kotak Mutual Fund

Request for Direct Credit OR NEFT of Brokerage Form
Bank Details Form

Date DD / MM / YYYY

Distributor's ARN

I/ We authorise Kotak Mahindra Asset Management Company Limited to pay my/ our brokerage entitlement favouring my/ our Bank Account mentioned below:

Bank Name: _____

Bank Branch: _____

Bank City: _____

Bank A/c number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

{as appearing in your latest Cheque Book/ Pass Book/ Bank Account Statement}

Account Type: ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others

9-Digit MICR Code ☐☐☐☐☐☐☐☐☐ # IFSC Code **Mandatory for NEFT** ☐☐☐☐☐☐☐☐☐☐☐

Mobile Number: ☐☐☐☐☐☐☐☐☐☐

E-mail Address: _____

I hereby confirm that I would like to receive my brokerages as a **Direct Credit/ NEFT** into my Bank Account mentioned above, if Kotak Mahindra Asset Management Company Limited offers such facility with my above-referred bank.

Thanking you,

Yours Truly,

_____

Distributor's Seal and Signature

* The Direct Credit facility is offered only in the Kotak Mahindra Bank.
* Documents Submitted herewith.

For bank account currently registered with Kotak Mahindra Mutual Fund (any one of the following):	**For new bank account** (any one of the following):
• A cancelled original cheque leaf • Photocopy of bank passbook (OSV done by AMC/ CAMS official)	• A cancelled original cheque leaf • Photocopy of bank passbook (OSV done by AMC/ CAMS official)

* New Bank & Old Bank cancelled cheque leafs to be submitted in Original. If Photocopy of New & Old Bank cancelled cheque leafs are submitted, OSV to be done only by AMC or CAMS. Distributor Name should be pre-printed on Cheque Leaf If the same is not pre-printed then Bank Account Statement also needs to be submitted with Cancelled Cheque Leaf. All supporting documents should clearly evidence the Bank Name, Account Number, Account Type and Names of all Account holders. For Non-indivudual ARNs Board Resolution and Authorised Signatories list are mondatorily required.

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ACKNOWLEDGEMENT SLIP
(To be filled by distributor)

Date DD / MM / YYYY

ARN No.:

Distributor Name:

Official Acceptance Point Stamp & Sign

(Please retain this acknowledgment silp for future reference.)