

Distributor's ARN	Sub-Broker's ARN	Sub-Broker's Code	EUIN (Mandatory)

Declaration for "Execution-only" transactions (only where EUIN box is left blank)

"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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

77785 <small>SIGNATURE(S) (To be signed by All Applicants)</small>		E157201 <small>Third Applicant</small>
<small>Sole / First Applicant</small>	<small>Second Applicant</small>	

TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading "Guidelines to filling up the form" for details)

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)	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 name OR Contact Person name if Non-Individual Applicant / Power of Attorney (PoA) (Section III)	Name	PAN	Date of Birth**
	**applicable for guardian.		
	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.		
	For Non Individual Investors (i.e. Company, Partnership, Trust, etc.)		
Is the company a Listed Company or Subsidiary of listed Company or Controlled by Listed Company:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foreign Exchange / Money Charger Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gaming / Gambling / Lottery / Casino Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money Lending / Pawning		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Status of Sole/First Applicant (Section IV(a))	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> HUF	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Mutual Fund <input type="checkbox"/> Mutual Fund FOF Scheme <input type="checkbox"/> Body Corporate <input type="checkbox"/> Registered Society
Status of Second Applicant (Section IV(b))	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI on Repatriation Basis <input type="checkbox"/> NRI on Non-Repatriation Basis <input type="checkbox"/> On behalf of Minor	Status of Third Applicant (Section IV(c))	<input type="checkbox"/> PF/ Gratuity/ Pension/ <input type="checkbox"/> Superannuation Fund <input type="checkbox"/> Trust AOP/ BOI <input type="checkbox"/> Foreign Institutional Investor <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Other _____ (Please specify)
Mode of Operation (Section V)	Where there is more than one applicant [Please (✓)] <input type="checkbox"/> First Applicant only <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint		

Occupation of Sole/ First Applicant [Section VI(a)]	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Professional	<input type="checkbox"/> Student	Occupation of Second Applicant [Section VI(b)]	<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"/> 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"/> Government Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Business	<input type="checkbox"/> Housewife	(Please specify)		<input type="checkbox"/> Business	<input type="checkbox"/> Housewife	(Please specify)

Occupation of Third Applicant [Section VI(c)]	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Forex Dealer
	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Other _____ (Please specify)
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Student	

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 VIII)	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 IX)	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="checkbox"/> Yes <input type="checkbox"/> 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)
	Signature

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

Bank Account Details (Section X)	Name of Bank	<input type="text"/>
	Branch	<input type="text"/> City <input type="text"/>
	Account No.	<input type="text"/>
	RTGS IFSC Code	<input type="text"/> NEFT IFSC Code <input type="text"/>
	MICR Code	<input type="text"/>
		Account Type : <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others

This is the 9 digit No. next to your Cheque No.

Investment Details (Section XI)	Scheme Name	Plan / Option / Sub-option	Frequency	Amount Invested (Rs.)	Payment Details	
		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Daily		Cheque / DD No.	Bank and Branch
		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Daily			
		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 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 XII) (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				
	Name of Nominee	Address	Date Of Birth	% Share	Signature Of Nominee
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)					
Name of Guardian	Address	Tel. No	Signature Of Guardian		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
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.					

FATCA & CRS INFORMATION [Please tick (✓)], for Individuals (Mandatory). Non Individual investors & HUF should mandatorily fill separate FATCA detail form.

The below information is required for all applicant(s)/guardian

Address Type: Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s) / guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No

If Yes, Please provide the following information [Mandatory]

Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below.

Category	First Applicant/ Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency – 1**			
Tax Payer Ref. ID No. – 1^			
Tax Identification Type – 1 [TIN or Other, please specify]			
Country of Tax Residency – 2**			
Tax Payer Ref. ID No. – 2^			
Tax Identification Type – 2 [TIN or Other, please specify]			
Country of Tax Residency – 3**			
Tax Payer Ref. ID No. – 3^			
Tax Identification Type – 3 [TIN or Other, please specify]			

** To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

Declaration and Signatures (Section XIII)	<p>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 XI 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>FATCA & CRS Declaration: I/We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/ us on this Form is true, correct, and complete. I/We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer guideline No. 11)</p>		
	SIGNATURE(S) (To be signed by All Applicants)	Sole / First Applicant	Second Applicant

Please tick if the investment is operated as POA / Guardian POA Guardian **Note :** If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.

GUIDELINES FOR FILLING UP THE COMMON APPLICATION FORM

1. GENERAL INFORMATION

- Please fill up the Application Form legibly in English in CAPITAL LETTERS.
- Please read this Memorandum and the respective SAV/ SID carefully before investing. Your application for allotment of units in the Scheme(s) is construed to have been made with a full understanding of the terms and conditions applicable to it and the same is binding on you in respect of your investment in the Scheme(s).
- Application Forms incomplete in any respect or not accompanied by a Cheque/ Demand Draft are liable to be rejected. In case your investment application gets rejected on account of the same being incomplete in any respect, your investment amount would be refunded without interest within 30 days.
- Any correction/ over writing in the application form must be signed by the investor.
- AMFC shall not be responsible for direct credit rejects or / payout delays due to incorrect/ incomplete information provided by investor.
- Investor shall pay the upfront commission to the AMFI registered distributor directly, based on his assessment of various factors including the services rendered by distributor.
- The distributor shall disclose all commissions (in the form of trail commission or any other mode) payable to them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to the investor.

2. APPLICANT'S INFORMATION

- If you are already a Unitholder in any scheme of the Fund and wish to make your present

- investment in the same Account, please fill in the Name of Sole/First Holder, PAN & Folio No. in Section I, of the Application Form and then proceed to Section XII. Your personal information and bank account details indicated for your account would also apply to this investment.
- If you are applying for units in Kotak Mahindra Mutual Fund for the first time, please furnish your complete postal address with Pin Code (P.O. Box No. not enough) and your Contact Nos. This would help us reach you faster.
 - Default option (Common to all Schemes)

Indication not made	Default
Scheme Name	As indicated on the Cheque
Dividend/ Growth Option	Growth Option
Sub Options: Dividend Payout / Dividend Reinvestment	Sub Options: Dividend Reinvestment except in case of Kotak Tax Saver it will be Dividend Payout
Mode of holding (based on the number of applicants/ number of signatures on the form)	Single or Joint
Status of First Applicant (Individual, HUF, Company etc.)	Others#

(To be filled by Applicant)



Received from _____ Appl. CA

an application for allotment of units in the following scheme :

Investment Details	Instrument Details	Amount
Scheme _____	No. _____ Dated DD / MM / YYYY Rs. _____	
Plan _____	Bank & Branch _____	
Option _____		

Official Acceptance Point Stamp & Sign

ACKNOWLEDGEMENT SLIP

Please retain this slip, duly acknowledged by the Official Collection Center till you receive your Account Statement

Distributor's ARN/ RIA Code [*] 77785	Sub-Broker's ARN	Sub-Broker's Code	EUIN E157201
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^{*} By 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.

Declaration for "Execution-only" transactions (only where EUIN box is left blank)
 "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."

Rupee Cost Averaging - Take the guesswork out of timing the market

Month	Monthly investment in Rs.	Cost per unit Rs.	No. of units bought	Lumpsum investment in Rs.	No. of units bought
1	5,000	12	417	20,000	1,667
2	5,000	10	500		Average cost per unit Rs.12
3	5,000	11	455		
4	5,000	13	385		
Total Units	20,000		1,757		Average cost per unit Rs.11.4

Just by investing a little everymonth, you average out the market highs & lows
 The above illustration is hypothetical & only to explain the concept of Rupee Cost Averaging & should not be construed as expected return or an investment advice

SIGNATURE(S) Sole / First Applicant	Second Applicant	Third Applicant
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TRANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading 'Checklist' for details)

REQUEST FOR:

Registration of SIP
 Registration of MICRO SIP
 Renewal of SIP
 Change in Bank details
 Any other request

INVESTOR'S INFORMATION		
Sole/ First Applicant	Second Applicant	Third Applicant
Folio No.	Application No. <small>(For New Investors, pls. attach the application form)</small>	
Name of Applicant	Name of Applicant	Name of Applicant
PAN	PAN	PAN
Date of Birth	Date of Birth	Date of Birth
CKYC No.	CKYC No.	CKYC No.
E-mail	E-mail	E-mail

I would like to opt for Systematic Investment Plan

Scheme: Option Growth Dividend : Payout Re-investment

Plan: Dividend : Frequency

Investment Frequency (Please ✓) Monthly Quarterly SIP Period From MM / YYYY To MM / YYYY OR Default Date (December 2099)

SIP Amount (✓) Rs. 20000 10000 5000 1000 Any other amount Rs. First SIP vide Cheque No. Dated DD / MM / YYYY

SIP Date (✓) 1st 7th 10th 14th 15th 21st 25th 28th 30th

SIP BOOSTER (Optional) (Please refer instructions overleaf)

Frequency (Please ✓) Half Yearly Yearly

Fixed Booster Amount (Rs.) 3000 1000 500 Any other amount Rs. (Minimum Rs. 500 and in multiples of Rs. 500 thereof)

Variable Booster Amount (%) 20% 15% 10% Any other percentage % (Minimum 10% and in multiples of 5% thereof)

SIP Booster Cap Amount Rs.

Booster CAP Amount: Investor has an option to freeze the SIP Booster amount once it reaches a fixed predefined amount. The fixed pre-defined amount should be same as the maximum amount mentioned by the investor in the NACH Debit Mandate Form. In case of difference between the CAP Amount & the maximum amount mentioned in NACH Debit Mandate Form, then amount which is lower of the two shall be considered as the default amount of SIP CAP Amount.

Declaration and Signature

I/We have read and understood the contents of the SAI/SID 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 there to. 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. By ticking micro sip, I/We hereby declare that our total SIP for rolling 12 months or FY April to March does not exceed Rs. 50,000 through this application or any existing SIP in the schemes. I/We also declare that the ARN Holder has disclosed all commission (in the form of trail commission or any other mode) payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.

SIGNATURE(S) Sole / First Account Holder	Second Account Holder	Third Account Holder
To be signed by All Applicant's if mode of operation is "Joint". (As in Bank Records)		

Debit Mandate Form NACH/ ECS/ Direct Debit

UMRN F o r o f f i c e u s e Date

Sponsor Bank Code For Office Use Utility Code For Office Use

TICK (✓)
 CREATE MODIFY CANCEL
 I/We hereby authorize **Kotak Mutual Fund** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank Name of Customers bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qyly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio Number Phone No.

Reference 2 Application Number Email ID

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

To

Or Until Cancelled

Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____

1. Name as in Bank records 2. Name as in Bank records 3. 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.