

Distributor's ARN/ RIA Code^a	Sub-Broker's Name & Code	EUIN	FOLIO NO.	DATE DD / MM / YYYY

^aBy mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Kotak Mahindra Mutual Fund. "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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

SIGNATURE(S)	Sole/First Holder	Second Holder	Third Holder
	(To be signed by All Unitholders if mode of operation is 'Joint')		

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.

Name	Sole/ First Holder	Second Holder	Third Holder
PAN	Sole/ First Holder	Second Holder	Third Holder

EXISTING SIP DETAILS	
Scheme <input type="text"/>	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend : <input type="radio"/> Payout <input type="radio"/> Re-investment
Plan <input type="text"/>	Dividend : Frequency <input type="text"/>
Investment Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
SIP Period From <input type="text"/> MM / YYYY To <input type="text"/> MM / YYYY	
SIP Amount (✓) Rs. <input type="checkbox"/> 20000 <input type="checkbox"/> 10000 <input type="checkbox"/> 5000 <input type="checkbox"/> 1000 <input type="checkbox"/> Any other amount <input type="text"/> Rs. <input type="text"/>	
SIP Date (✓) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> 30th	

MODIFICATION SIP DETAILS	
Scheme <input type="text"/>	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend : <input type="radio"/> Payout <input type="radio"/> Re-investment
Plan <input type="text"/>	Dividend : Frequency <input type="text"/>
Investment Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
SIP Period From <input type="text"/> MM / YYYY To <input type="text"/> MM / YYYY	
SIP Amount (✓) Rs. <input type="checkbox"/> 20000 <input type="checkbox"/> 10000 <input type="checkbox"/> 5000 <input type="checkbox"/> 1000 <input type="checkbox"/> Any other amount <input type="text"/> Rs. <input type="text"/>	
SIP Date (✓) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> 30th	

FOR CHANGE IN BANK DETAILS OF EXISTING SIP - PLEASE FILL "ONE TIME MANDATE REGISTRATION FORM" APPENDED BELOW

SIGNATURE (S)	First or Sole Applicant / Unitholder	Second Applicant / Unitholder	Third Applicant / Unitholder
	(To be signed by All Applicants/ Holders if mode of holding is Joint)		

One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit			
UMRN	<input type="text"/>	For Office Use	Date <input type="text"/>
TICK (✓)	Sponsor Bank Code <input type="text"/>	Utility Code <input type="text"/>	For Office Use <input type="text"/>
<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 checked="" type="checkbox"/> MODIFY	Bank a/c number <input type="text"/>		
<input checked="" type="checkbox"/> CANCEL	with Bank <input type="text"/> IFSC <input type="text"/> or MICR <input type="text"/>		
	an amount of Rupees <input type="text"/>		₹ <input type="text"/>
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qytr <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
Reference 1	<input type="text"/> Folio Number	Phone No.	<input type="text"/>
Reference 2	<input type="text"/> Application Number	Email ID	<input type="text"/>
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 <input checked="" type="checkbox"/> Until Cancelled		
	Signature Primary Account holder <input type="text"/> Signature of Account holder <input type="text"/> Signature of Account holder <input type="text"/>		
	1. <input type="text"/> Name as in Bank records 2. <input type="text"/> Name as in Bank records 3. <input type="text"/> 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.			

INSTRUCTIONS / TERMS & CONDITIONS

1. SIP Modification Request shall be construed as Cease of Existing SIP & Registration of a fresh SIP. Hence, the load structure prevailing at the time of registration of SIP Modify request, will be applicable.
2. Modification Form has to be submitted atleast 28 days prior to the next SIP installment date.
3. Modify SIP request shall be liable for rejection if the modified details do not meet the amount / tenure conditions as per the Scheme Information Document of the respective scheme or the registered mandate.
4. If the investor submits request for Modify SIP details for a SIP registration where the SIP Booster facility is already registered, the SIP Booster facility shall be cancelled immediately upon receipt of Modify SIP details request.
5. In case your existing SIP has been registered through the OTM Mandate, then you need not fill the OTM section of this form again, unless you intend to increase the amount registered as per existing OTM. Else, you will have to mandatorily fill the OTM section of this form, to effect any change in your existing SIP.
6. Modify SIP request shall be liable for rejection if there is any discrepancy or if the form is not duly filled.
- 7. For Change of Bank Details in your existing SIP, please ensure a cancelled cheque leaf of the new bank account, reflecting the name of the unit-holder, is enclosed along with this form.**