

Distributor's ARN

Sub-Broker's ARN

Sub-Broker's Code

EUIN (Mandatory)

ARN-1563
Emkay Global Financial Services Ltd

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(S) (To be signed by All Applicants)		
Sole / First Applicant	Second Applicant	Third Applicant

TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading "Guidelines to filling up the form" for details)

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.

Unitholder Information (Section I)	If you have, at any time, invested in any Scheme of Kotak Mahindra Mutual Fund and wish to hold your present investment in the same Account, please furnish your Name, Folio Number and PAN details below and proceed to Section Investment Details. Name of Sole / First Applicant: _____ PAN No.: _____ Folio No.: _____		
New Applicant's Personal Information (Section II)	Sole/ First Applicant	Second Applicant	Third Applicant
	Name of Applicant	Name of Applicant	Name of Applicant
	PAN	PAN	PAN
	Date of Birth	Date of Birth	Date of Birth
	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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable	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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable	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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable
*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.			
Guardian name OR Contact Person name if Non-Individual Applicant / Power of Attorney (PoA) (Section III)	Name	PAN	Date of Birth**
	**applicable for guardian.		
	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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Related to a Politically Exposed Person (PEP)* <input type="checkbox"/> Not applicable		
	*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.		
	For Non Individual Investors (i.e. Company, Partnership, Trust, etc.)		
Is the company a Listed Company or Subsidiary of listed Company or Controlled by Listed Company:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foreign Exchange / Money Charger Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gaming / Gambling / Lottery / Casino Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money Lending / Pawning		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Status of Sole/First Applicant (Section IV(a))	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> HUF	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Mutual Fund <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Body Corporate <input type="checkbox"/> Registered Society
Status of Second Applicant (Section IV(b))	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> On behalf of Minor	Status of Third Applicant (Section IV(c))	<input type="checkbox"/> PF/ Gratuity/ Pension/ <input type="checkbox"/> Superannuation Fund <input type="checkbox"/> Trust AOP/ BOI <input type="checkbox"/> Foreign Institutional Investor <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Other _____ (Please specify)
Mode of Operation (Section V)	Where there is more than one applicant [Please (✓)] <input type="checkbox"/> First Applicant only <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint		

Occupation of Sole/ First Applicant [Section VI(a)] <input type="checkbox"/> Private Sector <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Public Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government Service <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ <input type="checkbox"/> Business <input type="checkbox"/> Housewife (Please specify)	Occupation of Second Applicant [Section VI(b)] <input type="checkbox"/> Private Sector <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Public Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government Service <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ <input type="checkbox"/> Business <input type="checkbox"/> Housewife (Please specify)
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Occupation of Third Applicant [Section VI(c)] <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other _____ (Please specify)
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Residential Business Registered Office

Correspondence Details of Sole/ First Applicant [Section VII]	Address for Communication (Full Address Mandatory)		Overseas Address	
			Address 1	
			Address 2	
	City/ Town	State	City/ Town	State
	Country	Pin Code	Country	Pin Code
	Mobile	Tel (Res./ Off.)	Mobile	Tel (Res./ Off.)
	Email**			

**All communications including Account Statement & Transaction confirmation shall be communicated to aforesaid E-mail ID.

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 dividend options having dividend frequency of less than a month).

Demat Account Details [Section VIII]	NSDL: DP Name: _____ DP ID: _____ Beneficiary Account No.: _____
	CDSL: DP Name: _____ 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.	
Third Party Payment Declaration [Section IX]	Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of FII.
	Name: <input style="width:400px;" type="text"/> Relationship with Applicant: <input style="width:150px;" type="text"/>
	PAN: <input style="width:150px;" type="text"/> KYC Compliant Status: <input type="radio"/> Yes <input type="radio"/> 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 or incentive 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)
Signature	

(Mandatory, this account details will be considered as default account for payout)	
Bank Account Details [Section X]	Name of Bank: _____
	Branch: _____ City: _____
	Account No. _____
	RTGS IFSC Code: _____ NEFT IFSC Code: _____
	MICR Code: _____
	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
This is the 9 digit No. next to your Cheque No.	

Investment Details [Section XI]	Scheme Name	Plan / Option / Sub-option	Frequency	Amount Invested (Rs.)	Payment Details	
					Cheque / DD No.	Bank and Branch
		<input type="radio"/> Growth	<input type="radio"/> Weekly <input type="radio"/> Monthly			
		<input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="radio"/> Daily			
		<input type="radio"/> Growth	<input type="radio"/> Weekly <input type="radio"/> Monthly			
		<input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="radio"/> Daily			
		<input type="radio"/> Growth	<input type="radio"/> Weekly <input type="radio"/> Monthly			
		<input type="radio"/> Dividend <input type="radio"/> P <input type="radio"/> R	<input type="radio"/> Daily			

Note - Attach separate cheque for each Investment

P=Payout R=Reinvestment

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

NRE NRO FCNR Others _____ (Please specify)

Nomination Details [Section XII] (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 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				
	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. <input type="checkbox"/>					
For units to be held in Demat Mode, the Nomination details updated in the depository system shall prevail over the details mentioned hereunder.					

Investment Advisor's Name & Code	Sub-Broker's Code	EUIIN (Mandatory)

Declaration for "Execution-only" transactions (only where EUIIN box is left blank)

"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
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TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading 'Checklist' for details)

Request for:

<input type="checkbox"/> Registration of SIP	<input type="checkbox"/> Registration of MICRO SIP	<input type="checkbox"/> Renewal of SIP	<input type="checkbox"/> Change in Bank details
<input type="checkbox"/> Change in SIP Amount	<input type="checkbox"/> Change in SIP Date	<input type="checkbox"/> Cancellation of SIP	

Investor's Information

Folio No. (For Existing Investors)	Application No. (For New Investors, pls. attach the application form)	
Name of Sole / First Holder	E-mail:	
PAN (First Applicant)	Mobile No.	
Enclosed (Please ✓)	<input type="checkbox"/> PAN Proof	KYC Compliant Status <input type="checkbox"/> Yes <input type="checkbox"/> No

I would like to opt for Systematic Investment through Auto-Debit Post Dated Cheques (PDC's)

Scheme	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend : <input type="radio"/> Payout <input type="radio"/> Re-investment
Plan	(Please ✓) Dividend : Frequency
Investment Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Period From MM / YYYY To MM / YYYY OR <input type="checkbox"/> Default Date (December 2099)
SIP Tenure (Please ✓) <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs	First SIP vide Cheque No. Dated DD / MM / YYYY
SIP Date (Please ✓) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th	
Cheque Nos. From to	Cheque Dated From to
(Excluding initial investment Cheque for Post Dated Cheques)	
Cheque on Bank City Branch	

SIP BOOSTER (Optional) (Please refer instructions overleaf)

Frequency (Please ✓) Half Yearly Yearly Booster Amount (Minimum Rs. 500 and in multiples of Rs. 500 thereof)

Declaration and Signature

I/We have read and understood the contents of the SAI/ SID of the above referred Scheme(s) of Kotak Mahindra Mutual Fund. I/We 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. I/We 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 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 authorize Kotak Mahindra Mutual Fund, its investment Manager and its agents to disclose details of my investment to my / our Investment Advisor and / or banks. I/We have neither received nor been induced by any rebate or gifts, directly, in making this investment. By ticking micro sip, I/We hereby declare that our total SIP for rolling 12 months or FY April to March does not exceed Rs. 50,000 through this application or any existing SIP in the schemes. I/We also declare that the ARN Holder has disclosed all commission (in the form of trail commission or any other mode) payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.

SIGNATURE(S) Sole / First Account Holder	 Second Account Holder	 Third Account Holder
To be signed by All Applicant's if mode of operation is "Joint". (As in Bank Records)		

Debit Mandate Form NACH/ ECS/ Direct Debit

UMRN For Office Use Date

Sponsor Bank Code Utility Code For Office Use

TICK (✓)

<input checked="" type="checkbox"/> CREATE	I/We hereby authorize <input type="text"/> Kotak Mutual Fund to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other
<input type="checkbox"/> MODIFY	
<input type="checkbox"/> CANCEL	

Bank a/c number

with Bank Name of Customers bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qytr H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio Number Phone No.

Reference 2 Application Number Email ID

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From	<input type="text"/>
To	<input type="text"/> 3 1 1 2 2 0 9 9

Or Until Cancelled

Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____

1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

Name of the entity													
Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office									
PAN			Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y
City of incorporation													
Country of incorporation													

ADDITIONAL KYC INFORMATION

Gross Annual Income (Rs.) [Please tick (✓)]	<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"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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OR

Net-worth	Rs. _____ as on _____ (Not older than 1 year)
	DD MM YYYY

Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)	<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am Related to PEP	<input type="checkbox"/> Not Applicable
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*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

Non-Individual Investors involved/ providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange / Money Changer Services	<input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services
	<input type="checkbox"/> Money Lending / Pawning	<input type="checkbox"/> None of the above

FATCA & CRS Declaration

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number*	Identification Type (TIN or Other*, please specify)
1.			
2.			
3.			

* In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN <input style="width: 80%;" type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ _____
GIIN not available (please tick as applicable)	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input style="width: 20px;" type="text"/> (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input style="width: 20px;" type="text"/> (Mention code – refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)
 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN [†]			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID [‡]			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			

* To include US, where controlling person is a US citizen or green card holder
 † If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.
 ‡ In case Tax Identification Number is not available, kindly provide functional equivalent
 § Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

† It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Kotak Asset Management Company Limited/ Kotak Mahindra Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

Name	
Designation	

<input type="text"/>	<input type="text"/>	<input type="text"/>	Place _____
Signature	Signature	Signature	Date ____ / ____ / ____