

IMPORTANT: Please strike off the section(s) that is (are) not used by you to prevent any unauthorised use. DATE

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A. UNIT HOLDER INFORMATION

Folio No/s.

Sole / First Unit Holder

B. PAN AND KYC UPDATION Please enclose: ☐ Self-attested copy of PAN card ☐ KYC Acknowledgement

Sole/ First Applicant <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	Guardian <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
Second Applicant <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	(in case Sole/ First Applicant is a minor)
Third Applicant <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	

C. NEW CONTACT DETAILS

1st Unitholder Mobile:

Mobile belongs to: ☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Custodian ☐ POA ☐ PMS
1st Unitholder E-mail:

Mobile belongs to: ☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Custodian ☐ POA ☐ PMS

2nd Unitholder Mobile:

Mobile belongs to: ☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Custodian ☐ POA ☐ PMS
2nd Unitholder E-mail:

Mobile belongs to: ☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Custodian ☐ POA ☐ PMS

3rd Unitholder Mobile:

Mobile belongs to: ☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Custodian ☐ POA ☐ PMS
3rd Unitholder E-mail:

Mobile belongs to: ☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Custodian ☐ POA ☐ PMS

^ On providing e-mail address, investors shall mandatorily receive scheme wise annual report or an abridged summary thereof account statements/statutory and other documents by e-mail. It is deemed that the unit holder is aware of all the security risks associated with online communication, including possible third party interceptions of documents sent via e-mail

D. CONSOLIDATION OF FOLIOS [Refer instructions, section A]

I/ We wish to consolidate all my/ our investments under specified source folios into one folio.

				Target folio~ [MANDATORY] : <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>

E. CHANGE IN BANK MANDATE

Bank Name:

 Branch & City:

Bank A/c No.:

 A/c Type: ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ Other PLEASE SPECIFY
IFSC Code

- | | |
|--|--|
| <input type="checkbox"/> For Bank Account currently registered with Kotak Mahindra Mutual Fund (any of the following):
<input type="checkbox"/> A cancelled original Cheque Leaf
<input type="checkbox"/> Photocopy of Passbook or Bank Statement (self-attested)
<input type="checkbox"/> Bank Letter (confirming investor PAN & Address proof as per AMC records) | <input type="checkbox"/> For New Bank Account (any of the following)
Kotak Mahindra Mutual Fund (any of the following):
<input type="checkbox"/> A cancelled original Cheque Leaf
<input type="checkbox"/> Photocopy of Passbook or Bank Statement (self-attested)
<input type="checkbox"/> Bank Letter (confirming investor PAN & Address proof as per AMC records) |
|--|--|

All cancelled cheque leaves to be submitted in original. If photocopy of Old or New Bank Proof document is submitted, then it should be self-attested and OSV to be done by AMC or CAMS ISC. Investor Name should be pre-printed on Cheque Leaf. If the same is not pre-printed, then Bank Account Statement/ Passbook Copy also needs to be submitted with the Cancelled Cheque Leaf.

F. ADDITIONAL KYC INFORMATION [Please ✓ whichever is applicable]

Occupation	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Home Maker	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others <u>Please specify</u>
The applicant is	<input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Not Politically Exposed Person				
Gross Annual Income	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1 crore <input type="checkbox"/> >1 crore				

Non-Profit Organisation" [NPO] ☐ Yes ☐ No

We are falling under "Non-Profit Organisation" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

If yes, please quote the NPO Registration Number provided by DARPAN portal:

(If not registered already, please register immediately and confirm with the above information. In absence of receipt of the DARPAN portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable)

G. FATCA & CRS INFORMATION For Individual Investors including Sole Proprietor

(Non Individual Investors should mandatorily fill separate FATCA detail form)

Details	1st Applicant	2nd Applicant	3rd Applicant	Guardian/ POA
Place & Country of Birth				
Nationality				
Are you a tax resident of any other country other than India	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: Mandatory to enclose FATCA/ CRS Annexure				

H. CHANGE IN MODE OF HOLDING (All Joint Holders should sign as per existing unit holding, even in case of "Any one or Survivor")

☐ "Joint " To "Anyone or Survivor" ☐ "Anyone or Survivor" To "Joint"

I. POWER OF ATTORNEY (POA) ☐ Registration ☐ Cancellation * Please refer instructions for the documents to be submitted

Name of POA Holder

PAN of POA:

J. REVALIDATION OF INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION/ REDEMPTION CHEQUE

Cheque No.: Cheque Date: Cheque Amount:

☐ I/ We request you to cancel the above instrument and credit the proceeds to my bank as per details registered in the folio indicated above, in Section 'E'

K. SIP PAUSE

Scheme Kotak Plan ☒ Regular ☐ Direct

Option ☒ Growth ☐ IDCW Payout ☐ IDCW Reinvestment

SIP Amount SIP Date SIP Frequency ☒ Monthly ☐ Quarterly

I / We would like to pause my/ our SIP instalments as per details below

☐ 1 month ☐ 2 months ☐ 3 months ☐ 1 quarter (Quarterly SIPs can be paused only for 1 quarter).

Starting The SIP Pause request should be submitted atleast 15 days prior to the next SIP date.

L. CANCELLATION OF REGISTRATION FOR SYSTEMATIC TRANSACTIONS (Cease of SIP/ STP/ SWP)

I / We would like to cancel my/our registration for ☐ SIP ☐ STP ☐ SWP as per details below:

From Scheme Kotak Plan ☒ Regular ☐ Direct

Option ☒ Growth ☐ IDCW Payout ☐ IDCW Reinvestment

To Scheme Kotak Plan ☒ Regular ☐ Direct

Option ☒ Growth ☐ IDCW Payout ☐ IDCW Reinvestment #Applicable for STP only

Installment Date Installment Amount

Frequency ☐ Daily* ☐ Weekly* ☐ Monthly ☐ Quarterly ☐ Annual *Daily & Weekly frequency is applicable only for STP. Annual facility available only for SWP

M. UNITHOLDER(S) SIGNATURE(S)

- To be signed by all unitholders, if mode of holding is joint. In case you have opted for registration/ cancellation of nomination and/ or consolidation of folios, all joint holders should sign, even in case of 'Anyone or Survivor'.
- Alterations in the form, if any should be countersigned.

Declaration:

"I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. I/ We further agree and confirm that in the event there is any discrepancy between the information provided herein and the supporting documents, the AMC/ Mutual Fund shall be entitled to reject the form. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected."

SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint')

SIGNATURE(S)

Signature of Sole/ First Unit-holder

Signature of Second Unit-holder

Signature of Third Unit-holder

INSTRUCTIONS

A. Instructions for Consolidation of Folios

1. Folios can be consolidated only if names of the all unit holders (and the pattern of holding), tax status, bank account details, nomination and mode of operation (single/joint/ either or survivor) are same in all source folios
2. All joint holders must sign on consolidation requests irrespective of the mode of operation (single/ joint/ either or survivor) in the source folios.
3. Folios once consolidated cannot be separated.
4. Consolidation is effected at the folio level and not at the scheme level.
5. Please use a separate form for additional folios.

B. 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.

C. CONTACT DETAILS:

Applicants should provide contact information such as email address, mobile number and other telephone numbers. The fund sends transaction information and alerts via email and SMS, which will assist them keep track of the activities in the folio. The investors should provide primary account holder's own email ID and mobile number while providing the contact details.

D. MODE OF HOLDING

Joint Applicants who wish to change their mode of holding from "Anyone or Survivor" to "Joint Holding" or vice versa should use this section and hereby agree that after the updation of new mode of holding/operation, any request based on previous holding/operation will not be honored by the fund.

E. SYSTEMATIC TRANSACTIONS CANCELLATION (SIP/ SWP/ STP)

1. Discontinuation Policy: Investors can discontinue their systematic transactions by providing sufficient notice as follows: SIP - 2 days, STP/ SWP - 7 days.
2. SIP cancellation request will be processed within two working days from the date of submission of a valid request. However, if the next SIP date falls within ten days from the request date, the debit will occur for that installment and SIP will be ceased from the subsequent month.
3. Please use separate cancellations forms for different schemes in the same folio or different folios.
4. Please use separate cancellations forms Debit Mandate/ Standing Instruction. For multiple SIPs fill multiple form, please ensure that all the said parameters are mentioned. Else the form may be liable for rejection.
5. In the absence of sufficient number of days as mentioned above the cancellations would be effected from the next eligible cycle date.
6. In case of joint holders in the folio, the form needs to be signed by either one of the holders or all the holders depending upon the mode of holding.
7. Investor needs to ensure that the details mentioned in the SIP/ STP/ SWP cancellation form are correctly filled in.
8. In case of any ambiguity the SIP/ STP/ SWP cancellation is liable for rejection either at the collection point itself or subsequently after detailed scrutiny/ verification at the back office of the Registrar.

F. REVALIDATION OF IDCW/ REDEMPTION CHEQUE - MANDATORY ENCLOSURE/S

Please submit any one of the following Documents in case of change in bank details

- A cancelled original cheque leaf/ Self attested copy of cancelled cheque
- Bank statement or Latest Passbook (Having entries not more than 3 months old)
- Bank Letter

1. If a cheque is being submitted, account number and name of the first unit holder should be printed on the face of the cheque
2. The document being submitted should clearly evidence the bank name, account number and name of all account holders.
3. In the event of a request for change in bank account mandate being invalid/ incomplete/ not satisfaction in any respect/ or not meeting any requirements to the satisfaction of the AMC/ Mutual Fund, the request for such change may not be processed. Redemptions/ IDCW payments, if any, will be processed and paid to the last registered bank account information.
4. AMC/ Mutual Fund will not be liable in case the redemption/ IDCW proceeds are credited to existing bank mandate account upon rejection of change of bank mandate request.

G. GENERAL INSTRUCTIONS

1. Alterations in the form, if any, should be countersigned.
2. AMC/ Mutual Fund reserves the right to carry out additional/ alternate validations to ascertain authenticity of any above request.

