

Systematic Transfer / Withdrawal Form

Mutual Fund		Strike off sections that are not applicable			
Distributor's ARN/ RIA Code#		Sub-Broker's ARN	Sub-Broker's Code	EUIN	
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) "I/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."					
		Second Applicant plicants if mode of operation	is "Joint"	d Applicant	
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		Name of Applicant	
PAN	PAN		PAN	PAN	
Aadhaar No.	Aadhaar No.	Aadhaar No.		Aadhaar No.	
Date of Birth	Date of Birth		Date of Birth	Date of Birth	
CKYC No.	CKYC No.		CKYC No.	CKYC No.	
E-mail	E-mail		E-mail	E-mail	
I would like to opt for ■ Systematic Transfer Plan ■ Systematic Withdrawal Plan					
Systematic Transfer Plan					
From			Growth		
Scheme	_ Plan	Option (Please ✓)	□ Dividend © ○ Payou [.] Dividend Frequency	t OR O Re-investment	
Growth					
To Scheme	Plan	Option (Please 7)		t OR O Re-investment	
			Dividend Frequency		
Transfer Option (Please ✓) ☐ Fixed Sum OR ☐ Entire Appreciation Min. Rs. 1000/-					
Frequency □ Daily □ Weekly Specify Day (Please ✓) (Please mention any day between Monday to Friday) Transfer Period From mm/yyyyy					
☐ Monthly ☐ Quarterly Specify Do (Please mention any date of the second secon					
Systematic Withdrawal Plan					
		[☐ Growth		
Scheme	Plan		*	t OR O Re-investment	
			Dividend Frequency		
Withdrawal Option (Please ✓) ☐ Fixe	ed Sum OR _ Entire	Appreciation	in. Rs. 1000/-		
Frequency (<i>Please</i> ✓)		Commencement	Date dd/	/mm/yy	
Date O 1 st O 7 th O	14 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. IWe 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. IWe 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 Kcit, Rules, Regulations, Notifications or Directions of the provisions of income Tax Act, Anti Money Laundering Act, Anti Coruption 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 livestment Manager and its agents to disclose details of my investment to my / our Investment. We have neither received nor been induced by any rebate or gifts, directly, in making this investment.					
Sole/Frist Applicant			Thir	d Applicant	