

Investment Account Opening & KYC Form



RISK PROFILING QUESTIONNAIRE

The	answers to these question	ns will determine the fir	nal risk profile of the cli	ent.		
1	When you think of the wood Danger o C			ollowing words comes Thrill	to mind first?	
2	Suppose the stock marke investment before cutting		oorly over the next 3 y	ears. Up to what point	you would be prepar	red to hold on to your
	o Until I make out a lit	tle gain (2% to 6%)		modest gain (6% to 10		
3	o Until I make very littl Have you ever invested a	le or nothing (-1 to 2%)		ected by what happens		n in value?
3		rarely o Yes, somewho Yes, somewh	nat frequently	tillii oi seeilig wheti	ier it went up or dowi	i iii value :
4	Assuming normal market		•	nvestment over time?		
•		ty, but make modest pr		investment over time.		
		ee of stability, and make				
		turns provided by the b				
_		d the returns provided I			o not found the time	to repose it Mhat will
5	Your car insurance policy you do?		our car will be without	insurance and you hav	e not found the time	to renew it. What will
	o Take the bus or a tax					
		y in an emergency and y and avoid traffic polic		option available		
		nyway don't have insura		w. How do I care?		
6	Which of these statement	ts best describes your a	ttitude about the next	one year performance o	of your investment?	
		money in 1 year, I am				
		tolerating any losses in a little return in 1 year	_	ear		
		erate loss (-10%) in this				
		l loss (-5% to -10%) in 1	-			
7	Which of these statement			·	nce of your investmen	ts?
		greater than 10% in 3	months, I'd get concerr	ned		
	I can only tolerate snWho cares? One cale	nali snort-term losses endar quarter means no	thing			
		ing the impact of this o	_	e long term		
		stomaching any losses	, ,	J		
8	You are at an interesting				ng	
		h Rs 1,00,000 in cash	o A 20% chance o	of winning Rs 10 lakh		
0	o A 5% chance of winn Suppose the stock marke		o A 50% chance o		dinas in vour portfoli	o What action would
9	you take?	et has suddenly lost 2	5% Of its value in a fr	onth, as have the hold	aings in your portion	o. What action would
		lower your average inv				
		and sell nothing, expec				
		r portfolio and reinvest nents. You do not inten		tment sectors.		
10	You've lost Rs 50,000 at a			inning the money back		
		-	othing-you quit now in	-		n Rs 50,000
11	In recent years, how have		5			
		r risk instruments like Li		sits, bonds etc.		
		risk instruments as abo				
		ges with no clear directi or risk instruments like s		l estate etc.		
		er risk instruments as ab				
12	After reviewing 4 portfoli			:hoose?		
		Year 1	Year 2	Year 3	Year 4	Year 5
	o Portfolio A	-7%	-3%	21%	12%	24%
	o Portfolio B	-5%	15%	10%	9%	12%
	o Portfolio C	4%	6%	5%	7%	8%

	X	Use Only	F	X		X X		
Hold	0 or 1	Portfolio D	30%	-26% Holder 2	-16%	38% Holder 3	35%	
	0	Portfolio C	4%	6%	5%	7%	8%	

Customer Name	Customer CRN
RM Name	RM Code:
Branch Code:	Signature Verified by:
Customer Disk Profile as per template :	



Lumpsum Transactions

Customer Category	Transactions through Kotak Investment Account	Transaction through AMC application forms
Privy Insignia	0.50%	1.00%
Privy Optima	0.90%	1.10%
Privy Magna	1.10%	1.25%
Privy Prima	1.25%	1.50%
Standard Tariff	1.40%	1.75%
Debt Schemes	0.25% and no charge fo	or Privy Insignia
Transaction through Net Banking for all customers	Nil for transactions less than Rs 25000	NA

MF SIP or MF SI or MF STP transactions

Transaction Type	Transactions through Kotak Investment Account	Transactions through AMC application forms
MF SIP/ MF SI/ MF STP of any value	Nil for tenure 12 months and above Rs. 300 charged if tenure below 12 months	Rs.300
MF SIP/ MF SI/MF STP Cancellation	Rs. 200 if cancelled within 3 months of setup	NA
MF SIP/ MF SI Failure	Rs. 100 per failure	NA

Investment Account Maintenance Charges

Customer Category	Investment Account Maintenance Charges
Privy Insignia	Nil
Privy Optima	Nil
Privy Magna	Nil
Privy Prima	Nil
Standard Tariff	Rs. 100 per quarter if there has been no customer induced transaction in the account during the quarter

Please Note:

Signature verified by _

Branch Name & code

- Wherever charges are applicable as per the above schedule, the minimum charges will be Rs. 25/-
- Charges are applicable on purchases and purchase type transactions in equity mutual fund schemes and debt schemes (excluding Liquid schemes, Short Term Plan, Fixed Maturity Plan) and are exclusive of Service tax and Education cess
- Transactions through Kotak Investment Account can happen through Net Banking, Phone Banking and through the Branch by signing single form (Mutual Fund Transaction Request Form)
- The transaction fee charged by the Bank is separate from the mutual fund scheme related charges applied by the AMC. Please refer to the key information memorandum/ scheme information document/statement of additional information and addendums issued by the mutual fund for scheme related charges applied.
- The transaction charges by the Bank is charged at the time of every transaction execution towards the MF advisory transactions and /or online infrastructure and other services provided by the Bank.
- Investments in mutual funds are subject to market risk and the Customer shall read the offer document carefully before investing.
- The charges will be debited from your Bank account with Kotak Mahindra Bank. In case you have multiple bank accounts with us, please specify from which account you want the charges to be debited.
- Please use a separate form for each Investment Account in case you want different accounts to be debited for each Investment Account.

I authorize Bank to inform me once my I	nvestment account is opened.	
	lra Bank Ltd to contact and assist me in regard t ade by me under the National Do Not Call (ND	o my investment account. The authorization provided NC) registry.
Bank Account Number		
Investment Account Number		
Signature(s)		
1st Holder/Authorized Signatory	2 nd Holder/Authorized Signatory	3 rd Holder/Authorized Signatory
CRN No		
For Bank Use only		
Received by		
Date of Receipt		

Emp. Code: ___



Investment Account Opening Form (Form to be filled in BLOCK Letters)

I/We hereby submit my/our application Name of Organisation (Not applicable	•	- Hansact III Mutuc		mer Relationship N	umber	
Name of Individual Applicants/	Relationship of	PAN	CRN**	Channel Acc Phone		t \$
Authorised Signatories*	guardian in case A/c holder is minor			Banking#	Net Banking	#
1.						
2.						
3.						
 Attach separate sheet where necessa If not available, please fill Customer Net Banking and Phone Banking accord Transaction rights are subject to the cord 	r Relationship Form for each author ess, if applied for, is applicable for a	all Investment Acco	unts existing or to be	opened in future.		to time.
Mode of Operation Singly	lointly Either or Survivor	Others:				
Status						
Resident Non Resident Private Limited Public Limited Registered Club/Association/Society	Partnership Com	npany	HUF Body Corporate Others (Please speci	Proprietorshi		
Vomination						
/We	do hereby nomin	nate the person in r	espect of units held by	me/us in this inve	stment acco	ount.
Address of Nominee						
ity Pin Code	PAN No of N					
ate of Birth (in case nominee is a min	or) Date : D D M M Y Y Y	Υ				
uardian name		Rela	tionship with Applicar	nt		
LI/We understand that the Bank may at its a lebit my account for service charges as appli sured by the Bank or their affiliates. They a bove information is true to the best of our lurther agree that any false/misleading information in my/our aforesaid particulars. 5 account/s with the Bank with its group comompany as communicated in Scheme Informany loss on the Bank against and it conjunction with the Bank with its group comompany as communicated in Scheme Informany loss of the Bank and the Bank's website for reference. 8. The Bank or mechanical or other failure with relation the pay recommend products to me/us and maintain investment decision rests with me/us. It is sets denominated in foreign currencies. 11 tated in its offer document. 12. Any matter oncerned Asset Management Company/Mulolding units on their own behalf singly or justification in the company/Mulolding units on their own behalf singly or justification. I/We hereby authorize you to transfer fur larfts/bankers cheques, from my/our account in the conversions of the Income Tax Act, 1961, or authorize your six of the Income Tax Act, 1961, or authorize your six our provisions of the Income Tax Act, 1961, or authorize your six our provisions of the Income Tax Act, 1961, or and the payon is the provisions of the Income Tax Act, 1961, or and the payon is the payon in the payon is the provisions of the Income Tax Act, 1961, or and the payon is the payon in the payon is the payon in the payon is the payon in the payon is the payon as an application in the payon as an application is the payon as an application is the payon as an application is the payon as an application as a payon as a payon as an application is the payon as an application and payon as an application as a payon as an application and payon as an application as a payon as an application and payon a	cable from time to time. 3. I/We understare subject to risk and possible loss of priknowledge. I/We shall advise the Bank ir mation given by me/us or suppression of mage suffered by the Bank due to my p. I/We understand that to serve me/us ly panies and vendors. 6. I/We agree and ination Document (SID) Statement of Ad SAI at all times and not in isolation. 7. I/We which may be varied from time to time is will not be liable for any loss, damage, co computer, cable, telex, telephone or py provide investments advice and condu 0. I/We am/are aware that my/our invest. I/We understand that nomination will r/dispute with respect to nomination an itual Fund without any reference to the I pointly. Non-individuals including society, to the society of the pointly in the purchase, redemption, switch, or time. Any tax implication arising out of ny modification or re-enactment thereof	and that investment principal. Past Performal mediately in case of any material fact will roviding of any incorrection, I/We hereby occurrent and that the Biditional Information (I/We shall from time to without any notice to ost, charges or expensiostal system and or dict risk based assessme thements may be negatibe as per the terms ad deceased claims with Bank 13. I/We underst trust, body corporate, at not limited to by way receipt of dividends any transactions enter I/We agree and deci	products are not Bank objecte is not indicative of fur any change in the above crender my/our account liatect particulars and/or fail onsent to Bank to sharing tank's charges/fees are in SAI)/Key Information Meotime be required to ack me/us and the updated ses directly or indirectly cause to reasons beyond the ents of transactions in my, vely affected by foreign end conditions of the respit respect to mutual fund and that the nomination partnership firm, karta or any such acts for Mutuered and the purchased of	ects or other obligation to the performance 4. In details and information. In the performance 4. In details and information. In the performance on my part to corporation of the performance of the perform	ons of or guar 'We hereby d n given by me 'We agree to nmunicate the equired, aboo ied by the m We understan the current Sc on shall be av defects or im f the Bank. 9. he to time ho old funds tha hemes more s by me/us dir individuals ap nily, holder of ue pay-orders lance of the i ns old responsi	ranteed of eclare the cyus. I/W indemnify e change, ut my/ou utual fund that the chedule o varialable or perfection. The Banl wever the tinvest in specifically with oplying fo Power of the cycle of th
Ve hereby state that all the acts, deeds and espect of all actions permitted by the RBI alignature(s) with Stamp of the Organisation wherever applicable)	nd/or relevant regulations as applicable	from time to time. 2nd Appl	licant/Signatory	3rd Applica	int/Signator	
or Bank Use Only						
Branch Code & Name		Checked by	/			
M code		Investment	A/c No			
racking Reference Number ranch stamp/Signature of RM		Received by	y			
manen stamp, signature or tim		Authorised				

Date ____

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

Main Intermediary

A	. Identity Details (please see guidelines overleaf)	
1.		on document)
N	ame	PHOTOGRAP
Fa	ather's/Spouse Name	Please affix the recent pass size photograph
2.	. Gender 🗌 Male 🗌 Female 💮 B. Marital status 🗀 Single	☐ Married C. Date of Birth ☐ ☐ / M M / Y Y Y Y Sign across i
3.	. Nationality Indian Others Please	specify
4.	. Status Please tick (\checkmark) $\ \square$ Resident Individual $\ \square$ Non Resident	Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)
5.	. PAN Please enclose a	duly attested copy of your PAN Card
	Aadhaar Number, if any:	
6.	. Proof of Identity submitted for PAN exempt cases Please T UID (Aadhaar) Passport Voter ID Driving Lice	
▶ B.	. Address Details (please see guidelines overleaf)	
1.	. Address for Correspondence:	
C	City/Town/Village	Pin Code
S	State	Country
2.	. Contact Details	
T	Tel.(Off.) ISD STD	Tel.(Res.) ISD STD
N	Mobile ISD STD	Fax ISD STD
E	E-mail Id.	
	☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreeme *Latest Telephone Bill (only Land Line) ☐ *Latest Electrici *Not more than 3 Months old. Validity/Expiry date of products.	of of address submitted DD / MM / YYYY
4.	. Permanent Address of Resident Applicant if different from	n above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant
	City/Town/Village	Pin Code
S	State	Country
and	DECLARATION ereby declare that the details furnished above are true and cor d I undertake to inform you of any changes therein, immediate be false or untrue or misleading or misrepresenting, I am/we a	ly. In case any of the above information is found
	ce:	Date:
	FOR OFFICE USE ON	LY IPV Done on DD/MM/YY
AN	/IC/Intermediary name OR code	Seal/Stamp of intermediary should contain Staff Name Staff Name Staff Name
	(Originals Verified) Self Certified Document copies received	Designation Designation Name of the Organization Name of the Organization
	(Attested) True copies of documents received	Signature Signature
	Main Intermediary	Date Date



KYC Details Change form (For Individuals Only) Please fill this update / modifie



Application No. :

A. Name of Applicant (Mandatory as per original K	VC records)	
Titl Dag Dag Doil	ic records)	
Title Mr. Ms. Other Aadhaar	Number, if any:	PAN
Name		
Date of Birth DD/MM/YYYY		
lease Provide the new KYC details which should be	updated in your KYC records.	
B. Mandatory fields for KYCs done before 1st January	·	
1. Father's/Spouse Name		
	2 Comment Nationality Indian	O4h
 Current Marital status Single Married Note "FOR OFFICE USE ONLY": The IPV Column shou mandatorily filled for changes to Identity and Addres 	 Current Nationality ☐ Indian ☐ 0 Id be mandatorily filled for all KYCs registered before 1sts details. 	
C. Identity Details (please see guidelines overleaf)		
1. New Name (As appearing in supporting identification	ı document).	
Name 2. New Status Please tick (✓) ☐ Resident Individual	Non Resident (Passport Copy Mandatory for NRIs & Forei	ign Nationals)
	nclose a duly attested copy of your PAN Card	
4. Proof of Identity submitted for PAN exempt cases F		/N
Aadhaar Card Passport Voter ID Drivi		(Please see guideline 'D' overleaf)
D. Address Details (please see guidelines overleaf)		
New Address for Correspondence:		
City/Town/Village		Pin Code
State		Country
2. Contact Details		
Tel.(Off.) ISD STD	Tel.(Res.)	ISD STD
Mobile ISD STD	Fax	ISD STD
*Latest Telephone Bill (only Land Line) *Lat	ale Agreement of Residence Driving License Voter Icest Electricity Bill *Latest Gas Bill Others (Please spate of proof of address submitted	pecify)
.,	ferent from above B1 OR Overseas Address (Mandato	
4. Permanent Address of Resident Applicant if dif	ferent from above B1 OR Overseas Address (Mandato	Pin Code Country
4. Permanent Address of Resident Applicant if dif City/Town/Village State 5. Proof of address to be provided by Applicant. Passport Ration Card Registered Lease/Sa *Latest Telephone Bill (only Land Line) **Latest Telephone Bill (only Lan	ferent from above B1 OR Overseas Address (Mandato	Pin Code Country ents & tick (✓) against the document attached. dentity Card *Latest Bank A/c Statement/Passbook pecify)
4. Permanent Address of Resident Applicant if dif City/Town/Village State 5. Proof of address to be provided by Applicant. Passport Ration Card Registered Lease/Sa *Latest Telephone Bill (only Land Line) *Lat *Not more than 3 Months old. Validity/Expiry day	Ferent from above B1 OR Overseas Address (Mandato	Pin Code Country ents & tick (✓) against the document attached. dentity Card *Latest Bank A/c Statement/Passbook pecify)
4. Permanent Address of Resident Applicant if dif City/Town/Village State 5. Proof of address to be provided by Applicant. Passport Ration Card Registered Lease/Sa *Latest Telephone Bill (only Land Line) *Late *Not more than 3 Months old. Validity/Expiry di 6. Any other information: SIGNATURE OF APPLICANT	Ferent from above B1 OR Overseas Address (Mandato Please submit ANY ONE of the following valid docume ale Agreement of Residence Driving License Voter Ice Prest Electricity Bill *Latest Gas Bill Others (Please spate of proof of address submitted	Pin Code Country ents & tick (/) against the document attached. dentity Card
4. Permanent Address of Resident Applicant if dif City/Town/Village State 5. Proof of address to be provided by Applicant. Passport Ration Card Registered Lease/Sa *Latest Telephone Bill (only Land Line) *Lat *Not more than 3 Months old. Validity/Expiry di 6. Any other information: SIGNATURE OF APPLICANT I he the of a is fc are Wherever Applicable	Ferent from above B1 OR Overseas Address (Mandato Declaration) Please submit ANY ONE of the following valid documble Agreement of Residence Driving License Voter Identification of the proof of address submitted DD / MM / DECLARATION	Pin Code Country ents & tick (/) against the document attached. dentity Card = *Latest Bank A/c Statement/Passbook pecify) SIGNATURE OF APPLICANT ect to in you lation
4. Permanent Address of Resident Applicant if dif City/Town/Village State 5. Proof of address to be provided by Applicant. Passport Ration Card Registered Lease/Sa *Latest Telephone Bill (only Land Line) *Lat *Not more than 3 Months old. Validity/Expiry d. 6. Any other information: SIGNATURE OF APPLICANT I he the of a is fc are Wherever Applicable Plan	Please submit ANY ONE of the following valid documble Agreement of Residence Driving License Voter Icenset Electricity Bill *Latest Gas Bill Others (Please spate of proof of address submitted DD/MM/ DECLARATION Treby declare that the details furnished above are true and correspond to find the following valid form the submitted DD/MM/ DECLARATION Treby declare that the details furnished above are true and correspond to be false or untrue or misleading or misrepresenting, I are aware that I/we may be held liable for it.	Pin Code Country ents & tick (/) against the document attached. dentity Card * Latest Bank A/c Statement/Passbook pecify) SIGNATURE OF APPLICANT ect to n you aation m/we
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4. Permanent Address of Resident Applicant if diff City/Town/Village State State Passport Ration Card Registered Lease/Sa ** Latest Telephone Bill (only Land Line) ** Late ** Not more than 3 Months old. Validity/Expiry d.* SIGNATURE OF APPLICANT I he the of a are Wherever Applicable FOR OFFICE FOR OFFICE	Please submit ANY ONE of the following valid documble Agreement of Residence Driving License Voter Icenset Electricity Bill *Latest Gas Bill Others (Please spate of proof of address submitted DD/MM/ DECLARATION Treby declare that the details furnished above are true and correspond to find the following valid form the submitted DD/MM/ DECLARATION Treby declare that the details furnished above are true and correspond to be false or untrue or misleading or misrepresenting, I are aware that I/we may be held liable for it.	Pin Code Country ents & tick (/) against the document attached. dentity Card *Latest Bank A/c Statement/Passbook pecify) SIGNATURE OF APPLICANT ect to in you lation in/we IPV Done on / M M / Y Y Y
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4. Permanent Address of Resident Applicant if dif City/Town/Village State 5. Proof of address to be provided by Applicant. Passport Ration Card Registered Lease/Sa *Latest Telephone Bill (only Land Line) *Lat *Not more than 3 Months old. Validity/Expiry de 6. Any other information: SIGNATURE OF APPLICANT I he the of a is fe are Wherever Applicable FOR OFFIC MC/Intermediary name OR code	Please submit ANY ONE of the following valid documents are submited and provided an	Pin Code Country ents & tick (/) against the document attached. dentity Card *Latest Bank A/c Statement/Passbook Decify) SIGNATURE OF APPLICANT ect to in you attion m/we IPV Done on D / M M / Y Y Y Seal/Stamp of intermediary should contain Staff Name Designation Name of the Organization
4. Permanent Address of Resident Applicant if dif City/Town/Village State State Passport Ration Card Registered Lease/Saratestatestatestatestatestatestatestate	Please submit ANY ONE of the following valid documents are submit ANY ONE of the following valid documents are submit ANY ONE of the following valid documents are submit and proving License Voter Icental Electricity Bill *Latest Gas Bill Others (Please spate of proof of address submitted DD / MM / DECLARATION are by declare that the details furnished above are true and correspond to be false or untrue or misleading or misrepresenting, I are aware that I/we may be held liable for it. The cere Date: DD / MM / YYYY Seal/Stamp of intermediary should contain Staff Name Designation	Pin Code Country ents & tick (/) against the document attached. dentity Card = *Latest Bank A/c Statement/Passbook Decify) SIGNATURE OF APPLICANT ect to In you attion m/we IPV Done = On = D / M M / Y Y Y Seal/Stamp of intermediary should contain Staff Name Designation



