

Investment Advisor's Name & Code	Sub-Broker's Code	Official Acceptance Point	Bank Sr. No.	Systematic Investment Form
ARN-97821		Stamp & Sign		Strike off sections that are not applicable

Upfront commission shall be paid directly by the investor to the AMRI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor.

Have you ever invested in any Mutual Fund before ☐ Yes ☐ No (For more details, please refer Checklist on page 18) **New**

Investor's Information			
Folio No. (For Existing Investors)	Application No. (For New Investors, pls. attach the application form)		
Name of Sole / First Holder			
PAN	PAN Sole / First Applicant		
Enclosed (Please ✓)	<input type="checkbox"/> PAN Proof #	KYC Compliant Status* <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Please attach PAN Card Copy) / (* KYC allotment letter copy is mandatory)			
Date of Birth	DD/MM/YYYY	E-mail Id	Pls provide your email Id for mailing of Account Statement

Third Party Payment Declaration	
Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of FII.	
Name: _____	Relationship with Applicant: _____
PAN: _____	KYC Compliant Status: <input type="checkbox"/> Yes <input type="checkbox"/> No
Declaration: I hereby declare and confirm that the Applicant stated above is the beneficial owner of the investment details mentioned above. I am providing the funds for these investments on account of my natural love and affection or incentive to employee or for & on behalf of fil or as gift from my bank account only.	
Declaration (Guardian of minor, as registered in the folio): I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the minor.	
(Note: Aforeside signature should match with the investment cheque signature)	
	Signature

I would like to opt Systematic Investment Plan <input type="checkbox"/> SIP <input type="checkbox"/> Micro SIP	
Investors (including joint holders) will submit a photo copy of any one of the documents detailed below along with Micro SIP application as proof of identification in lieu of PAN.	
<input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Driving License <input type="checkbox"/> Government/Defense identification card <input type="checkbox"/> Passport <input type="checkbox"/> Photo Ration Card <input type="checkbox"/> Photo Debit Card (credit cards not allowed) <input type="checkbox"/> Employee ID cards issued by companies registered with Registrar of Companies <input type="checkbox"/> Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament <input type="checkbox"/> ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks <input type="checkbox"/> Senior Citizen / Freedom Fighter ID card issued by Government <input type="checkbox"/> Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI <input type="checkbox"/> Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by Central Recordkeeping Agency (NSDL) <input type="checkbox"/> Any other photo ID card issued by Central Government / State Governments / Municipal authorities / Government organizations like ESIC / EPO The Photo Identification document has to be current and valid and also either self attested or attested by an ARN holder	

I would like to opt for Systematic Investment through <input type="checkbox"/> Auto-Debit <input type="checkbox"/> Post Dated Cheques (PDC's)	
Scheme _____	Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend : <input type="radio"/> Payout <input type="radio"/> Re-investment
Plan _____	Dividend : Frequency _____
Investment Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly SIP Period* From MM / YYYY To** MM / YYYY OR <input type="checkbox"/> Default Date (December 2050)	SIP Instalment Amount* (Rs.) _____
SIP Tenure (Please ✓) <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs	First SIP vide Cheque No. _____ Dated DD / MM / YYYY
SIP Date (Please ✓) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st <input type="checkbox"/> 25th	Cheque Dated From DD / MM / YYYY to DD / MM / YYYY
Cheque Nos. From _____ to _____	
(Excluding initial investment Cheque)	
Cheque on _____ Bank _____ City _____ Branch _____	

SIP through Auto-Debit	
Bank Account Details (Mandatory)	
Bank _____	Branch _____ City _____
Name of Bank Account Holder _____	
Account Number _____	MICR (9 digit code next to Cheque No.)* _____
IFSC Code _____	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____ Please Specify _____
I/We hereby declare that the particulars given above are correct and express my / our willingness to make payments referred above through participation in ECS (Debit Clearing/Direct Debit). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We will not hold Kotak Mahindra Mutual Fund, responsible. I/We will also inform Kotak Mahindra Mutual Fund, about any changes in my bank account immediately. I/We have read and agreed to the terms and conditions mentioned overleaf.	
Sole / First Account Holder _____	Second Account Holder _____ Third Account Holder _____
To be signed by All Bank Account Holders if mode of operation is "Joint". (As in Bank Records)	
BANKER'S ATTESTATION (Mandatory if your First SIP Investment is through a Demand Draft / Pay Order) Certified that the signature of account holder and the details of Bank Accounts are correct as per our records	
Signature of Authorised Official From Bank _____ Bank Stamp & Date _____	

Standing Instructions for State Bank of India Customers	
I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document/ SA/SID of the Mutual Fund. State Bank of India shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, was, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond reasonable control of the State Bank of India and which has the effect of preventing the performance of the contract by State Bank of India. I/We acknowledge that no separate intimation will be received from State Bank of India in case of non-execution of the instructions for any reasons whatsoever.	

Declaration and Signature	
I/We have read and understood the contents of the SA/SID of the above referred Scheme(s) of Kotak Mahindra Mutual Fund. I/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. I/We hereby declare that I/We authorized to make this investment in the above mentioned Scheme(s) and that the amount invested in the Scheme(s) is through legitimate sources only 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 authorize Kotak Mahindra Mutual Fund, its investment Manager and its agents to disclose details of my investment to my / our Investment Advisor and / or banks. I/We have neither received nor been induced by any rebate or gifts, directly, in making this investment. By ticking micro sip, I/We hereby declare that our total SIP for rolling 12 months or FY April to March does not exceed Rs. 50,000 through this application or any existing SIP in the schemes. I/We also declare that the ARN Holder has disclosed all commission (in the form of trail commission or any other mode) payable to him / or the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.	
Sole / First Account Holder _____	Second Account Holder _____ Third Account Holder _____
To be signed by All Applicant's if mode of operation is "Joint". (As in Bank Records)	

* Please ensure utmost care while filling the highlighted column. The form may get rejected in case the details are incomplete.

** Please refer the Instruction & Information of Normal SIP - Point No.13

FOR AUTO-DEBIT