

Kotak Mahindra Mutual Fund

ARN - 17029 EUIN - E137912

FORM FOR NOMINATION / CANCELLATION OF NOMINATION (to be filled in the individual(s) applying Singly or Jointly)

Date: DD / MM / YYYY	be filled in the individual(s) app	nying singly or	Jointly)	
I/We Sole/First Applicant.			Second Applica	nnt an
Third Applicant	-	·		
cancel the nomination made by me / us on				
neld by me / us under Application / Folio No.		(*Strike out	whichever is not app	licable)
NOMINATION DETAILS				Cianastuna
			Allocation %*	Signature (Nominee/ Guardian)
Nominee 1				
Name:			-	
Date of Birth: DD / MM / YYYYY Relation	nship: PAN:		-	
Guardian Name (if minor):			-	
Address:			-	
			_	
ity: Pin code:			_	
Nominee 2				
Name:			-	
Date of Birth: DD / MM / YYYY Relation	nship: PAN:		_	
Guardian Name (if minor):			_	
Address:				
			-	
City:			-	
	Till code.		-	
Nominee 3 Name:				
Date of Birth: DD / MM / YYYY Relation				
Guardian Name (if minor):	,		-	
			-	
Address:			-	
			-	
City:	Pin code:		-	
		Total	100%	
Note: * Proportion (%) by which the units	will be shared by each nominee (sho	ould aggregate to	100%)	
				-1.1.
Sole/First Applicant	Second Applicar	nt		Third Applicant
	To be signed by ' <u>All Applicants'</u> irrespe	ctive of mode of ho	blding)	
<u> </u>				
kotak Mutual Fund	ACKNOWLEDGEMENT SLIP (To be filled by Applicant)		DATE	DD MM YYYY
iviatual Fulla	(10 be filled by Ap)	yncurt/		IVIIVI TTT
Investor's Name				
Folio Number				
	Please retain this Acknowledgement Silp	for future reference	Official	Acceptance Point Stamp & Sign