

Investment Advisor's Name & Code NJ India Invest / ARN-0155	Sub-Broker's Code	Official Acceptance Point Stamp & Sign	Star Kid Facility (SKF) # Strike off sections that are not applicable
---	-------------------	---	---

SKF means fixed term SIP in either Kotak 30, Kotak Opportunities or Kotak Tax Saver with a bundled Life Insurance cover for the sole / first applicant.
 # The life cover is being provided under a Group Master Policy arrangement between Kotak Mahindra Old Mutual Life Insurance Limited & Kotak Mahindra Asset Management Company Limited.
 # Please refer the Offer Document for more details on the life cover.

Investor's Information

Account No. (For Existing Investors)	Application No. (For New Investors, pls. attach the application form)	
Name of Sole/ First Holder		Date of Birth* DD/MM/YYYY
PAN & KYC Enclosed (Please ✓)	Permanent Account Number <input type="checkbox"/> PAN Proof #	KYC Compliance Status* <input type="checkbox"/> Yes <input type="checkbox"/> No
Completed Age**		

(# Please attach PAN card copy) / (* KYC Acknowledgment letter copy is Mandatory for Investment ≥ Rs. 50,000)

E-Mail Id Pls. provide your email id for mailing of Account Statement

I would like to opt for Star Kid Facility through Auto - Debit Post Dated Cheques

Scheme Kotak 30 Kotak Opportunities Kotak Tax Saver Option (Please ✓) Growth Dividend : Payout Re-investment

The tenure of the Star Kid Facility

<input type="checkbox"/> Age completed (23 yrs - 30 yrs) <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 20 years	<input type="checkbox"/> Age completed (31 yrs-35 yrs) <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years	<input type="checkbox"/> Age completed (36 yrs-40 yrs) <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years	<input type="checkbox"/> Age completed (41 yrs-45 yrs) <input type="checkbox"/> 5 years
--	--	--	--

(Completed 45 years not eligible)

Investment Frequency (Please ✓) Monthly **SKF Period** From To **SKF Installment Amount (Rs.)**

SKF Date (Please ✓) 1st 7th 14th 21st First SKF vide Cheque No. Dated

Cheque Nos. From To Cheques Dates From To

Drawn On Bank Branch City

Are you currently covered under SKF ? If Yes, Please Mention your Folio number

Star Kid Facility Auto - Debit Mandate

Bank Account Details (Mandatory)

Bank	Branch	City
Name of Bank Account Holder	Sole / First Account Holder	Second Account Holder
Account Number	MICR (9 digit code next to Cheque No.)	
Account Type	<input type="checkbox"/> Current <input type="checkbox"/> Savings	

Nomination (Nominee should be the child of the 1st holder) Mandatory

Name	Date of Birth
M A N D A T O R Y	D D / M M / Y Y Y Y

I/We here by declare that the particulars given above are correct and express my / our willingness to make payments referred above through participation in ECS (Debit Clearing / Direct Debit). If, the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / We will not hold Kotak Mahindra Mutual Fund responsible. I/We will also inform Kotak Mahindra Mutual Fund, about any changes in my bank account immediately. I/We have read and agreed to the terms and conditions mentioned overleaf.

SIGNATURES	First Account Holder	Second Account Holder	Third Account Holder
------------	----------------------	-----------------------	----------------------

To be signed by All Bank Account Holders if mode of operation is "Joint". (As in Bank Records)

BANKER'S ATTESTATION (Mandatory if your First SKF Investment is through a Demand Draft / Pay Order) Certified that the signature of account holder and the details of Bank Account are correct as per our records	Signature of Authorised Official from Bank <input style="width: 100%;" type="text"/> Bank stamp and date
--	--

Declaration and Signatures

I/We have read and understood the contents of the offer Documents(s) 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 thereto. 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. I/We have understood all terms of life cover being offered with SKF and tender my agreement for the same. I also confirm that my DOB / Age details provided above are correct and I/We understand and authorise Kotak Mahindra Old Mutual Life Insurance Limited, to take any action including rejection of claim if the DOB / Age details are found to be incorrect at the time of claim. I/We also understand that the life cover provided with SKF shall only continue as long as I/We continue with SIP payment without any interruption and that the cover shall come to an end immediately on my defaulting on two SIPs.

Standing Instructions for HDFC Bank Customer

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/ our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document of the Mutual Fund. HDFC Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force major events, or any other cause of peril which is beyond HDFC Bank's reasonable control and which has the effect of preventing the performance of the contract by HDFC Bank. I/We acknowledge that no separate intimation will be received from HDFC Bank in case of non-execution of the instructions for any reasons whatsoever

SIGNATURES	Sole/First Applicant	Second Applicant	Third Applicant
------------	----------------------	------------------	-----------------

To be signed by All Applicants if mode of operation is "Joint".

* If the 1st holders age is less than 23 years or greater than 45 years then he will not be eligible for the Star Kid Facility and this will be rejected.
 ** The insurance cover provided under SKF facility is subject to correct submission of DOB / Age. The insurance company reserves the right to take appropriate action, including rejection of claim, in case the DOB / Age is found to be incorrect at the point of claim.

Authorisation of Bank Account Holder : This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing / Direct Debit) & that my/our payment towards my/our investment in Kotak Mahindra mutual Fund shall be made from my/our below account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing / Direct Debit) Mandate Form to get it verified & executed.

Bank	Account No.	
Name of First Account Holder	Name of Second Account Holder	Name of Third Account Holder

SIGNATURES	First Account Holder	Second Account Holder	Third Account Holder
------------	----------------------	-----------------------	----------------------

To be signed by All Bank Account Holders if mode of operation is "Joint". (As in Bank Records)

FOR Auto-Debit

FOR Auto-Debit

Declaration of Good Health (DOGH)

INSTRUCTIONS FOR FILLING THIS FORM

- This form should be filled and completed by the applicant ONLY if he/she is in good health and can therefore submit to all the statements/avowals contained herein. This Declaration of Good Health should not be submitted where the applicant is not in good health.
- The applicant must disclose all material facts. In case of any doubt as to whether a fact is material or not the fact should be disclosed. As the statements in this Declaration constitute warranties, complete and accurate information must be given.
- Where the applicant signs this form in any vernacular language, the scribe portion given in the last paragraph must be compulsorily filled. Any such form wherein the scribe portion is not completed will not be valid, and no benefit accruing pursuant to this Declaration (including insurance benefit) will be provided in such cases. Provision for nominee details has been provided herein. In the event of cover being extended, benefits in respect of a member shall be released in favour of his/her nominee.

PARTICULARS OF THE LIFE TO BE INSURED

Title (Mr/Ms)	Surname			First Name			Middle Name
Date of Birth	DD	MM	YYYY	OR	Age	Folio No.	

I, _____ (full name of applicant), son of/daughter of _____ (father's name), hereby declare that I am in sound health, and I do not have any physical defect, deformity or disability. I further declare that I perform all my routine activities independently, that I do not have any history of, have never suffered from, am not currently suffering from, nor have I received, nor do I expect to receive any treatment, nor been hospitalized, nor do I expect to be hospitalised for any of the following:

1 Cancer 2 Heart disease 3 Stroke 4 Diabetes 5 Raised cholesterol 6 Raised blood pressure 7 Chest and/or heart surgery, nor have I been advised medically to undergo chest and/or heart surgery in the future 8 Kidney disease 9 Kidney and / or liver failure 10 Paralysis or paraplegia 11 Major organ transplantation, nor have I been advised to undergo a major organ transplantation (for example heart, lung, liver or kidney etc) in the future, 12 Any nervous disorders 13 HIV infections, AIDS or venereal diseases 14 any other disease or disorder, not mentioned above, which may affect the risk of insurance on my life.

I further declare that the above statements are true and complete in every respect and that I have not withheld or omitted to give any information related, inter alia, to my health. I hereby declare that I understand the full importance of this Form, and the declaration herein, and do agree that this Form and the declaration herein may be forwarded or divulged by Kotak Mahindra Asset Management Company Ltd. [KMAMC] for any purpose thought fit by KMAMC, including, inter alia, for the purpose of procuring an insurance cover on my life, under Kotak Complete Cover Group Plan for KMAMC customers, from Kotak Mahindra Old Mutual Life Insurance Ltd. [KLI] I further hereby agree and give my consent to, reliance by and use of the contents of this Declaration by KLI for examining and processing any claim that may be preferred against it, in respect of any insurance cover that may be provided to me under the referred group policy. I hereby confirm that my intent to participate, in Kotak Complete Cover Group Plan for KMAMC customers is purely on a voluntary basis, and have further understood the terms and conditions of life insurance cover that may be extended to me inter alia pursuant hereto. I confirm and agree that the insurance cover, if provided, will be governed by the provisions of the Insurance Act, 1938 and the Policy Contract under which the cover will be offered to me.

I understand and acknowledge that insurance cover shall be as per terms and conditions detailed in the Policy Contract issued by KLI in favour of KMAMC and that KLI's decision in respect of all aspects of the referred group life insurance plan shall be final & binding.

I confirm that my age related details (Date of Birth / Age) are correct and I understand and authorize KLI to take any action including rejection of any claim preferred under this plan in case these details are found to be incorrect. I also confirm that the total cover taken by me under this scheme for all the folios taken together is within the no-medical limit of Rs. 10 lacs.

I understand and agree that if any untrue averment be contained herein, I, my heirs, executors, administrators or assignees shall not be entitled to receive any benefits which may be provided to me on the faith of this declaration, including, inter alia the aforesaid insurance cover.

I provide below details of nominee and authorize KLI to pay any claim preferred under this plan to such nominee and such payment shall be effective discharge form KLI's side.

NOMINEE & APPOINTEE DETAILS

Details of Child Nominee											
Full Name	Title	Surname			First Name			Middle Name			
Maiden Name (In case Married female nominee)	Title	Surname			First Name			Middle Name			
Father's name	Surname			First Name			Middle Name				
Nationality					Child's Date of Birth	D	D	M	M	Y	Y
Permanent Address:											
Tel.	Residence			Office			Mobile				
Relationship to Life be insured											

* Please provide appointee details in case of minor child (nominee).

Details of Appointee											
Full Name	Title	Surname			First Name			Middle Name			
Maiden Name (In case Married female nominee)	Title	Surname			First Name			Middle Name			
Father's name	Surname			First Name			Middle Name				
Nationality					Date of Birth	D	D	M	M	Y	Y
Permanent Address:											
Tel.	Residence			Office			Mobile				
Relationship to Life be insured											

* Appointee should be a major (above 18 years of age)

Further Declaration where Scribe is involved (compulsory for all declarations signed in any vernacular language)*

I _____ (full name of scribe) have explained to the applicant the contents of this Form and that if any untrue statement is contained herein, the applicant, and/or the heirs, executors, administrators, assignees of the applicant shall not be entitled to receive any benefits, including, inter alia, benefits under any insurance policy procured on the faith of this Form.

Place:	Date:
Signature / Thumb impressions of the applicant	# Name & Signature of the Scribe

KOTAK MAHINDRA MUTUAL FUND

5A-5th Flr, Bakhtawar

229, Nariman Point

Mumbai - 400 021

☎ 022-6638 4400

✉ mutual@kotak.com 🌐 www.kotakmutual.com

Computer Age Management Services Pvt. Ltd.

158, Rayala Towers, 4th Floor,

Anna Salai,

Chennai - 600 002.

☎ 044 - 2852 1596

✉ enq_k@camsonline.com 🌐 www.camsonline.com