

TRANSACTION SLIP

Strike off sections that are not applicable

ACCOUNT NO.	DATE
	DD / MM / YYYY

NAME OF SOLE/ FIRST HOLDER :

PAN	Sole / First Holder	Second Holder	Third Holder
Enclosed (Please ✓)	<input type="checkbox"/> PAN Proof <small>KYC Compliance Status* <input type="checkbox"/> Yes <input type="checkbox"/> No</small>	<input type="checkbox"/> PAN Proof <small>KYC Compliance Status* <input type="checkbox"/> Yes <input type="checkbox"/> No</small>	<input type="checkbox"/> PAN Proof <small>KYC Compliance Status* <input type="checkbox"/> Yes <input type="checkbox"/> No</small>

(# Please attach PAN card copy) / (* KYC allotment letter copy is mandatory for investment => Rs. 50,000)


Investment Advisor's Name & Code	Sub-Broker's Name & Code	Investment Advisor's Name & Code	Sub-Broker's Name & Code
ARN-97821			

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.

PURCHASE

Scheme _____ Plan _____

Option (Please ✓)

☐ Dividend  ☐ Payout OR ☐ Reinvestment

Dividend Frequency _____

☐ Growth ☐ Bonus

Investment : Rs. _____

Chq./ DD No. _____ dated ____ / ____ / ____


drawn on _____

(Please mention your Account Number on the face of your investment cheque)

SWITCH

From: Scheme _____ Plan _____

Present Option (Please ✓)


☐ Dividend  ☐ Payout OR ☐ Reinvestment

Dividend Frequency _____

☐ Growth ☐ Bonus

To : Scheme _____ Plan _____

Required Option (Please ✓)

☐ Dividend  ☐ Payout OR ☐ Reinvestment

Dividend Frequency _____


☐ Growth ☐ Bonus

Amount (Rs.) _____ OR No. Of Units _____ OR All Units (✓) _____

REDEMPTION

Scheme _____ Plan _____

Option (Please ✓)

☐ Dividend  ☐ Payout OR ☐ Reinvestment

Dividend Frequency _____

☐ Growth ☐ Bonus

Amount (Rs.) _____ OR No. Of Units _____ OR All Units (✓) _____

CHANGE IN BANK DETAILS (Attach copy of the cancelled cheque)

Name of Bank _____

Branch _____ City _____ (Clearing Circle)

A/c. No. _____ A/c. Type _____

RTGS Code _____ NEFT Code _____

MICR Code _____ IFSC Code _____

☐ Cheque Payout ☐ Direct Credit (List overleaf at No. 6)

☐ Only for this Transaction ☐ For all Future Transactions

(If not indicated, assumed to be for all future transaction)

CHANGE OF ADDRESS

City/ Town _____ Dist. _____

State _____ Pin Code _____


OR _____ (Cell) _____


☐ (E-mail)* _____


I/We would like to avail of ☐ SIP ☐ SWP ☐ STP ☐ SIP with Auto Debt Facility ☐ Internet Transaction ☐ Nomination Facility ☐ E-mail Communication. (Please furnish E-mail ID above)*

Dedclaration: I/We have read and understood the contents of the Statement of Additional Information/ Scheme Information Document/ offer Document(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

SIGNATURE(S)

 Sole/First Holder

 Second Holder

 Third Holder

(To be signed by All Unitholders if mode of operation is 'Joint')

Please submit this form to Kotak Mahindra Mutual Fund, Mumbai or to your nearest CAMS Investor Service Center. (Address overleaf)