;" type="text"/> </td> </tr> </table> | | | SOLE / FIRST APPLICANT | SECOND APPLICANT | THIRD APPLICANT | PAN No. (Irrespective of Size of the investment) (Application without this information are liable to be rejected) | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| SOLE / FIRST APPLICANT | SECOND APPLICANT | THIRD APPLICANT | | | | | | |
| PAN No. (Irrespective of Size of the investment) (Application without this information are liable to be rejected) | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | | | | | | |
| 2. ISIN DETAILS | | | | | | | | |
| ISIN Number: <input style="width:100%;" type="text"/> Scheme Name: KOTAK NIFTY 200 MOMENTUM 30 ETF | | | | | | | | |
| 3. SCSB DETAILS | | | | | | | | |
| Bank Account Number: <input style="width:100%;" type="text"/> Bank and Branch where account is held: <input style="width:100%;" type="text"/> Total Amount to be blocked (Rs. in figures) <input style="width:100%;" type="text"/> (Rs. in words) <input style="width:100%;" type="text"/> (Amount to be blocked shall be the No. of Unit for x Unit Price). | | | | | | | | |
| M A N D A T O R Y | 4. DEMAT ACCOUNT DETAILS (Please ensure that unit holders given an option to hold the units in demat form in addition to account statement as per current practice and the sequence of names as mentioned in the application form matches with the Depository Participant.) | | | | | | | |
| | NSDL | CDSL | | | | | | |
| | DP Name: <input style="width:100%;" type="text"/> DP ID*: <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | | | | | | |
| | Beneficiary Account No.: <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | | | | | | |


*In case Unit holders do not provide their Demat Account details, an Account Statement shall be sent to them. Such investors will not be able to trade on the stock exchange.

| | | | |
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| UNDERTAKING BY ASBA INVESTOR/ ACCOUNT HOLDER | | | |
| 1) I/We hereby undertake that I/We am/are an ASBA investor(s) as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009. 2) In accordance with ASBA process provided in the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009, I/We authorize (a) the SCSB to do all acts as are necessary to make an application for purchase of units in the NFO of the Company, blocking the amount to the extent mentioned above in the SCSB details or unblocking of funds in the bank account maintained with the SCSB specified in the ASBA form, transfer of funds to the Issuer's account designated for this purpose on receipt of instruction from the Registrar to the Issue after finalisation of the basis of allotment entitling me/us to receive Units on such transfer of funds, etc. (b) Registrar to the KMAIC to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the ASBA Form, upon finalisation of the basis of allotment and to transfer the requisite money to the Issuer's account designated for this purpose. 3) In case the amount available in the bank account specified in the ASBA Form is insufficient for blocking the amount equivalent to the application money, the SCSB shall reject the application. 4) If the DP ID, Client ID or PAN furnished by me/us in the ASBA Form is incorrect or incomplete, the ASBA Application shall be rejected and the AMC, R&TA and SCSB shall not be liable for losses, if any. 5) I/We hereby authorise the SCSB to make relevant revisions as may be required to be done during the NFO, in the event of price revision. | | | |
| SIGNATURE OF THE APPLICANT(S) | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | Attn. : NRI Investors : Payment should be made through their NRE/FCNR accounts. |
| SIGNATURE OF THE BANK ACCOUNT HOLDER(S) | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | |

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|--------------------------------------|---|---|---|----------------------------------|
| ACKNOWLEDGEMENT SLIP FOR SCSB | TO BE RETAINED BY THE BANKER (To be filled by the Sole/First Applicant) |  | KOTAK MAHINDRA MUTUAL FUND 6th Floor, Kotak Infinity, Building No. 21, Infinity Park, Gen. A. K. Vaidya Marg, Malad (East), Mumbai 400097. Tel No.: 022-6605 6825 Web: www.kotakmf.com | Date : _____ 2024 |
| | Received from Mr./Ms. <input style="width:100%;" type="text"/> Address <input style="width:100%;" type="text"/> | | SCSB Account Details | No. of Units (In Figures) |
| | Tel/Fax <input style="width:100%;" type="text"/> Mobile <input style="width:100%;" type="text"/> E-mail <input style="width:100%;" type="text"/> | | Bank Name: <input style="width:100%;" type="text"/> Bank Account Number: <input style="width:100%;" type="text"/> Branch Address: <input style="width:100%;" type="text"/> Total Amount to be blocked (Rs.) <input style="width:100%;" type="text"/> | |
| | SIGNATURE(S) <input style="width:100%;" type="text"/> | | | |

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|--|--|---|---|-------------------|
| ACKNOWLEDGEMENT SLIP FOR INVESTOR | TO BE GIVEN BY THE SCSB (To be filled by the Sole/First Applicant) |  | KOTAK MAHINDRA MUTUAL FUND 6th Floor, Kotak Infinity, Building No. 21, Infinity Park, Gen. A. K. Vaidya Marg, Malad (East), Mumbai 400097. Tel No.: 022-6605 6825 Web: www.kotakmf.com | Date : _____ 2024 |
| | INVESTMENT DETAILS | | | |
| | Scheme Name: KOTAK NIFTY 200 MOMENTUM 30 ETF | | Plan: | |
| | Option: | | Frequency: | |
| | Amount in figures: | | Amount in words: | |
| | No of units: | | Unit price: | |
| | Received From Mr./Ms. <input style="width:100%;" type="text"/> Address <input style="width:100%;" type="text"/> | | | |
| | Telephone <input style="width:100%;" type="text"/> Pin Code <input style="width:100%;" type="text"/> | | | |
| | Bank Account Number : <input style="width:100%;" type="text"/> Bank Name & Branch Address : <input style="width:100%;" type="text"/> Total Amount to be blocked (Rs.) <input style="width:100%;" type="text"/> | | SCSB Stamp Signature, Date & Time of Bid Form Submission (Cheques are subject to realisation) | |

Note : Only purchases registered on the electronic system will be considered for allocation. Therefore, kindly ensure that you get a computerised TRS for every investment from the SCSB. Please note that validity of the purchases or any allocation thereon, is subject to realisation of the correct amount. Please retain photocopy of this form for future reference.

IMPORTANT INFORMATION INSTRUCTIONS FOR ASBA MUTUAL FUND INVESTORS

Background: In its continuing endeavour to make the existing public issue process more efficient SEBI introduced a supplementary process of applying in public issues, viz: the "Applications Supported by Blocked Amount (ASBA)" process. Accordingly, Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2009, as amended have been amended for ASBA process. The salient features of circular no. SEBI/CFD/DIL/ASBA/1/2009/30/12 dated December 30, 2009 available on SEBI website for "Additional mode of payment through Applications Supported by Blocked Amount (hereinafter referred to as "ASBA") are mentioned below for understanding the ASBA process:

1. Meaning of ASBA: ASBA is an application for subscribing to a New Fund Offer (NFO), containing an authorisation to block the application money in a bank account.

2. Self Certified Syndicate Bank (SCSB): SCSB is a banker to an issue registered with the SEBI which offers the facility of applying through the ASBA process. The list of SCSBs will be displayed by SEBI on its website at www.sebi.gov.in from time to time. ASBAs can be accepted only by SCSBs, whose names appear in the list of SCSBs displayed on SEBI's website. As on April 15, 2010, 27 Banks have been recognised as SCSBs. Investors maintaining their accounts in any of these Banks may approach one of the designated branches of these SCSBs for availing this facility. Further it may be noted that from time to time new banks register themselves as SCSBs who become eligible to provide these services and also the existing SCSBs designate additional branches that also provide this facility. An updated list of all the registered SCSBs, their controlling branches, contact details and details of their contact persons, a list of their designated branches which are providing such services is available on the website of SEBI at the address <http://www.sebi.gov.in>. Further these details are also available on the websites of the Stock Exchanges at <http://www.bseindia.com> and <http://www.nseindia.com>. Alternatively, investors may also contact the AMC, R&TA for information about the SCSBs or the ASBA process. These SCSBs are deemed to have entered into an agreement with the Issuer and shall be required to offer the ASBA facility to all its account holders for all issues to which ASBA process is applicable. A SCSB shall identify its Designated Branches (DBs) at which an ASBA bidder shall submit ASBA and shall also identify the Controlling Branch (CB), which shall act as a coordinating branch for the Registrar to the Issue, Stock Exchanges and Merchant Bankers. The SCSB, its DBs and CB shall continue to act as such, for all issues to which ASBA process is applicable. The SCSB may identify new DBs for the purpose of ASBA process and intimate details of the same to SEBI, after which SEBI will add the DB to the list of SCSBs maintained by it. The SCSB shall communicate the following details to Stock Exchanges for making it available on their respective websites. These details shall also be made available by the SCSB on its website: (i) Name and address of the SCSB (ii) Addresses of DBs and CB and other details such as telephone number, fax number and email ids. (iii) Name and contact details of a nodal officer at a senior level from the CB.

3. Eligibility of Investors: An Investor shall be eligible to apply through ASBA process, if he/she: (i) is a "Resident Retail Individual Investor, Non-Individual Investor, QIBs, Eligible NRIs applying on non-repatriation basis, Eligible NRIs applying on repatriation basis i.e. any investor, (ii) is applying through blocking of funds in a bank account with the SCSB; Such investors are hereinafter referred as "ASBA Investors".

4. ASBA Facility in Brief: Investor shall submit his Bid through an ASBA cum Application Form, either in physical or electronic mode, to the SCSB with whom the bank account of the ASBA Investor or bank account utilised by the ASBA Investor ("ASBA Account") is maintained. The SCSB shall block an amount equal to the NFO application Amount in the bank account specified in the ASBA cum Application Form, physical or electronic, on the basis of an authorisation to this effect given by the account holder at the time of submitting the Application. The Bid Amount shall remain blocked in the aforesaid ASBA Account until the Allotment in the New fund Offer and consequent transfer of the Application Amount against the allocated Units to the Issuer's account designated for this purpose, or until withdrawal/failure of the Offer or until withdrawal/rejection of the ASBA Application, as the case may be. The ASBA data shall thereafter be uploaded by the SCSB in the electronic IPO system of the Stock Exchanges. Once the Allotment is finalised, the R&TA to the NFO shall send an appropriate request to the Controlling Branch of the SCSB for unblocking the relevant bank accounts and for transferring the amount allocable to the successful ASBA Bidders to the AMC account designated for this purpose. In case of withdrawal/Rejection of the Offer, the R&TA to the Offer shall notify the SCSBs to unblock the blocked amount of the ASBA Bidders within one day from the day of receipt of such notification.

5. Obligations of the AMC: AMC shall ensure that adequate arrangements are made by the R&TA for the NFO to obtain information about all ASBAs and to treat these applications similar to non-ASBA applications while allotment of Units, as per the procedure specified in the Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2009.

Investors are requested to check with their respective banks about the availability of the ASBA facility.

Other Information for ASBA Investors:

- SCSB shall not accept any ASBA after the closing time of acceptance on the last day of the NFO period.
- SCSB shall give ASBA investors an acknowledgment for the receipt of ASBAs.
- SCSB shall not upload any ASBA in the electronic system of the Stock Exchange(s) unless (i) it has received the ASBA in a physical or electronic form; and (ii) it has blocked the application money in the bank account specified in the ASBA or has systems to ensure that Electronic ASBAs are accepted in the system only after blocking of application money in the relevant bank account opened with it.
- SCSB shall ensure that complaints of ASBA investors arising out of errors or delay in capturing of data, blocking or unblocking of bank accounts, etc. are satisfactorily redressed.
- SCSB shall be liable for all its omissions and commissions in discharging responsibilities in the ASBA process.
- R&TA to the NFO shall act as a nodal agency for redressing complaints of ASBA and non-ASBA investors, including providing guidance to ASBA investors regarding approaching the SCSB concerned.




Grounds for rejection of ASBA applications

ASBA application forms can be rejected by the AMC/Registrar/ SCSBs, on the following technical grounds:

- Applications by persons not competent to contract under the Indian Contract Act, 1872, including but not limited to minors, insane persons etc.
- Mode of ASBA i.e. either Physical ASBA or Electronic ASBA, not selected or ticked.
- ASBA Application Form without the stamp of the SCSB.
- Application by any person outside India if not in compliance with applicable foreign and Indian laws.
- Bank account details not given/incorrect details given.
- Duly certified Power of Attorney, if applicable, not submitted alongwith the ASBA application form.
- No corresponding records available with the Depositories matching the parameters namely (a) Names of the ASBA applicants (including the order of names of joint holders) (b) DP ID (c) Beneficiary account number or any other relevant details pertaining to the Depository Account.
- Insufficient funds in the investor's account
- Application accepted by SCSB and not uploaded on/with the Exchange / Registrar

| Distributor's ARN/ RIA Code [#] | Sub-Broker s Name & Code | EUIN | FOLIO NO. | DATE |
|--|--------------------------|------|-----------|----------------|
| | | | | DD / MM / YYYY |

- ☐ By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund.
- ☐ 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."

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|--------------|---|---|--|
| SIGNATURE(S) |  Sole/First Holder |  Second Holder |  Third Holder |
| | (To be signed by All Unitholders if mode of operation is "Joint") | | |

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.

NAME OF SOLE/ FIRST HOLDER : _____
 NAME OF SECOND HOLDER : _____
 NAME OF THIRD HOLDER : _____


Note: Name shall be as per PAN card only

ONE TIME MANDATE REGISTRATION FORM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TICK (✓) <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">CREATE <input checked="" type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">MODIFY <input type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px;">CANCEL <input type="checkbox"/></div> | | UMRN | | F o r o f f i c e u s e | | | | | | | | | | | | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Sponsor Bank Code | | | | | | | | | | | | For Office Use | | | | | | | | | | | | Utility Code | | | | | | | | | | | | For Office Use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | I/We hereby authorize | | | | | | | | | | | | Kotak Mahindra Mutual Fund | | | | | | | | | | | | to debit (tick ✓) | | | | | | | | | | | | <input type="checkbox"/> SB | | | | <input type="checkbox"/> CA | | | | <input type="checkbox"/> CC | | | | <input type="checkbox"/> SB-NRE | | | | <input type="checkbox"/> SB-NRO | | | | <input type="checkbox"/> Other | | | | | | | | | |
| | | Bank a/c number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | with Bank | | | | | | | | | | | | | | | | IFSC | | | | | | | | / MICR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | an amount of Rupees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ₹ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FREQUENCY | | <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qlyt <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DEBIT TYPE | | <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference 1 | | Folio Number | | | | | | | | | | | | | | | | Phone No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference 2 | | Application Number | | | | | | | | | | | | | | | | Email ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERIOD <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> From </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> To </div> <div style="text-align: center;"> Maximum period of validity of this mandate is 40 years only </div> | | Maximum period of validity of this mandate is 40 years only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Kotak Mahindra Mutual Fund.
- One Time Debit Mandate Form can be used for Systematic Purchase as well as Lump Sum Purchase.
- OTM Mandate date and OTM Period 'From' and 'To' in the mandate form are mandatory fields.
- Any charges payable by the investor to his/ her bank for registering and honouring this mandate will not be borne by the AMC and for the same to be debited to bank account, the mandate contains necessary authorisation.
- OTM Mandate End date should not be more than 40 years from the OTM Mandate Start date.



kotak
 Mutual Fund

OTM REGISTRATION FORM ACKNOWLEDGEMENT SLIP

(To be filled by Applicant)

DATE

| | | | | | | | |
|----|--|----|--|------|--|--|--|
| | | | | | | | |
| DD | | MM | | YYYY | | | |

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| Folio Number _____ Bank Name _____ Amount _____ Bank Account No. _____ | <div>Official Acceptance Point Stamp & Sign</div> |
| Please retain this Acknowledgement Slip for future reference | |

DATE

| | | | | | | | |
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I. INVESTOR DETAILS

Investor Name

PAN

| | | | | | | | | | |
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| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

* If PAN is not available, specify Folio No.(s)

II. CATEGORY

☐ Our company is a Listed Company on a recognized stock exchange in India/ Subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed# _____

Security ISIN# _____

Name of the Listed Company (applicable if the investor is subsidiary/ associate) _____

Mandatory in case of Listed company or subsidiary of the Listed Company

☐ Unlisted Company

☐ Partnership Firm / LLP

☐ Unincorporated association / body of individuals

☐ Public Charitable Trust

☐ Private Trust

☐ Religious Trust

☐ Trust created by a Will

☐ Others (please specify) _____

UBO/ CONTROLLING PERSON(S) DETAILS

Does your company/ entity have any individual person(s) who holds direct/ indirect controlling ownership above the prescribed threshold limit? ☐ Yes ☐ No

If 'YES'- We hereby declare that the following individual person holds directly/ indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO'- declare that no individual person (directly/ indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

| | UBO-1/ Senior Managing Official (SMO) | UBO-2 | UBO-3 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|
| Name of the UBO/ SMO# | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UBO/ SMO PAN# For Foreign Nationals, TIN to be provided | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UBO/ SMO Country of Tax Residency# | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UBO/ SMO Taxpayer Identification Number/ Equivalent ID Number# | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UBO/ SMO Identity Type | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UBO/ SMO Place & Country of Birth# | Place of Birth _____ Country of Birth _____ | Place of Birth _____ Country of Birth _____ | Place of Birth _____ Country of Birth _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| UBO/ SMO Nationality | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UBO/ SMO Date of Birth# | Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y | Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y | Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | |
| UBO / SMO PEP# | Yes - PEP <input type="checkbox"/> Yes - Related to PEP <input type="checkbox"/> N - Not a PEP <input type="checkbox"/> | Yes - PEP <input type="checkbox"/> Yes - Related to PEP <input type="checkbox"/> N - Not a PEP <input type="checkbox"/> | Yes - PEP <input type="checkbox"/> Yes - Related to PEP <input type="checkbox"/> N - Not a PEP <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| UBO/ SMO 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 | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|------------------------|---|---|---|
| UBO/ SMO's Occupation | <input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others | <input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others | <input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others |
| SMO Designation# | | | |
| UBO/ SMO KYC Complied? | <input type="checkbox"/> YES <input type="checkbox"/> NO If 'Yes,' please attach the KYC acknowledgement If 'No,' complete the KYC & confirm the status | <input type="checkbox"/> YES <input type="checkbox"/> NO If 'Yes,' please attach the KYC acknowledgement If 'No,' complete the KYC & confirm the status | <input type="checkbox"/> YES <input type="checkbox"/> NO If 'Yes,' please attach the KYC acknowledgement If 'No,' complete the KYC & confirm the status |

Mandatory column.

** In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.

L. UNITHOLDER(S) SIGNATURE(S)

I/ We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/ are aware that I/ We may be liable for it including any penalty levied by the statutory/ legal/ regulatory authority. I/ We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/ RTA/ other registered intermediaries can make reliance on the same. I/ We hereby authorize you [RTA/ Fund/ AMC/ Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all/ any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees/ RTAs ('the Authorised Parties') or any Indian or foreign governmental or statutory or judicial authorities/ agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/ revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/ us of the same. Further, I/ We authorise to share the given information to other SEBI Registered Intermediaries/ or any regulated intermediaries registered with SEBI/ RBI/ IRDA/ PFRDA to facilitate single submission/ update & for other relevant purposes. I/ We also undertake to keep you informed in writing about any changes/ modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your/ Fund's end or by domestic or overseas regulators/ tax authorities.

SIGNATURE(S) with relevant Seal

| | | | |
|---------------------|--|--|--|
| SIGNATURE(S) | <div>_____</div> <div> Authorised Signatory</div> | <div>_____</div> <div> Authorised Signatory</div> | <div>_____</div> <div> Authorised Signatory</div> |
| | Name: _____ | Name: _____ | Name: _____ |
| | Designation: _____ | Designation: _____ | Designation: _____ |