


Distributor's ARN	Sub-Broker's Code	Sub-Broker's ARN	EUIN (Mandatory)
ARN-0186			
Bonanza Portfolio Limited			

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

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)	A) Have you ever invested in any Mutual Fund before <input type="checkbox"/> Yes <input type="checkbox"/> No (For more details, please refer guidelines, point 9 transaction charges) B) 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/ Contact Person if Non-Individual Applicant / Power of Attorney (PoA) (Section III)	Name	PAN	Country of Birth	Nationality	Tax Reference Number	
	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.					
Status of Sole/ First Applicant (Section IV)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Mutual Fund <input type="checkbox"/> PF/ Gratuity/ Pension/ <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Superannuation Fund <input type="checkbox"/> Other _____ <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust AOP/ BOI _____ <input type="checkbox"/> HUF <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Registered Society <input type="checkbox"/> Foreign Institutional Investor (Please specify) _____					
Occupation of Sole/ First Applicant (Section V)	<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) _____			Mode of Operation (Section VI)	Where there is more than one applicant [Please (✓)] <input type="checkbox"/> First Applicant only <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint	

ACKNOWLEDGEMENT SLIP		(To be filled by Applicant)
	Received from _____ Appl. CA	
	an application for allotment of units in the following scheme :	
	Investment Details	Instrument Details
Scheme	No. _____ Dated DD / MM / YYYY Rs. _____	
Plan	Bank & Branch _____	
Option		
Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement		
		Official Acceptance Point Stamp & Sign

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 IX)	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 X)	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 type="text"/> Relationship with Applicant: <input type="text"/>
	PAN: <input 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)
	<div style="border: 1px solid black; width: 100%; height: 40px; display: flex; align-items: center; justify-content: center;">Signature</div>

(Mandatory, this account details will be considered as default account for payout)

Bank Account Details (Section XI)	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 XII)	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			

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 XIII) (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															
	<table border="1"><thead><tr><th>Name of Nominee</th><th>Address</th><th>Date Of Birth</th><th>% Share</th><th>Signature Of Nominee</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>	Name of Nominee	Address	Date Of Birth	% Share	Signature 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)																
	<table border="1"><thead><tr><th>Name of Guardian</th><th>Address</th><th>Tel. No</th><th>Signature Of Guardian</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td></tr></tbody></table>	Name of Guardian	Address	Tel. No	Signature Of Guardian											
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.															

Declaration and Signatures (Section XIV)	I/We have read and understood the contents of the Statement of Additional Information/ Scheme Information Document/ Key Information Memorandum of the respective scheme(s) of Kotak Mahindra Mutual Fund. I/We hereby apply for allotment / purchase of Units in the Scheme(s) indicated in Section XII above and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We are authorised to make this investment in the abovementioned Scheme(s) and that the amount invested in the Scheme(s) is through legitimate sources only and does not involve 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 authorise Kotak Mahindra Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my / our Investment Advisor and / or my bank(s) / Kotak Mahindra Mutual Fund's bank(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We confirm that the distributor has disclosed all commission (in the form of trail commission or any other mode) payable to the distributor for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. I have examined the information provided by me in this form and to the best of my knowledge and belief it is true, correct, and complete.		
	Applicable to NRIs seeking repatriation of redemption proceeds: I/We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE / FCNR Account.		
	SIGNATURE(S) (To be signed by All Applicants)		
	Sole / First Applicant	Second Applicant	Third Applicant
	Please tick if the investment is operated as POA / Guardian <input type="checkbox"/> POA <input type="checkbox"/> Guardian <input type="checkbox"/>		
	Note : If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.		

<p>KOTAK MAHINDRA MUTUAL FUND 6th Floor, Kotak Infinity, Building No. 21, Infinity Park, Off. Western Express Highway, Gen.A.K. Vaidya Marg, Malad (E), Mumbai - 400 097. ☎ 022-6638 4400 ✉ mutual@kotak.com 🌐 assetmanagement.kotak.com</p>	<p>COMPUTER AGE MANAGEMENT SERVICES PVT. LTD. 178/ 10, M G R Salai, Nungambakkam, Chennai – 600034. ☎ 044 3047 7000 ✉ enq_k@camsonline.com 🌐 www.camsonline.com</p>
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We are at your service on 1800-222-626 from 9.30 a.m. to 6.00 p.m. (Monday to Friday)

Foreign Account Tax Compliance Act (FATCA)

Form for Non-Individual Applicants/ Investors

Part I. Investor Details

Investor Name: _____

PAN:

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Part II: Additional KYC Information

Category	First Applicant / Guardian		
PAN			
Gross Annual Income Details in INR (please tick)		Below 1 Lakh	1 - 5 Lacs
		5 - 10 Lacs	10 - 25 Lacs
		25 Lacs - 1 Crore	> 1 Crore
Net Worth in INR			
Net Worth as of	<Date -DD-MMM-YYYY>		
Is the entity involved in/ providing any of the following services:			
Foreign Exchange/ Money Changer Services	Yes/ No		
Gaming/ Gambling/ Lottery Services [e.g. casinos, betting syndicates]	Yes/ No		
Money Laundering/ Pawning	Yes/ No		
Any other information relating to KYC not covered above [Please specify]:			

Part III: FATCA Information [Please seek appropriate advice from a tax professional on FATCA related information]

Sr. No.	Category	First Applicant
1	Incorporation/ Formation in India	Yes/ No
2	If no, please specify the Country(ies) of Incorporation/ Formation/ Tax residency	1. 2. 3.
3	If a Country of Incorporation/ Formation/ Tax residency is other than India, provide relevant Taxpayer Identification Number	

Other information:

Sr. No.	Information	Additional Information to be provided
1	We are a financial institution [including an FFI] [Refer instructions a]	Yes/ No If yes, A) please provide the following information: We are a [tick any one] a. an Indian financial institution [] b. a financial institution in another country that has an intergovernmental agreement (IGA) with the US on FATCA [] c. an FFI in a country without an IGA that has registered to obtain a GIIN [] d. others _____ [please complete] B) GIIN: _____ (Global Intermediary Identification Number) If GIIN not available [tick any one]: a. Applied for on _____ [insert date] b. Not required to apply/not obtained for the following reasons (i) We are a Non-participating FFI [] (ii) We are a Certified deemed-compliant FFI under U.S. Treasury Regulations [] (iii) We are an Exempt beneficial owner under U.S. Treasury Regulations [] (iv) We have another reason: _____ [please describe]
2	We are a listed company [whose shares are regularly traded on a recognized stock exchange]	Yes/ No If Yes, specify the name of the Stock Exchange(s) where it is traded regularly: 1. _____ 2. _____
3	We are 'Related Entity' of a listed company [Refer instructions b]	Yes/ No If Yes, specify the name of the listed company _____

Other information: (Cont.)

Sr. No.	Information	Additional Information to be provided
		Specify the name of the Stock Exchange(s) where it is traded regularly: 1. _____ 2. _____
4	We are an Active NFFE [Refer instructions c & d]	Yes/ No If Yes, specify the nature of business _____
5	We are an Passive NFFE [Refer instructions e and g]	Yes/ No If Yes, please provide: 1. Nature of business _____ 2. For all Controlling Persons who are citizens/tax residents/green card holders other than India, provide their Name, Address, Taxpayer Identification Number and Percentage of Holding by filling UBO Form & enclose additionally

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / associated parties / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, I/We, authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information / documentary proof as may be required at your end.

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date: ____/____/____ Place: _____

Instructions

- a. Foreign Financial Institution [FFI] – Means any non-US financial institutions that is a – (1) Depository institution – accepts deposits in the ordinary course of banking or similar business; (2) Custodian institution - as a substantial portion of its business, hold financial assets for the accounts of others; (3) Investment entity – conducts a business or operates for or on behalf of a customer for any of the activities like trading in money market instruments, foreign exchange, foreign currency, etc. or individual or collective portfolio management or investing, administering or managing funds, money or financial assets on behalf of other persons; or an entity managed by this type of entity; or (4) Insurance company – entity issuing insurance products i.e. life insurance; (5) Holding or Treasury company – entity that is part of an expanded affiliate group that includes a depository, custodian, specified insurance company or investment entity
- b. Related Entity - an entity is a "Related Entity" of another entity if one controls the other, or the two entities are under common control (where control means direct or indirect ownership of more than 50% of the vote or value in an entity)
- c. Non-financial foreign entity [NFFE] – Non-US entity that is not a financial institution (including a territory NFFE). Following NFFEs are excluded from FATCA reporting – (a) Publicly traded corporation / listed companies; (b) Related Entity of a listed company; and (c) Active NFFE
- d. Active NFFE – Any one of the following – (1) Less than 50% of the NFFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and < 50% of the assets held by NFFE are assets that produce or are held for the production of passive income; (2) NFFE is organized in US territory & all of the owners are bonafide residents of US Territory; (3) is a government [other than US Govt.], a political sub-division of such govt., or a public body performing a function of such govt. or a political sub-division thereof, a govt. of US Territory, an International organization, a non-US central bank of issue, or an entity wholly owned by one of the foregoing; (4) Substantially all of the activities of the NFFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an NFFE shall not qualify for this status if the NFFE functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes; (5) The NFFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFFE; (6) The NFFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution; (7) The NFFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution; (8) The NFFE is an "excepted NFFE" as described in relevant U.S. Treasury Regulations; or (9) The NFFE meets all of the following requirements: - a. It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; b. It is exempt from income tax in its jurisdiction of residence; c. It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; d. The applicable laws of the NFFE's jurisdiction of residence or the NFFE's formation documents do not permit any income or assets of the NFFE to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than pursuant to the conduct of the NFFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFFE has purchased; and e. The applicable laws of the NFFE's jurisdiction of residence or the NFFE's formation documents require that, upon the NFFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFFE's jurisdiction of residence or any political subdivision thereof.
- e. Expanded affiliated group – One or more chains of members connected through ownership (50% or more, by vote or value) by a common parent entity if the common parent entity owns stock or other equity interests meeting the requirements in at least one of the other members
- f. Passive NFFE - means any NFFE that is not (i) an Active NFFE, or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations
- g. Passive Income – portion of gross income that consists of dividends, interest, rents and royalties (other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFFE), income equivalent to interest / amount received from pool of insurance contracts, annuities, excess of gains over losses from the sale or exchange of property / from transactions (including futures, forwards or similar transactions) in any commodities but not including (i) any commodity hedging transaction, determined by treating the entity as a controlled foreign corporation or (ii) active business gains or losses from the sale of commodities but only if substantially all the foreign entity's commodities are property, excess of foreign currency gains over losses, net income from notional principal contracts, amounts received under cash value insurance contracts, amounts earned by insurance company in connection with its reserves for insurance and annuity contracts
- h. Controlling Persons - means the natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations.