



(Section II, Cont.)	PAN/ PEKRN: <input type="text"/>	Date of Birth/ Incorporation <input type="text"/>	CKYC: <input type="text"/>
	<b>Gross Annual Income Details in INR (please tick):</b> <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"/> <b>Politically Exposed Person (PEP)</b> <input type="radio"/> <b>Not Politically Exposed Person</b>			
*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 III)	<b>Mode of Operation - Where there is more than one applicant [Please (✓)]</b> <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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Guardian/ Contact Person if Non-Individual Applicant (Section IV)	Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)
	<b>Gross Annual Income Details in INR (please tick):</b> <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"/> <b>Politically Exposed Person (PEP)</b> <input type="radio"/> <b>Not Politically Exposed Person</b>					
*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.					

Power of Attorney (PoA) Holder (Section V)	Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)
	<b>Gross Annual Income Details in INR (please tick):</b> <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"/> <b>Politically Exposed Person (PEP)</b> <input type="radio"/> <b>Not Politically Exposed Person</b>					
*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)	<b>Address for Communication (Full Address Mandatory)</b>			<b>Overseas Address (Mandatory for NRI/ FI/ Applicants)</b>		
	House/ Flat No			House/ Flat No		
	Street Address			Street Address		
	City/ Town	State		City/ Town	State	
	Country	Pin Code		Country	Pin Code	

**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)  
**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/ Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
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.

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 VII)	<b>NSDL</b>		<b>CDSL</b>	
	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.				

**KOTAK MAHINDRA MUTUAL FUND**

6th Floor, Kotak Infinity, Building No. 21, Infinity Park,  
Off. Western Express Highway, Gen.A.K. Vaidya Marg,  
Malad (E), Mumbai - 400 097.

1800 309 1490 (Toll-free), 044-4022 9101

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**Computer Age Management Services Ltd.**

No 178/10, Kodambakkam High Road,  
Ground Floor, Opp. Hotel Palmgrove,  
Nungambakkam, Chennai - 600034.

044 6110 4034

eng\_k@camsonline.com www.camsonline.com

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.

**DETAILS OF NOMINEE** Please tick any of the following: Proof of Identity:  PAN  Aadhaar  Birth Certificate  Others \_\_\_\_\_

Name & Address of Nominee	Relationship with Sole/ First unit holder (Mandatory)	Date of Birth (mandatory in case of Minor)	Proof of Identity	% Share	Signature Of Nominee

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

Name & Address of Guardian	PAN	Relationship with Minor	Signature Of Guardian

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

**Investment Details (Section IX)**

Scheme: **KOTAK TECHNOLOGY FUND**

Plan: Regular  Direct

Option: Growth  IDCW Payout  IDCW Reinvestment

Mode of Payment:  Cheque  Demand Draft  Fund Transfer

Instrument No. \_\_\_\_\_ Dated \_\_\_\_\_

Investment Amount \_\_\_\_\_ Drawn on \_\_\_\_\_

Source Account No.: \_\_\_\_\_

**Cheque/ DD to be drawn in favour of "KOTAK TECHNOLOGY FUND"**

If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)

Account Type :  NRE  NRO  FCNR  Others \_\_\_\_\_

If you are an NRI Investor, please indicate source of funds for your investment (Please ✓)

NRE  NRO  FCNR  Others \_\_\_\_\_ (Please specify)

**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 X)**

Name of Bank \_\_\_\_\_

Branch \_\_\_\_\_ City \_\_\_\_\_

Account No. \_\_\_\_\_

IFSC Code \_\_\_\_\_ MICR Code \_\_\_\_\_  
This is the 9 digit No. next to your Cheque No.

Account Type  Current  Savings  NRO  NRE  FCNR  Others (Please specify) \_\_\_\_\_

**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).

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.

<b>SIGNATURE(S)</b> (To be signed by All Applicants)			
	Sole / First Applicant	Second Applicant	Third Applicant

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.