

Systematic Investment Plan Form (Debit Mandate Form NACH/ ECS/ Direct Debit)

Dietalhutania ADM / DIA Callif									
Distributor's ARN/ RIA Code"		Sub-Broker's ARN		Sub-Broker	's Code	_		EUIN	
130604								215293	
By mentioning RIA code, I/We authorize you to share ny/ our transactions in the scheme(s) of Kotak Mahind	with the Investment A dra Mutual Fund.	Adviser the details of	Rupee Cost A	veraging - Tak	e the guess	work out	of timir	ng the mark	et
eclaration for" Execution-only" transactions (only wh	ere FUIN box is left bla	ank)				1			1
"I/We hereby confirm that the EUIN box has been into executed without any interaction or advice by the emple distributor/sub broker or notwithstanding the advic employee/relationship manager/sales person of the dist	entionally left blank by byee/relationship manag	er/sales person of the above	Month	Monthly investment	Cost per	No.of		Lumpsum investment	No. of uni
employee/relationship manager/sales person of the dist	ributor/sub broker."	s, if any, provided by the		in Rs.	unit Rs.	boug	ght	in Rs.	bought
RE(S)			1	5,000	12	41		20,000	1,667
Sole / First Applicant Second A	nnlicant	Third Applicant	2	5,000	10	500			Average cost per
RANSACTION CHARGES for Applications routed through	• •		3 4	5,000	11	45	_		unit Rs.12
harges under the heading 'Checklist' for details)				5,000	13	38		Average o	ost per unit
REQUEST FOR:			Total Units	20,000		1,75			.11.4
Registration of SIP Registration o	of MICRO SIP	Renewal of SIP	Just by invest The above illu						
Change in Bank details Any other req	uest		Averaging & sh	ould not be co	nstructed as	expected	return o	r an investm	ent advice
INVESTOR'S INFORMATION									
Folio No.		Application No. (For New Investors, pls. attach th	e application form)					
Sole/ First Applicant		Second Applicant				Third A	pplican	nt	
Name of Applicant	Name of Applica	nt		Name of A	pplicant				
PAN	PAN			PAN					
Date of Birth	Date of Birth			Date of Bi	tn				
CKYC No.	CKYC No.			CKYC No.					
E-mail	E-mail			E-mail					
I would like to opt for Systematic Investment	Plan								
Scheme Scheme		7	On+	ion Grow	th Di	/idend ·	○ P31"	out ORA	-investment
		-	Орт	ion 🗆 grow				out One	investment
Plan					Dividend :	Frequen	гсу		
Investment Frequency	Quarterly	SIP Peri	od From M	M/YYYY	То М	M/YYY	Y OR		ult Date mber 2099)
(Please ✓)	•							(Dece	Tibel 2033)
SIP Amount (✓) Rs. □ 20000 □ 10000 □ 5000 □	1000 Any other amou	unt Rs. Firs	st SIP vide Che	que No.		Date	ed D	D/MM/	YYYY
SIP Date (✓)	th 15th 21st	□ 25th □ 28th □ 30th							
☐ SIP BOOSTER (Optional) (Please refer instructions	overleaf)								
							1 / Minir	mum De E	on and in
Frequency (Please ✓) ☐ Half Yearly ☐ Yearly Fixed		3000 1000 50	,					mum Rs. 5 oles of Rs.	00 and in 500 thereo
Frequency (Please ✓) ☐ Half Yearly ☐ Yearly Fixed		3000	,			%	multip (Minir	oles of Rs. mum 10%	500 thereo and in
Frequency (Please ✓) ☐ Half Yearly ☐ Yearly Vari.	able Booster Amount (Booster Cap Amount F	%)	0% □ Any othe	er percentage			multip (Minir multip	oles of Rs. mum 10% oles of 5%	500 thereo and in thereof)
Frequency (Please ✓) ☐ Half Yearly ☐ Yearly Vari. SIP Boos as th	able Booster Amount (Booster Cap Amount F ter CAP Amount: Investor has te maximum amount mention	%) 20% 15% 10 Rs. an option to freeze the SIP Booster and by the investor in the NACH D	Any other	er percentage ches a fixed pred	efined amoun	t. The fixed	multip (Minir multip pre-defir P Amour	oles of Rs. mum 10% oles of 5% ned amount sint & the max	500 thereo and in thereof)
Frequency (Please ✓) ☐ Half Yearly ☐ Yearly Variable SIP Booss as the ment	able Booster Amount (Booster Cap Amount F ter CAP Amount: Investor has te maximum amount mention	%) 🗌 20% 🔲 15% 🔲 10	Any other	er percentage ches a fixed pred	efined amoun	t. The fixed	multip (Minir multip pre-defir P Amour	oles of Rs. mum 10% oles of 5% ned amount sint & the max	500 thereo and in thereof)
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