

Guardian/ Contact Person if Non-Individual Applicant (Section III)	Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)
	Gross Annual Income Details in INR (please tick): <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Not Politically Exposed Person *I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management Co. Ltd. immediately in case there is any change in the above information.				

Section IV (Section IV)	Mode of Operation - Where there is more than one applicant [Please (✓)] <input type="radio"/> First Applicant only <input type="radio"/> Anyone or Survivor <input type="radio"/> Joint (Default will be any one or survivor, in case of more than one applicant)
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Power of Attorney Holder (POA) Holder (Section V)	Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)
	Gross Annual Income Details in INR (please tick): <input type="radio"/> < 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> 25 lac - 1 cr <input type="radio"/> 1 cr - 5 cr <input type="radio"/> 5 cr - 10 cr <input type="radio"/> > 10 cr or Net-worth as on (date) DD / MM / YYYY Rs. _____ (should not be older than 1 year) Please tick, if applicable, <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Not Politically Exposed Person *I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Kotak Mahindra Mutual Fund/ Kotak Mahindra Asset Management Co. Ltd. immediately in case there is any change in the above information.				

Correspondence Details of Sole/ First Applicant (Section VI)	Address for Communication (Full Address Mandatory)		Overseas Address (Mandatory for NRI/ FII Applicants)	
	House/ Flat No		House/ Flat No	
	Street Address		Street Address	
	City/ Town	State	City/ Town	State
	Country	Pin Code	Country	Pin Code

Investment Details (Section VII)	Scheme KOTAK ACTIVE MOMENTUM FUND		Plan Regular <input type="checkbox"/> Direct <input type="checkbox"/>		Option Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/>		
	Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> Fund Transfer		Instrument No.	Dated		
	Investment Amount	Drawn on		Cheque to be drawn in favour of "KOTAK ACTIVE MOMENTUM FUND"			
	Source Account No.:						
	If you are an NRI Investor, please indicate source of funds for your investment (Please ✓) Account Type : <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others						

Please enclose a cancelled cheque leaf of this Bank in case your investment cheque is not from this account, else bank details of investment cheque shall be updated for payout

Bank Account Details (Section VIII)	Name of Bank						
	Branch					City	
	Account No.						
	IFSC Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			MICR Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Account Type	<input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR <input type="radio"/> Others (Please specify)					

FATCA & CRS INFORMATION [Please tick (✓)], for Individuals (Mandatory). Non Individual investors & HUF should mandatorily fill separate FATCA detail form.

The below information is required for all applicant(s)/guardian
Address Type: Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Mandatory Information	First Applicant/ Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			

Is the applicant(s) / guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No
If Yes, Please provide the following information [Mandatory]
Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below.

Category	First Applicant/ Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Country of Tax Residency - 1**			
Tax Payer Ref. ID No. - 1^			
Tax Identification Type - 1 [TIN or Other, please specify]			
Country of Tax Residency - 2**			
Tax Payer Ref. ID No. - 2^			
Tax Identification Type - 2 [TIN or Other, please specify]			
Country of Tax Residency - 3**			
Tax Payer Ref. ID No. - 3^			
Tax Identification Type - 3 [TIN or Other, please specify]			

** To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.
Country of Tax Residency Proof to be attached where applicable

In case you wish to hold units in demat, please fill this section. Please note that you can hold units in demat for all open ended schemes (except ETFs and IDCW options having IDCW frequency of less than a month).

Demat Account Details (Section IX)	NSDL	CDSL
	DP Name _____	DP Name _____
	DP ID _____ Beneficiary Account No. _____	DP ID _____ Beneficiary Account No. _____

Please ensure that your demat account details mentioned above are along with supporting documents evidencing the accuracy of the demat account. Bank details of DP will overwrite the existing details.

To be filled in by Individual(s) (Mandatory for units held singly and optional for units held jointly) Signature/s as per mode of holding.

I/ We _____ and _____ do hereby nominate the undermentioned Nominee to receive the Units to my/our credit in Folio No./Application No. _____ in the event of my/our death. I/we also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund / Trustee.

NOMINEE DETAILS	NOMINEE 1	NOMINEE 2	NOMINEE 3
Name of the Nominee			
(%) of Allocation**			
Relationship with Sole/ First Unit-holder			
Postal Address			
Mobile No. & Email ID			
DOB of Nominee (if Minor)			
Identity Document (Tick any one option)	<input type="radio"/> PAN Card <input type="radio"/> Aadhaar (last 4 Digits) <input type="radio"/> Driving Licence <input type="radio"/> Passport (only for NRI/ PIO/ OCI)	<input type="radio"/> PAN Card <input type="radio"/> Aadhaar (last 4 Digits) <input type="radio"/> Driving Licence <input type="radio"/> Passport (only for NRI/ PIO/ OCI)	<input type="radio"/> PAN Card <input type="radio"/> Aadhaar (last 4 Digits) <input type="radio"/> Driving Licence <input type="radio"/> Passport (only for NRI/ PIO/ OCI)
Identity Document No.***			

**If % is not specified, then the assets shall be distributed equally amongst all the nominees.
 ***Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). Copy of the documents is not required. For NRI/OCI/PIO, Passport number id acceptable.

DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)

Name & Address of Guardian	PAN	Relationship with Minor	Signature Of Guardian
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NOMINEE DETAILS TO BE PRINTED IN STATEMENT OF HOLDING (Mandatory - tick any one below):
 I/We want the details of me/our nominee to be printed in the statement of holding or statement of account, provided to me/us by the AMC as follows:
 Nomination: Yes/ No Name of Nominee(s)
 If no option is selected, the account statement will by default display the nomination status as 'Nomination: Yes/ No' without revealing nominee name(s).

NO NOMINATION
 I /We hereby confirm that I /We **do not wish to appoint any nominee(s)** for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

POA holder cannot nominate. Hence, sole/ all joint holder applicants must sign.	First/ Sole Unitholder: Signature	Unitholder 2: Signature	Unitholder 3: Signature
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Declaration and Signatures (Section XI)

I/We have read and understood the contents of the Statement of Additional Information/ Scheme Information Document/ Key Information Memorandum of the respective scheme(s) of Kotak Mahindra Mutual Fund. I/We hereby apply for allotment / purchase of Units in the Scheme(s) indicated in Section XI above and agree to abide by the terms and conditions applicable thereto. I /We hereby declare that I /We are authorised to make this investment in the abovementioned Scheme(s) and that the amount invested in the Scheme(s) is through legitimate sources only and does not involve 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 authorise Kotak Mahindra Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my/our Investment Advisor and / or my bank(s) / Kotak Mahindra Mutual Fund s bank(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment.

I / We confirm that the distributor has disclosed all commission (in the form of trail commission or any other mode) payable to the distributor for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.

I have examined the information provided by me in this form and to the best of my knowledge and belief it is true, correct, and complete.

Applicable to NRIs seeking repatriation of redemption proceeds: I/We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE / FCNR Account.

FATCA & CRS Declaration: I/We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/ us on this Form is true, correct, and complete. I/ We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer guideline No. 11).

Nomination: I/ We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same.

KYC Declaration:

- I/ We hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/ directions issued by any governmental or statutory authority from time to time
- I/ We hereby consent to receiving information from Central KYC Registry through SMS/ E-mail on the above registered number/ email address. I also providing consent to MF/ AMC/ KRA to share this KYC data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/ Rules/ SEBI guidelines.
- I/ We hereby consent to receiving information from central KYC Registry through SMS/ E-mail on the above registered number/email address and to download the information from CKYCR.
- I/ We am/ are providing the consent to MF/ RTA/ SEBI registered intermediary to share this KYC data/ applicable Aadhaar XML data with KRA and share the data to other participating intermediaries as mandate by PMLA Act/ Rules/ SEBI guidelines.
- I/ We hereby declare that the details furnished above are true & correct to the best of my knowledge and undertake to inform KMAMC of any changes therein immediately, and I/we approve the usage of these contact details for any communication with KMAMC. Please note all kinds of investor communication, Transaction Information, Statement of Account, Annual Report and other kind of communication will be sent through email only instead of physical, for investors who provide their email address.

SIGNATURE(S) (To be signed by All Applicants)	Sole / First Applicant	Second Applicant	Third Applicant
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Please tick if the investment is operated as POA / Guardian POA Guardian **Note :** If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.