

DISTRIBUTOR'S ARN/ RIA CODE#	SUB-BROKER'S ARN	SUB-BROKER'S CODE	EUIN
<input type="checkbox"/> #By mentioning ARN/RIA/PMS code, I/ We authorize you to share with the Distributor/ Investment Adviser/ Portfolio Manager the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund.			
<input type="checkbox"/> 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."			
SIGNATURE OF SOLE/ FIRST APPLICANT		SIGNATURE OF SECOND APPLICANT	
SIGNATURE OF THIRD 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.

Existing Folio Number: _____	PAN: _____	LEI Number: _____ (Legal Entity Identifier) For Non-individuals only
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SECTION I - NEW APPLICANT'S PERSONAL INFORMATION (MANDATORY)

Investor Details	1 st Applicant/ Minor		2 nd Applicant		3 rd Applicant	
Investor Name (As per Income Tax)						
PAN (As per Income Tax)						
Date of Birth	DD/MM/YYYY		DD/MM/YYYY		DD/MM/YYYY	
Guardian Details (In case of Minor) (Please fill details as per Income Tax)	Guardian Name		Relationship with Minor		Relationship Proof attached	
	Guardian PAN		Guardian Date of Birth: DD/MM/YYYY		<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Aadhaar Card (masked) <input type="checkbox"/> Court Order	
Mode of Holding	<input type="checkbox"/> Single <input type="checkbox"/> Joint		<input type="checkbox"/> Anyone or Survivor(s)		<i>(Joint applicants not allowed in case of Minor investment)</i>	
CKYC Number (KIN)						
Contact Details	1 st Applicant/ Minor		2 nd Applicant		3 rd Applicant	
Mobile Number						
Given Mobile Number Belongs to	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Child
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parent
	<input type="checkbox"/> Guardian (for minor)	<input type="checkbox"/> Dependent Sibling	<input type="checkbox"/> Guardian (for minor)	<input type="checkbox"/> Dependent Sibling	<input type="checkbox"/> Guardian (for minor)	<input type="checkbox"/> Dependent Sibling
	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS
Email ID						
Given Email ID Number Belongs to	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Child
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parent
	<input type="checkbox"/> Guardian (for minor)	<input type="checkbox"/> Dependent Sibling	<input type="checkbox"/> Guardian (for minor)	<input type="checkbox"/> Dependent Sibling	<input type="checkbox"/> Guardian (for minor)	<input type="checkbox"/> Dependent Sibling
	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS
Tax Status [Please Tick (✓)]						
<input type="checkbox"/> Resident Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Mutual Fund <input type="checkbox"/> PF/ Gratuity/ Pension/ <input type="checkbox"/> Foreign Institutional Investor <input type="checkbox"/> NRI on Repatriation Basis (NRE) <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Superannuation Fund <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> NRI on Non-Repatriation Basis (NRO) <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ (Please Specify) <input type="checkbox"/> HUF <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Registered Society <input type="checkbox"/> AOP/ BOI						

SECTION II - POWER OF ATTORNEY (POA) HOLDER

Name	PAN	Country of Birth	Nationality	Tax Reference Number (for NRI)
Gross Annual Income Details in INR (please tick): <input type="checkbox"/> < 1 lac <input type="checkbox"/> 1 - 5 lac <input type="checkbox"/> 5 - 10 lac <input type="checkbox"/> 10 - 25 lac <input type="checkbox"/> 25 lac - 1 cr <input type="checkbox"/> 1 cr - 5 cr <input type="checkbox"/> 5 cr - 10 cr <input type="checkbox"/> > 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="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> 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.				

Instrument Details		Investment Details		Official Acceptance Point Stamp & Sign
Received from: _____	Scheme _____	Plan _____	Option _____	
No. _____ Dated DD / MM / YYYY Rs. _____	PAN _____			
Bank & Branch _____				
Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement				

SECTION III - CORRESPONDENCE DETAILS OF SOLE/ FIRST APPLICANT

Address for Communication	Correspondence Address (Address as per KRA records)		Overseas Address (Mandatory for NRI/ PIO/ FII applicant)	
	House/ Flat No		House/ Flat No	
	Street Address		Street Address	
	City/ Town	State	City/ Town	State
	Country	Pin Code	Country	Pin Code

SECTION IV - BANK DETAILS (PLEASE ATTACH BANK ACCOUNT PROOF)

Bank Name		Bank Account. No.	
Branch Name		IFSC	MICR (9 Digit)
Branch Address		City	Pin Code
A/C Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____

SECTION V - INVESTMENT & PAYMENT DETAILS

Purpose of Investment Goal: Child's Education Child's Marriage Car Purchase House Purchase Retirement Benefit Other _____

Scheme Name	Plan	Option/ Sub-option	Frequency*	Amount Invested (Rs.)	Payment Details		
					Cheque No./ OTM/ RTGS/ NEFT/ Fund Transfer	Bank & Branch	Source Account No.
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Q <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> A				
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Q <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> A				
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Q <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> A				
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Q <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> A				

*Frequency: D = Daily, W = Weekly, F = Fortnightly, M = Monthly, B = Bi-monthly, Q = Quarterly, H = Half Yearly, A = Annually

If you are an NRI Investor, please indicate source of funds for your investment (Please ✓) NRE NRO FCNR Others _____ (Please specify)

**SECTION VI - FATCA & CRS INFORMATION MANDATORY FOR INDIVIDUAL/ SOLE PROPRIETOR
NON-INDIVIDUAL INVESTORS SHOULD MANDATORILY FILL SEPARATE FATCA/ CRS & UBO FORM ALONG WITH THIS FORM**

FATCA & CRS	1st Applicant		2nd Applicant		3rd Applicant		Guardian	
Country of Birth								
Place/City of Birth								
Nationality								
Is the applicant(s) Country of Birth/ Nationality/ Tax Residency other than india	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please provide following information:								
Country of Tax Residency 1								
Identification Type								
Tax Payer Ref ID No								
Country of Residency 2								
Identification Type								
Tax Payer Ref ID No.								
Country of Residency 3								
Identification Type								
Tax Payer Ref ID No.								

Note: In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is available or has not yet been issued, please provide an Explanation and attach this to the form. (Please attach additional sheet if necessary and mention all countries in which applicant is a tax resident and provide relevant details)

Investment Manager:

Kotak Mahindra Mutual Fund
Country of Tax Residency 26th Floor, Kotak Infinity,
Building No. 21, Infinity Park, O . Western Express, Highway,
Gen.A.K. Vaidya Marg, Malad (E), Mumbai - 400 097.

Registrar:

COMPUTER AGE MANAGEMENT SERVICES
Computer Age Management Services Ltd.No 178/10, Kodambakkam High Road,
Ground Floor, Opp. Hotel Palmgrove, Nungambakkam, Chennai - 600034.
Tel.: 044 6110 4034 | Email: enq_k@camsonline.com | Website: www.camsonline.com

Toll Free	Email ID	Website
1800 309 1490 (Toll-Free) 044-4022 9101 (For Overseas Investors) +91 70390 55555 (Balance Enquiry)	https://www.kotakmf.com/feedback/customer	www.kotakmf.com

SECTION VII - DEMAT ACCOUNT DETAILS

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).

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 & Nomination of DP will overwrite the existing details.

SECTION VIII - NOMINATION DETAILS TO BE FILLED 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 Same as Primary holder/ Joint holder			
Mobile No. (Mandatory)			
Email ID (Mandatory)			
DOB of Nominee (if Minor)			
Identity Document (Tick any one option)	<input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhaar (last 4 Digits) <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport (only for NRI/ PIO/ OCI)	<input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhaar (last 4 Digits) <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport (only for NRI/ PIO/ OCI)	<input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhaar (last 4 Digits) <input type="checkbox"/> Driving Licence <input type="checkbox"/> 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 document is not required. For NRI/OCI/PIO, Passport number is acceptable.

DETAILS OF GUARDIAN (Optional for you to provide, if the Nominee is a Minor)

Name & Address of Guardian	Date of Birth	PAN	Relationship with Minor	Signature of Guardian

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) with Percentage

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 as per mode of holding.	First/ Sole Unitholder: Signature	Unitholder 2: Signature	Unitholder 3: Signature
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SECTION IX - NON-PROFIT ORGANISATION [NPO] DECLARATION

We are falling under "Non-Profit Organisation" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

Yes
 No

If yes, please quote the NPO Registration Number provided by DARPAN portal: _____

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF/ AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/ are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/ us or collect such fines/charges in any other manner as might be applicable.

SECTION X - OTHER PERSONAL INFORMATION

Other Information	1st Applicant/ Minor	2nd Applicant	3rd Applicant	Guardian/ Contact Person (If Non-Individual Applicant)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Father's Name				
Spouse Name				
Occupation	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector
	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor
	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional
	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired
	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife
	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Forex Dealer
	<input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Others (Please Specify) _____
Gross Income Range (in Rs.)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs
	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs
	<input type="checkbox"/> 25 lacs-1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs-1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs-1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs-1 Cr <input type="checkbox"/> 1-5 Cr
	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr
OR				
Networth in Rs. (Not older than 1 year)	Rs.	Rs.	Rs.	Rs.
	As on: DD/MM/YYYY	As on: DD/MM/YYYY	As on: DD/MM/YYYY	As on: DD/MM/YYYY
Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP
Type of Address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Business
	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office

SECTION XI - DECLARATION AND SIGNATURES

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 V 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. 10).

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 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.

I/ We wish to opt in to receive Statement of Account, Annual Report and any other regulatory communication in physical mode.

SIGNATURE(S) (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.