

## Systematic Investment Plan Form - Top-up Facility (Debit Mandate Form NACH/ ECS/ Direct Debit)

| Mutual Fund  |  |  |  |  |   |  |  |
|--|--|--|--|--|---|--|--|
| Distributor's ARN/ RIA Code <sup>†</sup>   |  | Sub-Broker   | 's ARN   | Sı   | ub-Broker's Co  | de   | EUIN   |
|  |  |  |  |  |   |  |  |
| By mentioning RIA code, I/We authorize you to share  |  |  | my/our tran  | sactions i   | n the scheme(s  | ) of Kotak   | Mahindra Mutual Fund.  |
| Declaration for Execution-only transactions (only who  | ere EUIN box is left   | t blank)   | 46: . 4  |  | in avenuend u   | ما ماماد   | intovoction on adviso by the   |
| "I/We hereby confirm that the EUIN box has been employee/relationship manager/sales person of the employee/relationship manager/sales person of the  | n intentionally let<br>ne above distribut  | t blank by me/us<br>or/sub broker or   | notwithsta   | ansaction<br>inding the  | advice of in-   | appropria  | iteness, if any, provided by the   |
| employee/relationship manager/sales person of the  | distributor/sub bro  | oker."   |  |  |   |  |  |
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| ppli   |  |  |  |  |   |  |  |
| Sole / First Applicant   | _  | Second App   | olicant  |  |   | Th   | nird Applicant   |
| TRANSACTION CHARGES for Applications routed through distrib  | butor/agents only (Kir   |  |  | der the hea  | ding 'Checklist'  |  | a / ippiicant  |
|  |  |  |  |  |   |  |  |
| REQUEST FOR:  Registration of SIP + OTM Registration  Registration of SIP (for existing OTM)*  |  |  |  |  |   |  |  |
| -  |  |  |  |  |   |  |  |
| One Time Mandate Regi  | istration For  | m/ Debit M   | <u>andate</u>  | Form   | NACH/ EC  | S/ Dire  | ect Debit  |
| UMRN F   | o r o  | f f i c  | e u  | s e  |   | Date   |  |
|  |  |  |  |  |   |  |  |
| TICK (√)   | For Office U   | se   | Utility Cod  | de   |   | For Offic  | e Use  |
| CREATE V I/We hereby authorize   | Kotak Mahindr  | a Mutual Fund  |  | t  | o debit (tick √)  | SB CA  | CC SB-NRE SB-NRO Other   |
| MODIFY   |  |  |  |  |   |  |  |
| CANCEL Bank a/c number   |  |  |  |  |   |  |  |
| with Bank  |  | IFSC   |  |  | or M  | ICR T  |  |
|  |  |  |  |  |   |  |  |
| an amount of Rupees  |  |  |  |  |   |  | ₹  |
| FREQUENCY   Mthly   Qylt   H-Yrly   X  | <del>- Yrly - </del> ✓ As & whe  | en presented   | n  | EBIT TYPE  | Fixed Am  | ount   | ☑ Maximum Amount   |
|  |  | ·  |  | 1  |   | - Iount  |  |
| Reference 1  | olio Number  |  |  | Phone N  | lo.   |  |  |
| Reference 2 Appl   | lication Number  |  |  | Email I  | D   |  |  |
| I Agree for the debit of mandate processing charges by   | the bank whom I a  | m authorizing to d   | lebit my acco  | ounts as pe  | er latest schedu  | le of charg  | ges of the bank.   |
| PERIOD —   |  |  |  |  |   |  |  |
| From   |  |  |  |  |   |  |  |
|  |  |  |  |  |   |  |  |
| To 3 1 1 2 2 2 0 5 0 —   | Signature Primary Ac   | count holder   | Signatu  | ire of Accou   | ınt holder  |  | Signature of Account holder  |
|  |  |  |  |  |   |  |  |
|  | Name as in Ban   | k records 2  | Name   | e as in Bank   | records   | 3  | Name as in Bank records  |
| 1 This is to confirm that the declaration has been carefully read,   |  |  |  |  |   | 3  |  |
| This is to confirm that the declaration has been carefully read, and signed by me. I have understood that I am authorized to cabank where I have authorized the debit.   |  |  |  |  |   |  |  |
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| This is to confirm that the declaration has been carefully read, and signed by me. I have understood that I am authorized to cabank where I have authorized the debit.  INVESTOR'S INFORMATION   | understood& made by<br>ancel/amend this mand   | y me/us. I am authori<br>date by appropriately   |  |  |   |  |  |
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| INVESTOR'S INFORMATION FOLIO NO.  Sole/ First Applicant  Name of Applicant  PAN  I would like to opt for Systematic Investment Plan  Scheme Plan Investment Frequency (Please )   Monthly  SIP Amount ( ) Rs.   20000   10000   5000   1000  SIP Date:   (Please mention any date of the month  * Use existing One Time Debit Mandate (if already register Bank Name   Fixed TOP UP Amount (Rs.)    Half Yearly   Yearly   Variable TOP UP Amount (%)    SIP TOP UP Cap Amount Rs.  DEMAT ACCOUNT DETAILS Please ensure you submit supp In case you wish to hold units in demat, please fill this section. Please not NSDL   CDSL   DP Name  | Name of Applican  PAN  Quarterly  Any other amount  between 1st to 31st)  red in the Folio)  af)  3000   | y me/us. I am authoridate by appropriately  Application No. For New Investors, pls. a  Second Applican  It  Rs.  Bank A/c No.  100   | ring the user. communicati ttach the applicat t  First SIP v  SIP Period:  other amoun percentage Month-Year the demat according to the d | entity/corpcing the cance ation form)  Option  Option  It Rs.  MM/YY  Dunt details in (except ETFs   | PAN    Growth   IE  | Thir icant  Thir icant  Thir icant  Thir icant  Thir icant  To MM A  Minimum R  um 10% an  ory for Varia  Bank details o  having IDCV  Bene  | Dated DD / MM / YYYY  Dated DD / MM / YYYY  / YYYY OR Default Date (31/12/2050)  Its. 100/- and any amount thereafter) and in multiples of 5% thereof) able SIP Top-Up Plan)  of DP will overwrite the existing details.  Vfrequency of less than a month).  efficiary Account No.   |
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