

\*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/ Contact Person if Non-Individual Applicant (Section III) | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PAN | Country of Birth | Nationality | Tax Reference Number (for NRI) |
|                                                                    | <b>Gross Annual Income Details</b> in INR (please tick): <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 10 cr<br>or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)<br>Please tick, if applicable, <input type="radio"/> <b>Politically Exposed Person (PEP)</b> <input type="radio"/> <b>Not Politically Exposed Person</b><br>*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. |     |                  |             |                                |

|            |                                                                                                                                                                                                                                                                             |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Section IV | <b>Mode of Operation - Where there is more than one applicant [Please (✓)]</b><br><input type="radio"/> First Applicant only <input type="radio"/> Anyone or Survivor <input type="radio"/> Joint (Default will be any one or survivor, in case of more than one applicant) |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |                  |             |                                |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------|-------------|--------------------------------|
| Power of Attorney (PoA) Holder (Section V) | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PAN | Country of Birth | Nationality | Tax Reference Number (for NRI) |
|                                            | <b>Gross Annual Income Details</b> in INR (please tick): <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 10 cr<br>or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year)<br>Please tick, if applicable, <input type="radio"/> <b>Politically Exposed Person (PEP)</b> <input type="radio"/> <b>Not Politically Exposed Person</b><br>*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. |     |                  |             |                                |

|                                                              |                                                           |          |                                                             |          |
|--------------------------------------------------------------|-----------------------------------------------------------|----------|-------------------------------------------------------------|----------|
| Correspondence Details of Sole/ First Applicant (Section VI) | <b>Address for Communication (Full Address Mandatory)</b> |          | <b>Overseas Address (Mandatory for NRI/ FII Applicants)</b> |          |
|                                                              | House/ Flat No                                            |          | House/ Flat No                                              |          |
|                                                              | Street Address                                            |          | Street Address                                              |          |
|                                                              | City/ Town                                                | State    | City/ Town                                                  | State    |
|                                                              | Country                                                   | Pin Code | Country                                                     | Pin Code |

|                                  |                                                                                                                                                                                                                          |  |                                                                          |  |                                                                                                                           |  |  |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|--|
| Investment Details (Section VII) | Scheme<br><b>KOTAK NIFTY500 MOMENTUM 50 INDEX FUND</b>                                                                                                                                                                   |  | Plan<br>Regular <input type="checkbox"/> Direct <input type="checkbox"/> |  | Option<br>Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> |  |  |
|                                  | Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> Fund Transfer                                                                                                                                   |  | Instrument No.                                                           |  | Dated                                                                                                                     |  |  |
|                                  | Investment Amount                                                                                                                                                                                                        |  | Drawn on                                                                 |  |                                                                                                                           |  |  |
|                                  | Cheque to be drawn in favour of "KOTAK NIFTY500 MOMENTUM 50 INDEX FUND"                                                                                                                                                  |  |                                                                          |  |                                                                                                                           |  |  |
|                                  | Source Account No.:                                                                                                                                                                                                      |  |                                                                          |  |                                                                                                                           |  |  |
|                                  | If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)<br>Account Type : <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others |  |                                                                          |  |                                                                                                                           |  |  |

|                                                                                                                                                                                 |                                                                                                                                                                                                       |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Please enclose a cancelled cheque leaf of this Bank in case your investment cheque is not from this account, else bank details of investment cheque shall be updated for payout |                                                                                                                                                                                                       |           |
| Bank Account Details (Section VIII)                                                                                                                                             | Name of Bank                                                                                                                                                                                          |           |
|                                                                                                                                                                                 | Branch                                                                                                                                                                                                |           |
|                                                                                                                                                                                 | Account No.                                                                                                                                                                                           |           |
|                                                                                                                                                                                 | IFSC Code                                                                                                                                                                                             | MICR Code |
|                                                                                                                                                                                 | 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 (Please specify) |           |
|                                                                                                                                                                                 | This is the 9 digit No. next to your Cheque No.                                                                                                                                                       |           |

|                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                   |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------|------------------------|
| <b>FATCA &amp; CRS INFORMATION [Please tick (✓)], for Individuals (Mandatory). Non Individual investors &amp; HUF should mandatorily fill separate FATCA detail form.</b>                                                                                                                                                                                                  |                                                   |                                   |                        |
| <b>The below information is required for all applicant(s)/guardian</b>                                                                                                                                                                                                                                                                                                     |                                                   |                                   |                        |
| <b>Address Type:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office (for address mentioned in form/existing address appearing in Folio)                                                                                                                                                                 |                                                   |                                   |                        |
| <b>Mandatory Information</b>                                                                                                                                                                                                                                                                                                                                               | <b>First Applicant/ Minor</b>                     | <b>Second Applicant/ Guardian</b> | <b>Third Applicant</b> |
| Place/ City of Birth                                                                                                                                                                                                                                                                                                                                                       |                                                   |                                   |                        |
| Country of Birth                                                                                                                                                                                                                                                                                                                                                           |                                                   |                                   |                        |
| <b>Is the applicant(s) / guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, Please provide the following information [Mandatory]<br>Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below. |                                                   |                                   |                        |
| <b>Category</b>                                                                                                                                                                                                                                                                                                                                                            | <b>First Applicant/ Guardian in case of Minor</b> | <b>Second Applicant/ Guardian</b> | <b>Third Applicant</b> |
| 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]                                                                                                                                                                                                                                                                                                                 |                                                   |                                   |                        |
| <b>** 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.</b><br>Country of Tax Residency Proof to be attached where applicable                                                                                                              |                                                   |                                   |                        |

|                                          |                                                                                                                                                                                                         |                                                 |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Demat<br>Account Details<br>(Section IX) | <b>NSDL</b>                                                                                                                                                                                             | <b>CDSL</b>                                     |
|                                          | DP Name _____                                                                                                                                                                                           | DP Name _____                                   |
|                                          | _____ DP ID _____ Beneficiary Account No. _____                                                                                                                                                         | _____ DP ID _____ 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. |                                                 |

| <p>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.</p> |                                                                                                                                                                                      |                                                                                                                                                                                      |                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NOMINEE DETAILS                                                                                                                                                                                                                                                                                                                                                                         | NOMINEE 1                                                                                                                                                                            | NOMINEE 2                                                                                                                                                                            | NOMINEE 3                                                                                                                                                                            |
| Name of the Nominee                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                      |                                                                                                                                                                                      |                                                                                                                                                                                      |
| (%) of Allocation**                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                      |                                                                                                                                                                                      |                                                                                                                                                                                      |
| Relationship with Sole/ First Unit-holder                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                      |                                                                                                                                                                                      |                                                                                                                                                                                      |
| Postal Address                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                      |                                                                                                                                                                                      |
| Mobile No. & Email ID                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                      |                                                                                                                                                                                      |                                                                                                                                                                                      |
| DOB of Nominee (if Minor)                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                      |                                                                                                                                                                                      |                                                                                                                                                                                      |
| Identity Document<br>(Tick any one option)                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> PAN Card<br><input type="radio"/> Aadhaar ( last 4 Digits)<br><input type="radio"/> Driving Licence<br><input type="radio"/> Passport (only for NRI/ PIO/ OCI) | <input type="radio"/> PAN Card<br><input type="radio"/> Aadhaar ( last 4 Digits)<br><input type="radio"/> Driving Licence<br><input type="radio"/> Passport (only for NRI/ PIO/ OCI) | <input type="radio"/> PAN Card<br><input type="radio"/> Aadhaar ( last 4 Digits)<br><input type="radio"/> Driving Licence<br><input type="radio"/> Passport (only for NRI/ PIO/ OCI) |
| Identity Document No.***                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                      |                                                                                                                                                                                      |                                                                                                                                                                                      |

\*\*If % is not specified, then the assets shall be distributed equally amongst all the nominees.

\*\*\*Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). Copy of the documents is not required. For NRI/OCI/PIO, Passport number id acceptable.

**DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)**

|                            |     |                         |                       |
|----------------------------|-----|-------------------------|-----------------------|
| Name & Address of Guardian | PAN | Relationship with Minor | Signature Of Guardian |
|----------------------------|-----|-------------------------|-----------------------|

**NOMINEE DETAILS TO BE PRINTED IN STATEMENT OF HOLDING** (*Mandatory - tick any one below*):

I/We want the details of me/our nominee to be printed in the statement of holding or statement of account, provided to me/us by the AMC as follows:

☐ Nomination: Yes/ No                      ☐ Name of Nominee(s)

If no option is selected, the account statement will by default display the nomination status as ‘Nomination: Yes/ No’ without revealing nominee name(s).

**NO NOMINATION**

☐ I /We hereby confirm that I /We **do not wish to appoint any nominee(s)** for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

|                                                                                    |                                          |                                |                                |
|------------------------------------------------------------------------------------|------------------------------------------|--------------------------------|--------------------------------|
| POA holder cannot nominate.<br>Hence, sole/ all joint holder applicants must sign. | <b>First/ Sole Unitholder: Signature</b> | <b>Unitholder 2: Signature</b> | <b>Unitholder 3: Signature</b> |
|------------------------------------------------------------------------------------|------------------------------------------|--------------------------------|--------------------------------|

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Declaration and Signatures<br>(Section XI) | <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><b>Applicable to NRIs seeking repatriation of redemption proceeds:</b> 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><b>FATCA &amp; CRS Declaration:</b> I/We have understood the information requirements of this Form (read along with FATCA &amp; 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 &amp; CRS Terms and Conditions and hereby accept the same. (Refer guideline No. 11).</p> <p><b>Nomination:</b> I/ We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same.</p> <p><b>KYC Declaration:</b></p> <ul style="list-style-type: none"> <li>I/ We hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/ directions issued by any governmental or statutory authority from time to time</li> <li>I/ We hereby consent to receiving information from Central KYC Registry through SMS/ E-mail on the above registered number/ email address. I also providing consent to MF/ AMC/ KRA to share this KYC data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/ Rules/ SEBI guidelines.</li> <li>I/ We hereby consent to receiving information from central KYC Registry through SMS/ E-mail on the above registered number/email address and to download the information from CKYCR.</li> <li>I/ We am/ are providing the consent to MF/ RTA/ SEBI registered intermediary to share this KYC data/ applicable Aadhaar XML data with KRA and share the data to other participating intermediaries as mandate by PMLA Act/ Rules/ SEBI guidelines.</li> <li>I/ We hereby declare that the details furnished above are true &amp; correct to the best of my knowledge and undertake to inform KMAC of any changes therein immediately, and I/we approve the usage of these contact details for any communication with KMAC. Please note all kinds of investor communication, Transaction Information, Statement of Account, Annual Report and other kind of communication will be sent through email only instead of physical, for investors who provide their email address.</li> </ul> |  |  |
|                                            | <p><b>SIGNATURE(S)</b><br/>(To be signed by All Applicants)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                            | <p>Sole / First Applicant</p> <p>Second Applicant</p> <p>Third Applicant</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
|                                            | <p><b>Please tick if the investment is operated as POA / Guardian</b>      <input type="checkbox"/> POA    <input type="checkbox"/> Guardian      <b>Note :</b> If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |

| Checklist                                                                                                                                                      | <p><b>Please ensure that:</b></p> <p>☞ Your Application Form is complete in all respects &amp; signed by all applicants:</p> <ul style="list-style-type: none"> <li>■ Name, Address and Contact Details are mentioned in full.</li> <li>■ Bank Account Details are entered completely and correctly. 11-digit IFSC Code of your Bank is correctly updated in the Application Form.</li> <li>■ <b>Permanent Account Number (PAN)</b> Mandatory for all Investors (Indian &amp; NRI) Irrespective of the Investment amount.</li> <li>■ <b>Know Your Client (KYC)</b> Mandatory for irrespective of the amount of investment (please refer the guideline 2(d) for more information)</li> <li>■ Please ensure that Relationship is correctly provided, in case of Mobile Number &amp; Email Address. For investment under HUF capacity, if mobile number and e-mail address is provided of the Karta, please select relationship as 'Custodian'.</li> </ul> <p>☞ Your Investment Cheque is drawn in favour of &lt; <b>Scheme Name</b> &gt; dated and signed.</p> <p>☞ Application Number is mentioned on the face of the cheque.</p> <p>☞ A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form.</p> <p>☞ Documents as listed below are submitted along with the Application form (as applicable to your specific case)</p> |           |        |           |                   |          |     |                                          |          |           |        |           |                   |          |     |                                          |                                         |   |   |   |   |  |   |  |                                                              |   |   |   |   |  |   |   |                                         |   |  |  |  |  |  |  |               |  |   |  |  |  |  |  |             |  |  |   |  |  |  |  |                     |  |  |  |   |  |  |  |                                |  |  |  |  |  |  |   |                                                                             |  |  |  |  |   |   |  |
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|                                                                                                                                                                | <table border="1"> <thead> <tr> <th>Document</th> <th>Companies</th> <th>Trusts</th> <th>Societies</th> <th>Partnership Firms</th> <th>NRI/PIOs</th> <th>FIs</th> <th>Investments through Constituted Attorney</th> </tr> </thead> <tbody> <tr> <td>1. Resolution / Authorisation to invest</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td></td> <td>✓</td> <td></td> </tr> <tr> <td>2. List of Authorised Signatories with Specimen Signature(s)</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td></td> <td>✓</td> <td>✓</td> </tr> <tr> <td>3. Memorandum &amp; Articles of Association</td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. Trust Deed</td> <td></td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. Bye-Laws</td> <td></td> <td></td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. Partnership Deed</td> <td></td> <td></td> <td></td> <td>✓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7. Notarised Power of Attorney</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td>8. Account Debit/ Foreign inward Remittance Certificate from remitting Bank</td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> <td>✓</td> <td></td> </tr> </tbody> </table>                                                                                       |           |        |           |                   |          |     |                                          | Document | Companies | Trusts | Societies | Partnership Firms | NRI/PIOs | FIs | Investments through Constituted Attorney | 1. Resolution / Authorisation to invest | ✓ | ✓ | ✓ | ✓ |  | ✓ |  | 2. List of Authorised Signatories with Specimen Signature(s) | ✓ | ✓ | ✓ | ✓ |  | ✓ | ✓ | 3. Memorandum & Articles of Association | ✓ |  |  |  |  |  |  | 4. Trust Deed |  | ✓ |  |  |  |  |  | 5. Bye-Laws |  |  | ✓ |  |  |  |  | 6. Partnership Deed |  |  |  | ✓ |  |  |  | 7. Notarised Power of Attorney |  |  |  |  |  |  | ✓ | 8. Account Debit/ Foreign inward Remittance Certificate from remitting Bank |  |  |  |  | ✓ | ✓ |  |
|                                                                                                                                                                | Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Companies | Trusts | Societies | Partnership Firms | NRI/PIOs | FIs | Investments through Constituted Attorney |          |           |        |           |                   |          |     |                                          |                                         |   |   |   |   |  |   |  |                                                              |   |   |   |   |  |   |   |                                         |   |  |  |  |  |  |  |               |  |   |  |  |  |  |  |             |  |  |   |  |  |  |  |                     |  |  |  |   |  |  |  |                                |  |  |  |  |  |  |   |                                                                             |  |  |  |  |   |   |  |
|                                                                                                                                                                | 1. Resolution / Authorisation to invest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ✓         | ✓      | ✓         | ✓                 |          | ✓   |                                          |          |           |        |           |                   |          |     |                                          |                                         |   |   |   |   |  |   |  |                                                              |   |   |   |   |  |   |   |                                         |   |  |  |  |  |  |  |               |  |   |  |  |  |  |  |             |  |  |   |  |  |  |  |                     |  |  |  |   |  |  |  |                                |  |  |  |  |  |  |   |                                                                             |  |  |  |  |   |   |  |
|                                                                                                                                                                | 2. List of Authorised Signatories with Specimen Signature(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ✓         | ✓      | ✓         | ✓                 |          | ✓   | ✓                                        |          |           |        |           |                   |          |     |                                          |                                         |   |   |   |   |  |   |  |                                                              |   |   |   |   |  |   |   |                                         |   |  |  |  |  |  |  |               |  |   |  |  |  |  |  |             |  |  |   |  |  |  |  |                     |  |  |  |   |  |  |  |                                |  |  |  |  |  |  |   |                                                                             |  |  |  |  |   |   |  |
|                                                                                                                                                                | 3. Memorandum & Articles of Association                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ✓         |        |           |                   |          |     |                                          |          |           |        |           |                   |          |     |                                          |                                         |   |   |   |   |  |   |  |                                                              |   |   |   |   |  |   |   |                                         |   |  |  |  |  |  |  |               |  |   |  |  |  |  |  |             |  |  |   |  |  |  |  |                     |  |  |  |   |  |  |  |                                |  |  |  |  |  |  |   |                                                                             |  |  |  |  |   |   |  |
|                                                                                                                                                                | 4. Trust Deed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | ✓      |           |                   |          |     |                                          |          |           |        |           |                   |          |     |                                          |                                         |   |   |   |   |  |   |  |                                                              |   |   |   |   |  |   |   |                                         |   |  |  |  |  |  |  |               |  |   |  |  |  |  |  |             |  |  |   |  |  |  |  |                     |  |  |  |   |  |  |  |                                |  |  |  |  |  |  |   |                                                                             |  |  |  |  |   |   |  |
|                                                                                                                                                                | 5. Bye-Laws                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |        | ✓         |                   |          |     |                                          |          |           |        |           |                   |          |     |                                          |                                         |   |   |   |   |  |   |  |                                                              |   |   |   |   |  |   |   |                                         |   |  |  |  |  |  |  |               |  |   |  |  |  |  |  |             |  |  |   |  |  |  |  |                     |  |  |  |   |  |  |  |                                |  |  |  |  |  |  |   |                                                                             |  |  |  |  |   |   |  |
|                                                                                                                                                                | 6. Partnership Deed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |        |           | ✓                 |          |     |                                          |          |           |        |           |                   |          |     |                                          |                                         |   |   |   |   |  |   |  |                                                              |   |   |   |   |  |   |   |                                         |   |  |  |  |  |  |  |               |  |   |  |  |  |  |  |             |  |  |   |  |  |  |  |                     |  |  |  |   |  |  |  |                                |  |  |  |  |  |  |   |                                                                             |  |  |  |  |   |   |  |
|                                                                                                                                                                | 7. Notarised Power of Attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |        |           |                   |          |     | ✓                                        |          |           |        |           |                   |          |     |                                          |                                         |   |   |   |   |  |   |  |                                                              |   |   |   |   |  |   |   |                                         |   |  |  |  |  |  |  |               |  |   |  |  |  |  |  |             |  |  |   |  |  |  |  |                     |  |  |  |   |  |  |  |                                |  |  |  |  |  |  |   |                                                                             |  |  |  |  |   |   |  |
| 8. Account Debit/ Foreign inward Remittance Certificate from remitting Bank                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |        |           | ✓                 | ✓        |     |                                          |          |           |        |           |                   |          |     |                                          |                                         |   |   |   |   |  |   |  |                                                              |   |   |   |   |  |   |   |                                         |   |  |  |  |  |  |  |               |  |   |  |  |  |  |  |             |  |  |   |  |  |  |  |                     |  |  |  |   |  |  |  |                                |  |  |  |  |  |  |   |                                                                             |  |  |  |  |   |   |  |
| All documents in 1 to 8 above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |        |           |                   |          |     |                                          |          |           |        |           |                   |          |     |                                          |                                         |   |   |   |   |  |   |  |                                                              |   |   |   |   |  |   |   |                                         |   |  |  |  |  |  |  |               |  |   |  |  |  |  |  |             |  |  |   |  |  |  |  |                     |  |  |  |   |  |  |  |                                |  |  |  |  |  |  |   |                                                                             |  |  |  |  |   |   |  |

## GUIDELINES FOR FILLING UP THE APPLICATION FORM

### 1. GENERAL INFORMATION

- Please fill up the Application Form legibly in English in CAPITAL LETTERS.
- Please read this Memorandum and the respective SAI/ 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 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 5 days.
- Any correction / over writing in the application form must be signed by the investor.
- If the Name given in the application is not matching PAN card, application may be liable to get rejected or further transactions may be liable to get rejected.
- AMC shall not be responsible for direct credit rejects or / payout delays due to incorrect/ incomplete information provided by investor.
- In terms of SEBI Circular No. SEBI/IMD/CIR No. 4/168230/09 dated June 30, 2009, no entry load will be charged on purchase / additional purchase / switch-in. The commission as specified in the aforesaid circular, if any, on investment made by the investor shall be paid by the investor directly to the Distributor, based on his assessment of various factors including the service rendered by the 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.
- In case of investments in the name of a minor, purchase has to be from minor account or from joint account with guardian (Parent/ Court Appointed) only. The registered guardian in the bank account of the minor should be the same guardian as mentioned in the folio/application. This will ensure seamless payment of redemption/ IDCW amount to the minor's account. Please furnish valid proof of Date of Birth of minor.
- If the name is not mentioned as per the PAN card, the name will be captured as per the PAN Card if attached.
- If the balance in the scheme/ plan is less than the request amount/ units of redemption request, then the redemption transaction shall be processed for all available units in the scheme/ plan.
- If you have opted to redeem/ switch-out 'All Units Free from Exit Load', then the same shall be processed only on FIFO basis.

### 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 XI.  
Your personal information and bank account details updated in your existing 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.
- 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.
- Know Your Client (KYC)  
With reference to SEBI Circular MIRD/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.
- If you are KYC Complaint, 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 case.

- Payment for investment by any mode shall be accepted from the bank account of the minor, parent or legal guardian of the minor or from a joint account of the minor with parent or legal guardian.
- Custodian on behalf of an FI or a client.

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

- The Demat Account Details section on the investment application form needs to be completely filled
- 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.
- The units will be credited to the Demat Account only post realisation of payment.
- The nomination details as registered with the Depository Participant shall be applicable to unitholders who have opted to hold units in Demat mode.
- 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.
- 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.
- 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.
- 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.
- The option of holding units in demat form is not being currently offered for investment in IDCW option of schemes/ plans having IDCW frequency of less than a month (ie: Investments in all Daily, Weekly and Fortnightly IDCW Schemes cannot be held in Demat mode)
- 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.
- Please enclose a cancelled Cheque leaf of your Bank in case your investment cheque is not from the same account.

# GUIDELINES FOR FILLING UP THE APPLICATION FORM

## 6. E-MAIL COMMUNICATION

If the investor has provided an email address, the same will be registered in our records and will be treated as your consent to receive, Allotment confirmations, consolidated account statement/account statement, annual report/abridged summary and any statutory / other information as permitted via electronic mode /email. These documents shall be sent physically in case the Unit holder opts/request for the same. The AMC / Trustee reserve the right to send any communication in physical mode.

## 7. INVESTMENT DETAILS

- Cheques should be crossed "A/c Payee Only" and drawn in favour of the Scheme in which you propose to invest. In case of discrepancy between the scheme name mentioned in the investment application form and cheque, the units will be allotted as per scheme name mentioned on the investment application form.
- If you are residing/ located in a city/ town where we do not have an Official Acceptance Point, please draw a Cheque payable at par and submit at your nearest city/ town where we have an Official Acceptance Point.
- Payments by Cash, Stock invests, Outstation Cheques, Non-MICR Cheques will not be accepted. Post dated cheques will not be accepted except for investments made under Systematic Investment Plan.
- NRI investors are requested to provide debit certificate from their bank for each investment.
- If you are submitting a single cheque for investment in more than 1 schemes/ plan, then please ensure that your investment cheque is drawn in the name of 'Kotak Mahindra Mutual Fund'.**

## 8. NOMINATION DETAILS

- The nomination can be made only by individuals applying for/ holding units on their own behalf, singly or jointly.
- You can make nomination or change nominee any number of times without any restriction.
- Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu Undivided Family, a Power of Attorney holder and/ or Guardian of Minor unitholder cannot nominate.
- Nomination is not allowed in a folio of a Minor Unitholder.
- If the units are held jointly (i.e., in case of multiple unitholders in the folio), the nomination form can be signed by any or all holders, as per the mode of operation of the folio.
- 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.
- The Nominee shall not be a trust (other than a religious or charitable trust), Society, Body Corporate, Partnership Firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
- A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
- Multiple Nominees: Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the percentage of allocation/share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees. Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.
- Every new nomination for a folio/ account shall overwrite the existing nomination, if any.
- Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio/ account.

- Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominees share will be distributed on pro rata basis to surviving nominees.
- Death of Unitholder(s): In the event of the unitholder's death, the surviving joint holder(s) shall have the right to continue, modify, or revoke the previously made nominations.
- The Nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
- In respect of folios/ accounts where the Nomination has been registered, the AMC will not entertain any request for transmission/ claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.

- Employee Unique Identification Number (EUIDN):** SEBI has made it compulsory for every employee/ relationship manager/ sales person of the distributor of mutual fund products to quote the EUIDN obtained by him/her from AMFI in the Application Form. EUIDN 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 EUIDN is correctly filled up in the Application Form.

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

- 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.

## 11. DECLARATION AND SIGNATURES

- 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.
- Applications by minors must be signed on their behalf by their guardians.
- 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.

**(Application not complying with any of the above instructions/ guidelines would be liable to be rejected.)**



**Acknowledgement of: KOTAK NIFTY500 MOMENTUM 50 INDEX FUND**  
(To be filled in by the Applicant)

**Appl. KOTAK NIFTY500 MOMENTUM 50 INDEX FUND**

Received from Mr/ Ms/ M/s \_\_\_\_\_

along with cheque No.\* \_\_\_\_\_ dated \_\_\_\_\_

Drawn on (Bank) \_\_\_\_\_ for Rs. (in figures)/ (Amount) \_\_\_\_\_

\*Cheques and drafts are subject to realisation.

Stamp of Kotak AMC Office/ Authorised  
Collection Centre

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**KOTAK MAHINDRA MUTUAL FUND**

6th Floor, Kotak Infinity, Building No. 21, Infinity Park,  
Off. Western Express Highway, Gen.A.K. Vaidya Marg,  
Malad (E), Mumbai - 400 097.

☎ 1800 309 1490 (Toll-free), 044-4022 9101

🌐 [www.kotakmf.com](http://www.kotakmf.com)

**Computer Age Management Services Ltd.**

No 178/10, Kodambakkam High Road,  
Ground Floor, Opp. Hotel Palmgrove,  
Nungambakkam, Chennai - 600034.

☎ 044 6110 4034

✉ [enq\\_k@camsonline.com](mailto:enq_k@camsonline.com) 🌐 [www.camsonline.com](http://www.camsonline.com)



### 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](http://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 <sup>#</sup> | 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."

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

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 : \_\_\_\_\_

| PAN | Sole / First Holder | Second Holder | Third Holder |
|-----|---------------------|---------------|--------------|
|-----|---------------------|---------------|--------------|

Note: Name shall be as per PAN card only

## ONE TIME MANDATE REGISTRATION FORM

|                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                         |  |  |  |  |  |  |  |                                                                                                                                                                                                                                |  |  |  |  |  |  |  |      |  |                                  |  |  |  |  |  |  |  |  |  |                                                                                                     |  |  |  |                             |  |  |  |                             |  |                             |  |                                 |  |  |  |                                 |  |  |  |                                |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|--|--|--|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|------|--|----------------------------------|--|--|--|--|--|--|--|--|--|-----------------------------------------------------------------------------------------------------|--|--|--|-----------------------------|--|--|--|-----------------------------|--|-----------------------------|--|---------------------------------|--|--|--|---------------------------------|--|--|--|--------------------------------|--|--|--|
| <b>TICK (✓)</b><br><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                           |  |  |  |  |  |  |  |  |  |                                                                                                     |  |  |  |                             |  |  |  |                             |  |                             |  |                                 |  |  |  |                                 |  |  |  |                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                     |  | an amount of Rupees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                         |  |  |  |  |  |  |  |                                                                                                                                                                                                                                |  |  |  |  |  |  |  |      |  |                                  |  |  |  |  |  |  |  |  |  |                                                                                                     |  |  |  |                             |  |  |  |                             |  | ₹                           |  |                                 |  |  |  |                                 |  |  |  |                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                     |  | 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                         |  |  |  |  |  |  |  |  |  |                                                                                                     |  |  |  |                             |  |  |  |                             |  |                             |  |                                 |  |  |  |                                 |  |  |  |                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                     |  | 1. I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank. 2.This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. 3. I understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to the user entity/ corporate or the bank where I have authorised the debit. |  |                         |  |  |  |  |  |  |  |                                                                                                                                                                                                                                |  |  |  |  |  |  |  |      |  |                                  |  |  |  |  |  |  |  |  |  |                                                                                                     |  |  |  |                             |  |  |  |                             |  |                             |  |                                 |  |  |  |                                 |  |  |  |                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                     |  | PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                         |  |  |  |  |  |  |  | Maximum period of validity of this mandate is 40 years only                                                                                                                                                                    |  |  |  |  |  |  |  |      |  |                                  |  |  |  |  |  |  |  |  |  |                                                                                                     |  |  |  |                             |  |  |  |                             |  |                             |  |                                 |  |  |  |                                 |  |  |  |                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                     |  | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                         |  |  |  |  |  |  |  | To                                                                                                                                                                                                                             |  |  |  |  |  |  |  |      |  | Signature Primary Account holder |  |  |  |  |  |  |  |  |  | Signature of Account holder                                                                         |  |  |  |                             |  |  |  |                             |  | Signature of Account holder |  |                                 |  |  |  |                                 |  |  |  |                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                     |  | Maximum period of validity of this mandate is 40 years only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                         |  |  |  |  |  |  |  | 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<sup>®</sup>**  
 Mutual Fund

## OTM REGISTRATION FORM ACKNOWLEDGEMENT SLIP

(To be filled by Applicant)

DATE 

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

Folio Number   
 Bank Name  Amount   
 Bank Account No.

Official Acceptance Point  
Stamp & Sign

Please retain this Acknowledgement Slip for future reference

DATE 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

## I. INVESTOR DETAILS

Investor Name

PAN

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

\* 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#<br>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 _____<br>Country of Birth _____                                                                                                                                  | Place of Birth _____<br>Country of Birth _____                                                                                | Place of Birth _____<br>Country of Birth _____                                                                                |   |   |   |   |   |   |                                                                                                                                                                                 |   |   |   |   |   |   |   |   |                                                                                                                                                                                 |   |   |   |   |   |   |   |   |
| UBO/ SMO Nationality                                           |                                                                                                                                                                                 |                                                                                                                               |                                                                                                                               |   |   |   |   |   |   |                                                                                                                                                                                 |   |   |   |   |   |   |   |   |                                                                                                                                                                                 |   |   |   |   |   |   |   |   |
| UBO/ SMO Date of Birth#                                        | Date <table border="1" style="display: inline-table; vertical-align: middle;"><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" style="display: inline-table; vertical-align: middle;"><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" style="display: inline-table; vertical-align: middle;"><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"/><br>Yes - Related to PEP <input type="checkbox"/><br>N - Not a PEP <input type="checkbox"/>                                                   | Yes - PEP <input type="checkbox"/><br>Yes - Related to PEP <input type="checkbox"/><br>N - Not a PEP <input type="checkbox"/> | Yes - PEP <input type="checkbox"/><br>Yes - Related to PEP <input type="checkbox"/><br>N - Not a PEP <input type="checkbox"/> |   |   |   |   |   |   |                                                                                                                                                                                 |   |   |   |   |   |   |   |   |                                                                                                                                                                                 |   |   |   |   |   |   |   |   |
| UBO/ SMO Address Type                                          | <input type="checkbox"/> Residence<br><input type="checkbox"/> Business<br><input type="checkbox"/> Registered Office                                                           | <input type="checkbox"/> Residence<br><input type="checkbox"/> Business<br><input type="checkbox"/> Registered Office         | <input type="checkbox"/> Residence<br><input type="checkbox"/> Business<br><input type="checkbox"/> Registered Office         |   |   |   |   |   |   |                                                                                                                                                                                 |   |   |   |   |   |   |   |   |                                                                                                                                                                                 |   |   |   |   |   |   |   |   |

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

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