

1039 days close ended debt scheme

(Please read instructions carefully to help us serve you better)

**Key Information Memorandum and Application Form**

New Fund Offer Opens on: May 02, 2014 New Fund Offer Closes on: May 07, 2014

Name	This product is suitable for investors who are seeking <sup>#</sup>
Kotak FMP Series 160 - 1039 days	Income over a long investment horizon
	Investment in floating rate securities, debt & money market securities
	Low risk <span style="color: blue;">■</span> (Blue)

\*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

**Note:** Risk may be represented as: Investors understand that their principal will be at Low Risk ■ (Blue), Investors understand that their principal will be at Medium Risk ■ (Yellow), Investors understand that their principal will be at High Risk ■ (Brown).

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN	EUIIN (Mandatory)	Appl. FMP Sr. 160
<b>ARN - 0155</b>	<b>ARN - 16012</b>	<b>E039336</b>	<b>Date :</b>

"I/We hereby confirm that the EUIIN 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."

SIGNATURE(S)

_____	_____	_____
Sole / First Applicant	Second Applicant	Third Applicant

(To be signed by **All Applicants**)

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.

Have you ever invested in any, Mutual Fund before  Yes  No (For more details, please refer Transaction Charges on page 7) New

**1. EXISTING UNITHOLDER INFORMATION**

If you have, at any time, invested in any scheme of Kotak Mahindra Mutual Fund please furnish your Name, Folio Number, PAN and DP ID details below and proceed to section 3 onward.

Name of Sole/ First Holder: \_\_\_\_\_ Folio No.: \_\_\_\_\_ /

**2. APPLICANT'S PERSONAL DETAILS (PLEASE FILL IN BLOCK LETTERS)**

**Name of first applicant** (Unit holders given an option to hold the units in demat form in addition to account statement as per current practice. Name should be in the same sequence as appearing in your demat account. In case the names in the application differ with the sequence in demat account provided by you, the Application is liable to get rejected.)

(Mr/Ms/Mrs) \_\_\_\_\_

**PAN of 1st applicant\*** \_\_\_\_\_ Enclosed  PAN Card Copy  KYC Acknowledgement Letter

{refer Instruction 2(c)}

**Address for correspondence** \_\_\_\_\_

(PO box address is not sufficient)

**City** \_\_\_\_\_ **Pin** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **State** \_\_\_\_\_ (Furnishing PIN code is mandatory)

**Guardian Name (if minor)** \_\_\_\_\_ (Compulsory field in case of Minor)

(should be the same as provided in your demat A/c)

**PAN of Guardian\*** \_\_\_\_\_ Enclosed  PAN Card Copy  KYC Acknowledgement Letter

{refer Instruction 2(c)}

**Contact Person** (Mr/Ms/Mrs) \_\_\_\_\_

(for institutional applicants)

**Telephone Number** \_\_\_\_\_ **Res Off** \_\_\_\_\_ **Mobile No.** \_\_\_\_\_ **Fax** \_\_\_\_\_

**e-mail** \_\_\_\_\_

**Name of 2nd applicant** (Mr/Ms/Mrs) \_\_\_\_\_

**PAN of 2nd applicant** \_\_\_\_\_ Enclosed  PAN Card Copy  KYC Acknowledgement Letter

{refer Instruction 2(c)}

**Name of 3rd applicant** (Mr/Ms/Mrs) \_\_\_\_\_

**PAN of 3rd applicant** \_\_\_\_\_ Enclosed  PAN Card Copy  KYC Acknowledgement Letter

{refer Instruction 2(c)}

**Mode of Operation**  First holder only  Anyone or Survivor  Joint

(Where there are more than one applicants)

**3. DEMAT ACCOUNT DETAILS** (Please ensure that unit holders given an option to hold the units in demat form in addition to account statement as per current practice and the sequence of names as mentioned in the application form matches with the Depository Participant.)

MANDATORY	NSDL	CDSL
	DP Name	_____
	DP ID*	_____
Beneficiary Account No.	_____	_____

\*In case Unit holders do not provide their Demat Account details, an Account Statement shall be sent to them. Such investors will not be able to trade on the stock exchange.

**4. THIRD PARTY PAYMENT DECLARATION**

Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of FI.

**Name:** \_\_\_\_\_ **Relationship with Applicant:** \_\_\_\_\_

**PAN:** \_\_\_\_\_ **KYC Compliance Status:**  Yes  No

Declaration: I hereby declare and confirm that the Applicant stated above is the beneficial owner of the investment details mentioned above. I am providing the funds for these investments on account of my natural love and affection to employee or for & on behalf of fil or as gift from my bank account only.

Declaration (Guardian of minor, as registered in the folio): I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the minor.

(Note: Aforeside signature should match with the investment cheque signature)

**ACKNOWLEDGEMENT OF KOTAK FMP SERIES 160 - 1039 DAYS**  
(To be filled in by the Applicant)

Appl. FMP Sr. 160

Received from Mr/ Ms/ M/s \_\_\_\_\_

along with cheque/ DD No.\* \_\_\_\_\_ dated \_\_\_\_\_

Drawn on (Bank) \_\_\_\_\_ for Rs. (in figures)/ (Amount) \_\_\_\_\_

\*Cheques and drafts are subject to realisation.

Stamp of Kotak AMC Office/ Authorised Collection Centre

## 5. INVESTMENT DETAILS

Scheme <b>Kotak FMP Series 160 - 1039 days</b> Minimum investment amount: Rs 5,000/-		Plan Regular <input type="checkbox"/> Direct <input type="checkbox"/>		Option Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/>	
Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer		Instrument No.	Dated	
Investment Amount	Drawn on		<b>Cheque/ DD to be drawn in favor of "Kotak FMP Series 160 - 1039 days"</b>		
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					

## 6. BANK PARTICULARS {FOR REFUND (Mandatory as per SEBI guidelines)}

Bank Name					
Branch		City			
Account No.			IFSC Code		
MICR Code			Account Type: Current <input type="checkbox"/> Saving <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Others		
<small>(this is 9 digit number next to your cheque number)</small>					

(The Bank Mandate provided in the application will be used for refunding reject cases and physical mode of holding investors transaction)

## 7. NOMINATION DETAILS (to be filled in by Individual(s) applying Singly or Jointly)

I/We \_\_\_\_\_ and \_\_\_\_\_ do hereby nominate the undermentioned Nominee to receive the Units to my/our credit in Account 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

Name of Nominee	Address	Date Of Birth	% Share	Signature Of Nominee

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

Name of Guardian	Address	Tel. No	Signature Of Guardian

I/We \_\_\_\_\_ do hereby confirm that I/We do not intend to avail the nomination facility for this investment application.   
For units to be held in Demat Mode, the Nomination details updated in the depository system shall prevail over the details mentioned hereunder.




## 8. GENERAL INFORMATION - Please (✓) wherever applicable

<b>Status</b> <small>(Please ✓ Mandatory)</small>	Resident Individual <input type="checkbox"/>	Partnership/ Proprietorship Firm <input type="checkbox"/>	Body Corporate <input type="checkbox"/>	Foreign Institutional Investor <input type="checkbox"/>
	NRI on Repatriation Basis <input type="checkbox"/>	Private Limited Company <input type="checkbox"/>	Registered Society <input type="checkbox"/>	Trust <input type="checkbox"/>
	NRI on Non-Repatriation Basis <input type="checkbox"/>	Public Limited Company <input type="checkbox"/>	PF/Gratuity/Pension <input type="checkbox"/>	Mutual Fund FOF Scheme <input type="checkbox"/>
	HUF <input type="checkbox"/>	Mutual Fund <input type="checkbox"/>	Superannuation Fund <input type="checkbox"/>	Others <input type="text"/>
<b>Occupation</b> <small>(Please ✓ Mandatory)</small>	Business <input type="checkbox"/> Manufacturing <input type="radio"/> Trading <input type="radio"/>	Service <input type="checkbox"/> Govt. <input type="radio"/> Non-Govt. <input type="radio"/>	Professional <input type="checkbox"/> Medicine <input type="radio"/> Engineering <input type="radio"/>	Finance <input type="radio"/> Legal <input type="radio"/>
	Retired <input type="checkbox"/>	Student <input type="checkbox"/>	Others <input type="text"/>	
	Housewife <input type="checkbox"/>	Agriculture <input type="checkbox"/>		

## 9. DECLARATION AND SIGNATURE OF APPLICANT(S)

I/ We have read and understood the contents of the SID of the Scheme Of Kotak Mahindra Fund. I/ We hereby apply for allotment/ purchase of Unit in the Scheme indicated in Section 4 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 this in the above mentioned scheme and that the amount invested in the scheme is through legitimate sources only and does not involve and is designed for the purpose of any contravention or evasion of provision of any Act, Rules and Regulations, Notifications or Directions of the provision of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by Government India from time to time. I/We hereby authorise Kotak Mahindra Fund, it's Investment Manager and it's agent to disclose details of my investment to my/ our Investment Advisor and/ or my bank(s)/ Kotak Mahindra Fund's bank(s). 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/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment

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

**Note :** If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.

Please tick if the investment is operated as POA / Guardian  POA  Guardian

PAN of POA Holder / Guardian

### KOTAK MAHINDRA MUTUAL FUND

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Off. Western Express Highway, Gen.A.K. Vaidya Marg,  
Malad (E), Mumbai - 400 097.

☎ 022-6638 4400

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### Computer Age Management Services Pvt. Ltd.

No. 178/ 10, M G R Salai,  
Nungambakkam,  
Chennai - 600 034.

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