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-167174 E326136

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."

	Sole/Frist Applicant	To be signed by	Second Applicant	an is "loint"	Third App
RE(S)					

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

I would like to opt for 📃	Systematic Transfer Plan 🛛 🔳 S	ystematic Withdrawal Plan
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Systematic transfer Plan							
From Scheme Plan	□ Growth □ Dividend II O Payout OR O Re-investment Option (Please ✓) Dividend Frequency						
To Scheme Plan	Growth Dividend 🔊 O Payout OR O Re-investment						
	ire Appreciation Min. Rs. 1000/-						
Frequency (Please ✓) Daily Weekly Specify Day (Please mention any day between Monday to Friday) Monthly Quarterly Specify Date (Please mention any date of the month)	Transfer Period From mm/yyyy Transfer Period To mm/yyyy OR Till further instruction						
Systematic Withdrawal Plan							
Scheme Plan Option (Please ✓) Growth Withdrawal Option (Please ✓) Fixed Sum OR Entire Appreciation							
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 abide by the terms and conditions applicable there to. We hereby declare that I / We authorized to make this investment in the above mentioned Scheme(s) and that the amount livested in the Scheme(s) indicated as above and agree to sources only and is not estigned for the purpose of any Act, Rules, Regulations, other applicable laws enacted by the Government of India from time to time. We hereby authorize kotak Mahindra dividual justication and usage (in the scheme(s) in the Schem							
Additional and the second of the second seco	information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our follos with my PAN.						