

APPLICATION FORM FOR CHANGE IN BANK ACCOUNT DETAILS

Please read documentation requirement & terms and conditions overleaf

Please fill in the information below legibly in English and in CAPITALS.

To Kotak Mutual Fund I/We wish to change the b.	DATE DD DD Dank details in my / our folio as mentioned below.	MM YYYY
A. UNIT HOLDER INFORMA		
Folio No.		
Sole / First Unit Holder		
Scheme/ Plan/ Option		
B. NEW BANK DETAILS		
	in your latest cheque book/ pass book/ bank account statement)	
Account Type (Please tick	Savings Current NRE NRO FCNR	others (Please specify)
Name of the Bank		
Branch	Bank City	
MICR Code	(9 digit number appearing next to the Cheque No.) IFSC Code (11 Character code appearing on your cheque I cheque leaf, please check for the	leaf. If you do not find this on your se same with same with your Bank)
C. DOCUMENTS SUBMITTE	D HEREWITH	
For the bank account current Kotak Mutual Fund (any on	ently registered with For the new bank account (any one of the following):	
A cancelled original che	_	tement
Incase of Change in Tax Status, Resident Individual	please tick the applicable new tax status. NRI on Repatriation Basis NRI on Non-Repatriation Basis	
E. NEW CONTACT DETAILS		
TEL: OFFICE	TEL: RES.	
FAX	MOBILE	
EMAIL		
Please send my Account		sical documents.
indicated above. If the transac Asset Management Compan Company Limited, any chang	articulars given above are correct and express my willingness to receive credit of Dividend / Redemption pro iction is delayed or not effected at all for reasons of incomplete or incorrect information. If We would not hold keep Limited, its registrars and other service providers responsible. If We will also inform Kotak Mutual Fund/ Keep ges in my/our above bank account. Industrial delays to the delays to the delays are the delays and the service providers responsible. If We will also inform Kotak Mutual Fund/ Keep ges in my/our above bank account.	Kotak Mutual Fund/ Kotak
x	x <u>«</u> x <u>«</u> x	
First Unit	t Holder Second Unit Holder Third Ur	nit Holder &
kotak Mutual Fund	ACKNOWLEDGEMENT SLIP (To be filled by Applicant) DATE DD	MM YYYY
Investor's Name		