Systematic Transfer / Withdrawal Form Strike off sections that are not applicable

Distributor's ARN/ RIA Code# Sub-Broker's ARN Sub-Broker's Code EUIN ARN-87761 E075033

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)

"//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."

NATURE(S)	Contraction Accellent	ant	<u>A</u>	Second Applicant			Third App
G		To bo	cigned by All	Applicants if made of on	oration is "lo	int"	

kotak[®] Mutual Fund

To be signed by **All Applicants** if mode of operation is **"Joint"** Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor.

Investor's Information Folio No. (For Existing Investors)		Application No. (For New Investors, Please attach the application form)		
Sole/ First Applicant		Second Applicant	Third Applicant	
Name of Applicant		Name of Applicant	Name of Applicant	
PAN		PAN	PAN	
Aadhaar No.		Aadhaar No.	Aadhaar No.	
Date of Birth		Date of Birth	Date of Birth	
CKYC No.		CKYC No.	CKYC No.	
E-mail		E-mail	E-mail	

Systematic transfer Plan								
From	Growth Dividend IS O Payout OR O Re-investment							
Scheme Plan	Option (Please ✓) Dividend Frequency							
To Scheme Plan	□ Growth □ Dividend II O Payout OR O Re-investment Option (Please ✓) Dividend Frequency							
Transfer Option (Please ✓) □ Fixed Sum OR								
Frequency □ Daily □ Weekly Specify Day (Please ✓) (Please mention any day between Monday to Friction and the provided of the more service) □ Monthly □ Quarterly Specify Date (Please mention any date of the more service) □ Monthly □ Quarterly Specify Date	Transfer Period To mm/yyyy OR Till further instruction							
Systematic Withdrawal Plan								
Growth □ Dividend Image: Option (Please ✓) Dividend Frequency								
Withdrawal Option (Please ✓) □ Fixed Sum OR □ Entire Appreciation Min. Rs. 1000/-								
Frequency (Please ✓) □ Monthly □ Quarterly	Commencement Date dd/mm/yy							
Date O 1 st O 7 th O 14 th O 21 st O 25 th	Period From mm/yyyy To mm/yyyy							
Declaration and Signatures								
We have read and understood the contents of the SID/SAI of the above referred Scheme(s) of Kotak Mahindra Mutual Fund. We hereby apply for allotment / purchase of Units in the Scheme(s) indicated as above and agree to abode by the terms and conditions applicable there to We hereby declare that I / We authorized to make this sources only and is not designed for the purpose of any Act, Attil Money Laundering Act, Attil Kuels, Heighand Act, 2016 and regulations made thererunder and the made thereinded and the fund regulations made thereinded in accordance with the Aadhaar Act, 2016 and regulations made thereinded regulations made thereinded regulations made thereinded in accordance with example and the same thereinded by the Government of India from time to time. We hereby authorize Kotak Mahindra Mutual Fund, its investment Manager and its agents to disclose details of my investment to my / our Investment Methave neither received nor been induced by any rebate or gifts, directly, in making this investment.								